

RESEARCH ARTICLE

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# Socio-psychedelic imaginaries: envisioning and building legal psychedelic worlds in the United States

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## Abstract

After decades of criminalization, psychedelic substances such as psilocybin and LSD are experiencing their comeback in science and Western culture more broadly. While psychedelic plants and fungi have a long history of use in Indigenous cultures, the Western prohibitionist reality instantiated around 1970 has stigmatized psychedelics as medically useless and a threat to society. Yet studies are increasingly demonstrating their potential to treat widespread mental health conditions such as PTSD, depression, or anxiety in combination with psychotherapy. Most of this research is currently taking place in the US, where additionally decriminalization and legalization efforts and religious exemptions have paved the way to make psychedelics legally accessible. Based on 3 years of ethnographic research in the US (both in-person and virtual), this article explores contemporary US-American socio-psychedelic imaginaries, i.e., collective visions articulated and enacted to reintegrate psychedelics legally and responsibly into society. Four socio-psychedelic imaginaries are identified, described, and interpreted: the biomedicalization imaginary, decriminalization imaginary, legalization imaginary, and sacramental imaginary. These imaginaries diverge and converge around several politics: politics of access, politics of responsibility, politics of naming, politics of assimilation and social change, and politics of epistemic credibility. Contemporary socio-psychedelic imaginaries are co-evolving, mutually shaping, and amplifying each other. Together they function as societal corrective to the politically motivated prohibition of psychedelics. Although enacted by humans, the radical imagination expressed in socio-psychedelic imaginaries has its roots in human-psychedelics entanglements.

**Keywords:** Psychedelics, Entheogens, Imaginaries, Biomedicalization, Decriminalization, Legalization, Drug policy reform, Social change, Sacraments, Sacred plants

## Introduction

The dominant global legal reality around psychedelic substances is one of prohibition: Classic psychedelics such as LSD, DMT, mescaline, and psilocybin (the psychoactive compound in so-called “magic mushrooms”) have been outlawed in most countries since the early 1970s, with the criminalization of the psychedelic empathogen MDMA following in the mid-1980s. In the West, and particularly the United States (US), the two decades prior to prohibition were characterized by extensive research

into the therapeutic prospects of psychedelics within scientific labs as well as in secret CIA experiments that sought to gauge their potential for mind-control and warfare purposes [20, 39, 56]. Yet by the mid-1960s, psychedelics were increasingly experienced in countercultural settings, which led to their official reframing as a threat to the existing social order. Although this narrative centered on public health risks, building on sensationalist media coverage of individual adverse events [31, 71], US president Richard Nixon’s advisor John Ehrlichman revealed in an interview decades later [6] that the Nixon administration consciously devised laws against drugs associated with their perceived enemies, the antiwar left and

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black people, to derail these communities via the War on Drugs. Among drug policy experts, it has become less and less contested that the War on Drugs has historically been closely entangled with structural racism [21, 66]. In 1970, the Nixon administration's Controlled Substances Act (CSA) established five schedules and placed psychedelics with a whole host of other drugs into the strictest category (Schedule I), which ascribes them a high potential for abuse, no currently accepted medical use, and lack of accepted safety even when used under medical supervision. One year later, the United Nations' Convention on Psychotropic Substances followed and banned the sale, possession, and transport of a broad range of drugs, including psychedelics. As a consequence, the production, distribution, and consumption of psychedelics moved underground, and psychedelic research came to an almost complete halt in the mid-1970s due to a set of complex changes in the regulation of pharmaceutical research in the aftermath of the Thalidomide scandal, the failure of clinical trials to deliver convincing results, and funding and regulatory obstacles tied to research with Schedule I substances [35, 62].

