Preface

The Politics of Ecstasy

I can tell you the exact moment when I realized that psychedelic drugs are both beneficial and harmful: when I had a panic attack while on ecstasy.[1] Scientifically speaking, ecstasy is called MDMA, or 3,4-methyle nedioxymethamphetamine, a substance with a unique blend of stimulant and psychedelic properties.[2] MDMA is best known for its characteristic subjective effects, namely amplifying feelings of empathy and connectedness. Patients with posttraumatic stress disorder (PTSD) experience increased openness after taking the drug, which can help them confront and process traumatic memories.[3] Couples rolling on MDMA together often report feeling closer.[4] Even the characteristically asocial octopus will reach its tentacles toward its eight-legged tankmate when dosed with the substance.[5]

I tried ecstasy a handful of times when I was younger, with similar effects. When the drug kicked in, I felt more focused on the present and more connected to those around me. My senses were heightened. Colors were more vibrant, sounds were hypnotic, and even the slightest touches were intoxicating. The last time I took ecstasy over a decade ago, however, these pleasurable sensations were eclipsed by some psychologically challenging moments. That experience began with the typical wave of euphoria, but then a strange thing happened. I found myself inside a white room, if you can call it that. There were no walls, no doors, and no windows. The best comparison I can think of is the Construct scene in the 1999 film *The Matrix*. In this scene, the main protagonist, Neo, played by Keanu Reeves, wakes up inside the Construct, which he learns is the loading program for the computer simulation in which he

was unknowingly living. The Construct is shown as a boundless white space, containing only two Chesterfield-style chairs and a vintage television set. But inside my white space, there were no chairs, no television set, and no Keanu Reeves. I began to question my own existence—and the existence of everything around me. I was convinced that I would be trapped inside that empty room forever, a terrifying prospect that triggered a full-blown panic attack.[6] But in a way, that experience was useful. I saw that I could fall deep into the rabbit hole and come back out. But it was also terrible. For weeks afterward, I was consumed by thoughts of returning to that white space. If there was an upside to that harrowing experience, it was this: I learned the important lesson that drugs and their effects are not unequivocally good or bad.

This is not the lesson I learned growing up. If you're an older millennial like me, you probably heard first lady Nancy Reagan tell kids to "Just Say No," or you watched antidrug campaigns on TV in between Saturday morning cartoons and cereal advertisements. The most memorable commercial featured a man cracking an egg into a frying pan, telling his audience that the sizzling egg represents "your brain on drugs." What I learned from all of this is that She-Ra rules, rabbits are silly, and drugs can fry your brain. The latter message was further driven home when a local police officer visited my fifth-grade classroom as part of DARE (Drug Abuse Resistance Education). He warned us about the dangers of recreational drug use, and he offered tips for resisting peer pressure to inhale, imbibe, and inject. He assured us that using illicit substances would trigger disastrous consequences, making them unsafe, even medically. After learning this lesson as a kid, I was surprised when I found out that many now-banned substances were once considered medicine. Cocaine, for example, was used to treat morphine addiction; heroin was marketed as a cough suppressant. This new knowledge sparked an intellectual curiosity. How and why do substances shift from being good medicines to bad drugs? *Acid Revival* was driven by my fascination with this question.

Common sense suggests that the most heavily regulated drugs are the objectively worst drugs. However, as historians and sociologists have repeatedly demonstrated, a drug's classification reveals more about the context in which it was created than objective assessments of its chemical properties and biological effects. Pharmacology is only half the story when it comes to drug classification. Someone who snorts cocaine, for example, will notice an increase in heart rate and body temperature. But

this description doesn't tell us much about why cocaine, a substance that can have negative effects on its users, is federally classified as a Schedule 2 substance, while alcohol, which also has adverse effects, remains exempt from scheduling. Sociologists would say it's because drugs are socially constructed, which means that drugs gain different meanings in different settings. Drug classification depends on culturally and historically specific beliefs and values about the body, health, and morality. Saying that drugs are socially constructed doesn't mean that drug abuse is a fantasy made up in the minds of power-hungry politicians, worried parents, and ratings-grubbing journalists. Yet how drugs are constructed shapes people's actions, behaviors, and identities. It's classic Thomas Theorem—the sociological maxim that if people define situations as real, they have real consequences. For example, as I write this, a cancer patient living in Colorado can legally purchase cannabis to help ease physical pain, but if she tries to do the same thing in Nebraska, she risks being arrested. The line between street drug and prescription medicine is thus not given or fixed; it emerges from an ongoing struggle over definition.

A Greek word captures the ambivalent meaning of drugs: *pharmakon*, which, roughly translated, means drugs are both panacea and poison.[7] As a double-edged sword, drugs can bring their users both pleasure and pain. French philosopher Michel Foucault described dropping acid in the California desert as the greatest experience of his life. Another famous French philosopher, Jean-Paul Sartre, hallucinated that a cast of crabs followed him everywhere for nearly a year after he tried mescaline.[8] Perhaps this is why Aldous Huxley wrote of his own mescaline experience that there is "a heaven and a hell" when it comes to psychedelic drugs.[9] And that, in my mind, is what is so troubling for many people about psychedelic drugs. These drugs destroy that thing that many of us find comfort in but don't often think about: boundaries.