This situation has pivoted slowly but steadily since around the turn of the millennium, when—despite ongoing regulatory hurdles (for suggestions on how to reduce these hurdles see [57])—research groups restarted to investigate the neurobiological effects of psychedelics as well as their clinical safety and efficacy profile for the treatment of mental health conditions such as post-traumatic stress disorder (PTSD), depression, addiction, or end-of-life anxiety. Together with growing positive media coverage, these efforts have mounted into a veritable psychedelic renaissance or revival [30, 70] that is well on its way to eclipse the scientific research conducted with psychedelics in the previous century at least in terms of numbers of studies. Psychedelics have reached a mainstream audience, especially in the US, where the majority of psychedelic research is currently conducted. The medicalization of MDMA and psilocybin is expected to be on the horizon within the next few years, first in the US and then in Europe shortly after. From this optimistic perspective, the legitimization strategy of the psychedelic revival's main protagonists seems to bear fruit: ushering psychedelics legally back into aboveground society through the government-sanctioned door of medicalization [16, 30] by producing scientific evidence that relies on bureaucratic expertise and elaborated documentation practices [42]. Yet medicalization—the expanding processes of defining and treating something as a medical problem [15, 74]—is by far an uncontested phenomenon. In the case of psychedelics, medicalization denotes their integration into Western allopathic medicine, not that they have never been

treated as medicines hitherto. Indeed, psychedelics have a long tradition of use in Indigenous cultures around the world, in healing, religious rituals, initiations, hunting, and warfare [17, 26]. Psychedelic plants and fungi such as the Amazonian plant brew ayahuasca are also referred to as “plant medicines” within contemporary Western neo-shamanic practices that are incorporating and appropriating South and Central American as well as African plants and practices into their psycho-spiritual repertoire [5, 50]. The modern psychedelic medicalization movement similarly owes much to non-Western cultural origins, despite often failing to fully acknowledge the stewardship of Indigenous communities [28], leading some scholars to categorize Western psychedelic pharmacology as a colonialist technology [19].

From a standpoint situated in the Global North, the medicalization of psychedelics could play a dual role in society. On the one hand, medicalization could transform society by legitimizing some psychedelic substances in controlled medical settings and thereby serve the interests of patients in need of alternative mental health treatments. While the psychedelic medicalization movement is not a case of purely patient-led or evidence-based activism as seen in the realm of AIDS/HIV or rare diseases [22, 65], it was at least at its beginning to some extent driven by the agenda of non-scientific actors with roots in the psychedelic (therapy) underground who have experienced the potential of psychedelic substances first hand [30, 53]. It hence represents a user-driven movement because drugs and their users are inextricably entangled from a non-essentialist perspective that takes neither the substances nor their users as fixed, distinct objects [18, 36]. On the other hand, medicalization can reproduce and stabilize existing social orders, for instance by devaluing non-scientific ways of knowing and healing as well as by restricting and regulating access through the medical system with doctors as powerful gatekeepers. Medicalization is also tied to corporate interests and hopes of easily marketable solutions to “mental disorders” that emerge from complex social webs weaved by economic structures and inequality-producing attributions. Therefore, the ongoing medicalization of psychedelics has to be scrutinized with regard to these two mutually constituting processes.

In their twenty-first century revival, psychedelics are likewise biomedicalized. In contrast to the first broad wave of psychedelic research in the 1950s/1960s, which happened when biomedical interventions were not yet as developed and practiced in psychiatry, the contemporary second wave emerges as part of a larger biomedical tide built on technoscientific innovation that has transformed Western medicine since the mid-1980s [13, 14]. Two dimensions of biomedicalization are particularly

salient for the psychedelic research revival. First, biomedicalization is characterized by a privatization of research and a commodification of research results as proprietary knowledge. Although the psychedelic research revival started out as a mainly philanthropic endeavor due to non-existent public funding, it has become increasingly populated by start-ups and private investors who regard it as a promising new biotechnology market. Second, biomedicine has a history of co-opting competing knowledge systems and alternative healthcare ideologies originating in social movements. Since the use of psychedelics as medicines is rooted to a large extent within non-Western knowledge systems and the experiential anecdotal evidence produced in Western underground practices, biomedicalized psychedelic research can be understood as co-opting Indigenous and underground knowledge by translating them into the biomedical model without adequate reciprocity.

Against this background, it is essential to not just critically scrutinize psychedelic biomedical developments but to additionally look beyond biomedicalization to alternative approaches that seek to make a post-prohibitionist future present by envisioning and building legal psychedelic worlds—I speak of worlds here because these world-building activities might not a priori share the same worldviews and visions. Since 2019, grass-roots movements that seek to decriminalize the cultivation, possession, use, and gifting of psychedelic plants and fungi among adults as well as to legalize psilocybin mushrooms in specific treatment centers outside the biomedical framework have been spreading in US cities and states. In addition, exemptions for the religious use of psychedelics have been granted to several churches by the Drug Enforcement Administration (DEA) in the past decades. The US case thus shows how a Western country is renegotiating different models and visions of how to contain and govern psychedelic experiences. What is at stake among the broad variety of actors engaged in these negotiations—ranging from researchers, clinicians, therapists, people suffering from mental health issues, psychedelic underground experimenters, drug policy reform activists, religious communities, attorneys, to entrepreneurs and government representatives—is how to envision and steer the responsible societal reintegration of psychedelics. The article lays out the spectrum of visions and practices for building legal psychedelic worlds that are currently existing in the US. From a global perspective, the US can be understood as a test bed from which lessons might be drawn for how to best build a post-prohibitionist world for psychedelics.

The research presented in this article is contributing to the social study of psychedelic science and culture as well as to a body of literature in the field of Science,

Technology, and Society (STS) studies that has increasingly turned its gaze towards how futures are mobilized to shape sociotechnical innovations in the present. The future is no longer understood as something just anticipated but as a site for politicization by diverse societal stakeholders [1, 2, 9]. This article particularly expands existing work on imaginaries (see the “Imagining and tracing socio-psychedelic imaginaries” section) towards the concept of socio-psychedelic imaginaries. This conceptual move is underpinned by a critique of the overemphasis of the scientific and technological in STS approaches, thereby broadening the narrow STS perspective to encompass imaginaries that do not primarily revolve around modern technoscience. The concept of socio-psychedelic imaginaries allows to examine several imaginaries that are envisioned and enacted to create legal access (i.e., avoiding the criminal and civil penalties following from the CSA) to psychedelics—and what these imaginaries reveal about broader worldviews, values, and visions. As my research demonstrates, science and biomedicine play an important role in the re-emergence of psychedelics in the twenty-first century, but in order to offer a symmetrical approach between science and other social movements that seek to build legal psychedelic worlds, I argue that non-biomedical avenues need to be studied simultaneously.

Moreover, the analysis is geared towards shedding light on societal power dynamics by highlighting the contested terrain of existing imaginations. Thus, after explicating the theoretical and methodological basis, I carve out the four socio-psychedelic imaginaries that make up the current US psychedelic ecosystem: the biomedicalization imaginary, decriminalization imaginary, legalization imaginary, and sacramental imaginary. After devoting one section to the description and interpretation of each, the ensuing discussion and conclusion contributes a nuanced understanding of the tensions, divergences, and convergences between the four socio-psychedelic imaginaries and reflects on their societal role more broadly. The discussion compares the imaginaries with regard to how they enact five politics in their respective ways: politics of access, politics of responsibility, politics of naming, politics of assimilation and social change, and politics of epistemic credibility. The comparison elucidates the co-evolving, mutually shaping, and amplifying dynamics between the four socio-psychedelic imaginaries. Even if the imaginaries diverge from and critique each other, they always do so in reaction to the others. As a whole, the contemporary US ecosystem of socio-psychedelic imaginaries functions as a societal corrective to the politically motivated prohibition of psychedelics. The article also anticipates possible pathways for how the described US developments could affect socio-psychedelic imaginaries

beyond the US in the future. It ends with a note on how the existence of socio-psychedelic imaginaries exemplifies a paradigm that does not restrict imagination to the human.