Boundaries are socially constructed lines that help us maintain order and sanity by erecting distinctions to keep some things in and others out. Sociologists like myself love boundaries. In fact, boundary drawing is such a fundamental social process that some sociologists call it the "stuff" of sociology.[10] The way boundaries are drawn reveals much about the dynamics of our social order and the precarious foundation on which it rests. Boundaries are actively reinforced, contested, and subverted. Psychedelic drugs embody the fluidity and uncertainty of boundaries. They don't just swing from the good to the bad, from the blissful to the weird; they dissolve the space between.

Psychedelic drugs like LSD and psilocybin share a similar pharmacological profile. Each acts on serotonin receptors in ways that produce temporary but drastic changes in perception, cognition, and emotion. A psychedelic trip can make a few minutes seem like a few hours. Like Alice visiting Wonderland, rooms can feel much smaller or larger than they really are. Sometimes people experience synesthesia; they hear colors, see smells, or taste sounds. Moods swing from the extremes of the emotional pendulum, from sadness and panic to euphoria and awe. The mundane can take on profound significance: while tripping, a blade of grass might suddenly hold great insight into the connectedness of the universe.

Psychedelic drugs have passed through a common trajectory of psychotropic substances in modern medicine—what historians call drug careers.[11] Such careers unfold in a consistent pattern: a drug emerges on the scientific scene with great enthusiasm for its potential applications, only for the initial hype to be quashed by growing concerns about the drug's adverse effects and efficacy. This was certainly the case for LSD, the prototypical psychedelic, which was synthesized in 1938 and actively studied by investigators in the era after World War II. Mental health professionals had high hopes for LSD's potential for treating a range of psychiatric conditions. In response to criticism and negative assessment by medical experts, however, research into the therapeutic potential of psychedelic drugs fell by the wayside.

After a decades-long medical hiatus, a new generation of researchers is studying these drugs in the hope of finding a novel treatment for psychological suffering. As researchers breathe new life into a field that has been dangling in scientific purgatory, they confront numerous dilemmas because, as one investigator told me, "This research is fringy." Psychedelic therapy research faces a series of legitimacy crises in the revival that revolve around boundaries between good and bad science, and between good and bad scientists. Researchers are thus compelled to present themselves as credible, trustworthy, and reliable experts in order to secure the authority and legitimacy needed to successfully bring psychedelic drugs back into the medical pharmacopeia. Making psychedelic drugs the "right tool" for treating mental illness means that researchers must show that they are the right experts for that job.[12]

Of all the dilemmas in the so-called psychedelic renaissance, none is more telling, to me anyway, of the tensions involved in legitimating expertise on psychedelic therapy than the "psychonaut's dilemma."[13] Psilocybin

researcher Albert Garcia-Romeu uses this phrase to describe the tensions that arise when those doing the work of scientific psychedelia have firsthand experience with psychedelic drugs.[14] After all, one of the dangers of drugs, especially the illegal ones, is admitting that you've done them. Those labeled drug users are often viewed as morally inferior—a characterization used to justify legal, medical, and social policing.[15] Many people will therefore confess to using certain drugs behind closed doors—but not within earshot of their parents, employers, or health care providers—because admitting that you "just said yes" is risky.[16] You can lose your job, your kids, or your credibility, although these consequences vary substantially depending on factors like your socioeconomic and racial status. The opening paragraphs of this preface are, in fact, an illustrative experiment of how your perception of a person can be impacted by their admission of drug use. Ask yourself: If my description of drug use in the opening sentence is true, how differently do you see me than if that sentence is pure fiction?

Canadian psychologist Andrew Feldman knows this dilemma intimately. Feldman was an LSD therapist during the heyday of psychedelic research; he currently studies MDMA-assisted psychotherapy. In 2007, Feldman was driving from Canada to the United States to visit his children.[17] A border patrol agent googled Feldman and found an article he published about taking LSD decades earlier. He was denied entry to the United States based on policy (admitted drug users are barred from entering the country). Feldman's experience demonstrates the personal costs of admitting to illicit drug use, but there are professional consequences as well, like scientists accusing their acid-dropping colleagues of being biased. No wonder so many researchers are hesitant to come out of the "psychedelic closet."[18]

The psychonaut's dilemma is just one of many legitimacy crises plaguing researchers as they work to resurrect psychedelic therapy. *Acid Revival* gives a blow-by-blow account of these crises and examines the efforts of a new wave of researchers to resolve them. Studying the process of reassembling expertise on psychedelic therapy, as I do in this book, involves examining the institutional and political systems of power that shape the use and production of biomedical knowledge.[19] Science is political, and the researchers reviving psychedelic therapy are political actors who actively work to "create and maintain the resources and networks necessary to produce knowledge," such as obtaining federal approval for their clinical studies and ensuring private funding exists to

carry them out.[20] *Acid Revival* explores how today's researchers mobilize cultural narratives and performances within a particular set of institutional arrangements to link together the ruptured boundaries of psychedelic therapy and to propel this treatment into mainstream psychiatry.

Therein lies "the politics of ecstasy"—to borrow a phrase from psychedelic researcher-cum-countercultural guru Timothy Leary. For Leary, what makes psychedelic drugs such a fraught topic is not "physical or psychological, but social-political." Leary believed that these mind-altering substances create shifts in consciousness that threaten the established social order by crushing the boundaries that maintain it.[21] Indeed, psychedelic drugs have an infamous track record for sparking anxiety in scientists, federal regulators, and the general public as a result of the substances' ability to dissolve the lines between "patient and therapist, research and recreation, sickness and health, self and other, subject and object, the spiritual and material."[22] That anxiety over ambiguous boundaries, as well as the ways in which social actors attempt to repair those crumbling partitions, are what I am writing about in this book.