### Imagining and tracing socio-psychedelic imaginaries

The concept of imaginaries lends itself to analyze how post-prohibitionist psychedelic futures are imagined and enacted in the present because it denotes a faculty of collectives as well as specific future-oriented visions and actions. The term originated in the writings of psychoanalyst Jacques Lacan [52] and later gained traction among philosophers and social theorists such as Arjun Appadurai [4], Cornelius Castoriadis [11], and Charles Taylor [73]. This article builds mainly on the work of philosopher-psychoanalyst Cornelius Castoriadis, who, in his 1975 book *The Imaginary Institution of Society* (1997), conceptualizes the instituting social imaginary as a radical creative power. The social imaginary refers to the fundamental assumptions that appear as real and unquestionable for a specific society or subculture. Instituting social imaginaries can over time crystallize into instituted social imaginaries, which guarantee “a society’s continuity, the reproduction and repetition of the same forms, which thenceforth rule men’s [sic!] lives and remain there so long as a slow historical change or a massive new creation doesn’t come to modify or radically replace them with other ones” ([12], p. 73f.). This points to the tension-filled dynamic between instituted imaginaries and radical novelty-generating instituting imaginaries. By moving beyond reproduction and pre-existing forms, radical imaginaries exceed simple explanations based on historical conditions, thereby fostering hope for unexpected social change. In the case of psychedelics, we encounter an instituted social imaginary of prohibition that is currently confronted with several instituting imaginaries aimed at reshaping collective reality. While building on Castoriadis’s thought in this respect, the analytical intent of this article does not follow Castoriadis’s interest in large-scale, long-term imaginaries of political economies but observes anti-prohibitionist imagination emerging with a set of psychoactive substances that are known for their capacity to boost the imagination of human beings.

Castoriadis [11] elaborates on the ways in which the capitalist and communist imaginaries, as dominant social imaginaries of the twentieth century, are based on the same industrial revolution type imaginary with its emphasis on reason, effectiveness, and a materialistic vision of improving society through scientific-industrial advancements. He sees the spirit-crushing dominance of capitalism in tension with the creative imaginary that

strives for autonomy and creativity by awakening the imagination and the will to freedom. While this oppositional framework of the industrial revolution imaginary and creative imaginary might have appeared tenable during its conception in the early to mid-1970s, a time infused by the spirit of the radical countercultural movements of the psychedelic 1960s, it seems too idealistic and naïve half a century later. The communist imaginary has been largely replaced by an almost global reign of the capitalist imaginary, and the latter has proven itself as particularly cunning in swallowing up the creative imaginary [8] and other radical sociopolitical imaginations [25]. The case of psychedelics illustrates this point perfectly, as these substances, once imagined as intrinsically tied to the creative imaginary, are re-emerging in close entanglement with the capitalist system in the twenty-first century. Capitalism is an imaginary but it is more than anything else the restraining and steering economic order from which there seems no complete escape at present. All traced imaginaries in this article are therefore fundamentally embedded in the tension between the capitalist imaginary and the creative imaginary. Regardless of this sobering reality, there lies merit in following Castoriadis by turning the analytical gaze towards the manifestations of the radical imagination in social movements [34] that seek to create alternatives to the industrial revolution imaginary in order to resist the dominance of the capitalist imaginary and its alliance with technoscientific progress at least to some extent.

For this reason, we also need to move beyond the concept of sociotechnical imaginaries [48, 49] and other conceptualizations of imaginaries currently operating in STS (for an excellent overview, genealogy, and network analysis of imaginaries in STS see [59]). Sociotechnical imaginaries have been (re)defined as “collectively held, institutionally stabilized, and publicly performed visions of desirable futures, animated by shared understandings of forms of social life and social order attainable through, and supportive of, advances in science and technology” ([48], p. 4). While this focus on science and technology has stimulated a plethora of studies on technoscientific future-making, the concept’s main limitation is that the very act of creating and applying the analytical lens of sociotechnical imaginaries elevates modern technoscientific developments—and the state and economic powers that leverage them—above alternative traditions and social innovations that might also hold the power to engender meaningful societal and legal change. The concept of sociotechnical imaginaries, itself being both an analytic and an imaginary, implicitly reifies the hegemony of the Western colonialist technoscientific enterprise and risks ignoring or at least downplaying non-modern modes of existence [55] and non-science-driven social

movements. It is therefore incapable of capturing the multiplicity of imaginaries in the psychedelic space.

To integrate Castoriadis and move beyond Jasanoff, I have coined the concept of *socio-psychedelic imaginaries*. Socio-psychedelic imaginaries represent collective visions articulated and enacted to reintegrate psychedelics legally and responsibly into society in order to transform the current prohibitionist reality that keeps psychedelics out of society (similar to how certain nation states try to keep specific emerging technologies out, see [23]). Socio-psychedelic imaginaries are intertwined with distinctive values and norms, views of the world and its social relations, and ideas of social change. They aim to institute new societal discourses, practices, and structures to accommodate for a diversity of relationships between humans and psychedelic substances/plants/fungi that can range from radically new to traditional to (mostly) anything in between. The term socio-psychedelic stresses that psychedelics and the forms of sociality in which they are embedded cannot be separated. In this way, we avoid replicating the still hegemonic prohibitionist imaginary of the War on Drugs that disentangles drugs from their users to persecute user groups on the pretense of keeping “bad drugs” out of society. Adding “socio” to psychedelic also more generally serves to highlight that such imaginaries are held collectively and always enact visions of societal futures that reach far beyond the substances as such. The analysis presented in this article is geared towards excavating and documenting the rupturing processes within the contemporary socio-psychedelic imagination as it seeks to supersede the prohibitionist imaginary, which leads me to identify four distinct socio-psychedelic imaginaries that sometimes overlap but also diverge in their politics of sociopolitical transformation.

Methodologically, I have studied contemporary socio-psychedelic imaginaries within the US by conducting an interpretative qualitative analysis. My approach in collecting material was ethnographic by immersing myself in US psychedelic science and broader psychedelic culture from 2018 to 2021 (both in-person and virtually). In addition to academic literature, legal and drug policy documents, my empirical material comprises the following: (1) 34 interviews that I conducted with US experts on psychedelics (12 of them female) from 2019 to 2020; the majority of interviews was conducted with psychedelic researchers and therapists; some interviewees were study participants, activists, attorneys, experts in drug regulation, policy advocates, and philanthropists; interviewees were selected based on their prominent role in publicly voicing and shaping the studied imaginaries; (2) ethnographic observations and informal conversations at 11 psychedelic (science) conferences, 7 meetings of a psychedelic research network, and at about 45 shorter

psychedelic events that focused on medicalization, decriminalization, legalization, and religious uses; the analysis of (3) 35 existing podcasts and online interviews; (4) around 250 media articles on psychedelics from US newspapers, magazines, and online news media; and (5) selected social media discourse, in particular Twitter and Facebook, by following major figures and organizations. The four subsequent sections describe and analyze the four socio-psychedelic imaginaries identified in this material.

### **Biomedicalization imaginary: accessing psychedelic-assisted therapy through the biomedical system**

The introduction already identified biomedicalization as the most publicized contemporary socio-psychedelic imaginary. Biomedicalization here means the process of making psychedelics legally accessible through the state-controlled biomedical system within its regulatory framework for new drugs and medical products, overseen by the Food and Drug Administration (FDA) in the US. The biomedicalization imaginary challenges the current Schedule I designation of psychedelics having “no medical use” and envisions their rescheduling to make them into prescription medicines. It has emerged slowly since the 1980, catalyzed in large part by the activist-researcher Rick Doblin who founded the Multidisciplinary Association for Psychedelic Studies (MAPS), one of the leading psychedelic research organizations that is expected to be the first to bring MDMA-assisted psychotherapy for the treatment of PTSD to market within the next years. MAPS and other psychedelic research organizations/companies aim to legalize specific packages of “psychedelic-assisted psychotherapy” (PAT) as more effective mental health interventions than currently available drug and psychotherapeutic treatments. The collective vision is to use science as a socially sanctioned and, for many, also safest route to reintegrate psychedelics legally into society. In order to gain FDA approval, data on the safety and efficacy of PAT packages needs to be generated via quantitative clinical trials. Efficacy implies that the drug-therapy-package under investigation needs to perform statistically significantly better than a placebo. Safe and responsible use here equals that psychedelic substances (generally in synthetic form to adhere to the required standards of Good Manufacturing Practice) are entering the bodies of patients under medical supervision. Yet it is still unclear what medical supervision will mean exactly in the specific PAT packages that are moved through the regulatory pipeline of the FDA. Each research organization or company has to negotiate with the FDA the exact type of qualifications of guides or therapists (e.g., if they—and how many—need to have a PhD or MD, and a

certificate from a psychedelic therapy training program), the number of guides, and the degree of correspondence of identity-markers such as gender and ethnicity to assure relatability between patient and guide. In any case, access to psychedelics will be restricted to patients with diagnosed mental health disorders within this imaginary, even if the substances are used off-label for other mental health conditions than those for which they were originally tested. The medical system serves therefore as a powerful gatekeeper deciding who will get which treatment when at what cost.

In order to mobilize for the biomedicalization imaginary among stakeholders and publics, researchers and biomedicalization advocates tend to mention the large number of people suffering from mental health issues in their publications and conference presentations, in short, what is labeled the “mental health crisis.” For instance, George Goldsmith, co-founder of COMPASS Pathways, a company developing psilocybin-assisted therapy for treatment-resistant depression, has in the context of one of his public presentations stated that he learned this strategy of measuring and demonstrating urgency from cancer researchers. I have witnessed at several occasions that advocates of this imaginary have asked the audience at their talks to close their eyes and raise their hand if they or someone in their family ever suffered from a mental health issue. This usually amounts to an audience full of raised hands, visually evidencing in situ the epidemic proportions of the “mental health crisis.” In tandem with the mobilization of statistics [64], this visual effect works powerfully to show the indisputable societal need for PAT. While solutions to alleviate mental suffering definitely are needed, the way in which such prestidigitation is employed and the “mental health crisis” is conjured up almost magically sidelines economic, political, and other oppressive factors that co-create the mental states identified for treatment within an individualizing biomedical framework.

At a meeting of a research group, neither George Goldsmith nor Rick Doblin addressed any broader societal issues in their responses to an audience question inquiring into whether medicalization will entail missing a chance to build a society based on health rather than one organized around correcting its faults. This absence indicates that their vision aims to correct individuals one mind at a time to make them functional rather than trying to change unequal socio-economic structures that led to these conditions in the first place. While becoming functional could in principle coincide with empowerment to engage in such political work, the point here is that this outcome lies beyond the imaginative realm of the biomedicalization imaginary. At another meeting, several therapists voiced their uncomfortableness

to tackle the narrow goal of insurance coverage instead of aiming for more substantive social transformation such as changing the US healthcare system. Insurance coverage is the lynchpin of the future the biomedicalization imaginary constructs, because making psychedelics available within the biomedical system could potentially allow for insurance coverage (presuming that patients are insured, which is not a given in the US). As with the previous example, a broader societal embedding of PAT was not on the agenda at the meeting.

In order to produce epistemic credibility for PAT packages, regulatory agencies require quantitative scientific data. As Rick Doblin told me in an interview<sup>1</sup>, MAPS has stayed away from bringing any personal stories into their negotiations with the FDA, because the FDA tends to see such stories as “a trick.” Yet personal stories and testimonials have nevertheless become part of the broader persuasion strategy of biomedicalization advocates who employ for instance videos of their study participants in presentations in front of researchers and public audiences. According to Doblin, even educated researchers have a hard time grasping through numbers why MDMA-assisted therapy works better than other treatments, but their understanding of how and that it works would be significantly enhanced through a video. Mainstream media coverage of psychedelic science similarly shares a tendency to combine numbers with experiential accounts of study participants to make stories more personal. In my behind-the-scenes conversations with former study participants in PAT trials with psilocybin, participants’ stories turned out to be more complex and less neat than when spoken about in public where they tended to stress the life-changing effects of the therapy. Several study participants have admitted to me that they turned towards underground psychedelic practices once the studies had ended, indicating both that psychedelics indeed have become their trusted and valued healing tools but also that the standardized number of sessions in PAT is not enough “to cure” patients, inevitably producing an overflow beyond the clinical spaces within which researchers seek to contain psychedelic experiences (see also [61]). Stories of study participants who suffered from ethical misconduct of their therapists and did not feel well cared for after the study had ended have recently surfaced into public consciousness, for instance via New York Magazine’s investigative podcast *Cover Story/Power Trip*. These cases reveal the limits of the biomedicalization imaginary with regard to psychedelics’ curative impact on the individual, not to speak of the

<sup>1</sup> When names of interview partners are mentioned, subjects gave explicit consent to be named.

broader societal level. They also bring a whole host of ethical issues into view and question whether biomedicalized psychedelic experiences will really be as effective and safe as the biomedicalization advocates claim. Spravato, Johnson & Johnson's licensed esketamine nasal spray, and off-label uses of ketamine for the treatment of depression could serve as precursors for the broader biomedicalization imaginary to estimate if and how such biomedicalized psychedelic approaches actually might be able to fulfill their promise [60]. My exploratory interviews with clients of ketamine clinics indicate that therapeutic effects of ketamine treatments were not long-lasting without psychotherapy, and in some cases even with psychotherapeutic support. Finally, the legal use of psychedelics as investigational medications for patients with terminal conditions under right-to-try laws that are currently pushed in particular for psilocybin-assisted psychotherapy could also be subsumed within the biomedicalization imaginary (for a mapping of research possibilities for PAT in end-of-life care see [7]).

### **Decriminalization imaginary: partaking of “the people’s medicines” without prosecution**

A second socio-psychedelic imaginary burst into public awareness in 2019: the decriminalization imaginary. Drug decriminalization can range from reducing criminalization (e.g., from a prison sentence to a misdemeanor) to full decriminalization, i.e., the complete removal of criminal sentences and legal prosecution. The driving force behind the contemporary socio-psychedelic decriminalization imaginary is the vision to create a world in which the personal growing, possessing, using, and sharing of naturally occurring psychedelics (and to some extent also synthetic psychedelics) is no longer a criminal offense or has become the lowest law enforcement priority; the latter, which is presently the case for most psychedelic decriminalization activities, could also be described as deprioritization [3]. This imaginary so far centers mainly on naturally occurring psychedelics, thus implicitly fostering a narrative of “natural” psychedelics as “good drugs,” while perpetuating the stigma surrounding synthetic drugs. Within the psychedelic space, this narrative is critically discussed as psychedelic exceptionalism [37]. Grassroots decriminalization initiatives in progressive US cities and states have instantiated the decriminalization imaginary to neutralize the negative effects of the War on Drugs on the users of psychedelics, at least from local law enforcement (the unlikely prosecution from the federal level, where the substances remain criminalized, is not impeded by the initiatives). Starting in Denver, Colorado, where psilocybin mushrooms were decriminalized on May 8, 2019, Oakland, California, followed soon after in early June 2019 with the decriminalization

of all naturally occurring psychedelics, marking the first success of the Decriminalize Nature (DN) movement that has since spread to countless other US cities. As of February 2022, decriminalization efforts have successfully passed resolutions in ten other US cities: Santa Cruz, Arcata, Ann Arbor, Detroit, Seattle, Port Townsend, Washington DC, Somerville, Cambridge, and Northampton. The measures in these cities have built largely on the DN model, which according to DN's newsletter from March 14, 2022, is also advanced by activists in 30 other US cities and even in other countries. Decriminalization initiatives, however, differ from city to city slightly in their aims and arguments. For instance, activists in Denver led their campaign with health arguments, while DN Oakland emphasized cognitive liberty as a human right (for a discussion of justifications see [58]). Since DN is dominating the city initiatives, I will carve out the specifics of their decriminalization imaginary in the following before moving to decriminalization initiatives at the state level.

The DN imaginary mobilizes for the decriminalized use of naturally occurring psychedelics for non-clinical purposes, which includes but is not limited to psychological healing, spiritual exploration, self-improvement, or creativity. Its politics of naming eschews the term psychedelics and supplants it with a variety of other names such as entheogenic plants, the people's medicines, plant medicines, or ancestral sacred plants, with the first figuring most prominently. The term entheogen was created in 1979, roughly two decades after the British psychiatrist Humphry Osmond coined “psychedelics” in correspondence with Aldous Huxley, by a group of ethnobotanists and scholars of the classics and mythology [67]. “Entheogen” was devised to replace the then most commonly used term “hallucinogen,” which was understood as too closely connected with socially devalued experiences of insanity, and the term “psychedelics,” which was considered too stigmatized due to its 1960s associations of hedonism and rebellion. While “psychedelics” highlights the mind-manifesting potential of these substances (composed of the two Ancient Greek words for psyche/soul and to make visible), “entheogens” (derived from two Ancient Greek words that convey “full of the god, inspired, possessed” and “to come into being”) points to the capacity to bring divine, creative inspiration into existence (cf. *ibid.*). The term entheogen hence emphasizes spiritual, religious, and creative dimensions of the drug experience. DN's preference for “entheogen” serves as double boundary work [29]: to purify naturally occurring substances from the stigma of preceding terms and from the biomedicalization imaginary with its synthetic substances, clinical setting, and corporate ties. DN's use of “entheogen” is embedded in a worldview

that ties nature and humans in a close spiritual relationship. Humans are seen as part of nature, and hence “decriminalize nature” equals “decriminalize human’s use of natural substances.” This refusal to enact the modern constitution with its separation of nature and culture [54] situates DN’s imaginary within a pre-modern tradition of entheogenic consumption practices that dates back thousands of years; a time before drug criminalization was limiting access to these plants and fungi. Hence, DN activists argue that people should have the right to use what grows in nature to enact their cognitive liberty. In line with the spiritual connotation of entheogen, “the sacred” is invoked as an innate, ever-present quality that is neither limited to plants nor placed in some transcendental, other-worldly realm. DN’s “the sacred” much rather designates a non-modern way of seeing—a shift in/of consciousness—enabled by what could be termed entheogenic grace.

A second distinguishing feature of DN’s decriminalization imaginary is the way it is corroborated with both science and anecdotal evidence. In their petitions and the public testimonies that are given by members of the local community at city council meetings, references to the promising results of psychedelic clinical trials are interspersed with personal accounts of how entheogenic plants and fungi have helped heal speakers or people close to them. In a hearing before Oakland’s public safety committee that I attended on May 28, 2019, these personal accounts infused the atmosphere in the huge city council room with hope and enthusiasm that was positively commented on by several committee members before they raised their concerns. In addition, the professional identity of the speakers was strengthened in many testimonies, signaling that they were respected members of the local community and not “random drug users.” DN’s approach is hence characterized by a skillful braiding of all three Aristotelian modes of persuasion: *logos* (scientific facts and rational arguments), *ethos* (credibility of the speaker), and *pathos* (emotional personal accounts). While *pathos* also matters for the success of the biomedicalization imaginary, especially when mobilizing personal accounts of study participants to gain support from non-regulatory audiences, its role is more essential for persuading the decision-makers at city council meetings. This unique combination of deeply moving personal healing accounts and scientific credibility makes it hard for decision-makers (who are themselves also members of the local community) not to support the initiatives, as a co-founder of DN Oakland told me in an interview.

The decriminalization imaginary aims to make entheogens legally accessible before psychedelics would become available within the biomedical system, in particular to

serve people of color and other marginalized groups with limited economic resources, insurance coverage, and historically grown distrust of medical authorities. It brings into view broader socioeconomic issues of inequality and social justice that are largely sidelined in the biomedicalization imaginary. Instead of focusing on individual trauma enshrined in the diagnostical label of PTSD (post-traumatic stress disorder), DN representatives prefer to speak of PTSE (persistent traumatic stress exposure) that characterizes the living environment of marginalized populations in which a lack of economic opportunities is coupled with systemic discrimination. The causes of mental health issues are not located in isolated traumatic experiences and the individual but in a broader missing connection to “the sacred” produced by an adversarial sociopolitical environment. The responsible reintegration of psychedelics into society is imagined to be achieved by policy change in combination with educational and harm reduction programs that establish safe use guidelines for healing ceremonies in local communities, in which the focus is on the collective rather than the individual.

Moving beyond the municipal to the state level, decriminalization has so far only been made a reality in Oregon, where voters passed an initiative (Measure 110) to decriminalize the personal possession of all (small amounts of) drugs in November 2020, making it the first US state to decriminalize all drugs similar to Portugal. Instead of criminal charges, citations and fines have been instantiated. Oregon’s decriminalization law, however, is not a socio-psychedelic imaginary. In California, a state-wide bill (SB 519) to decriminalize psychedelics, in both natural and synthetic form (with the exception of ketamine and peyote), is currently marshaled by activists from organizations such as DN, The New Approach, and MAPS, among others. The involvement of MAPS demonstrates that exemplary organizations working for the biomedicalization imaginary are also actively involved in furthering decriminalization efforts. SB 519 activists also tried to include “social sharing” of psychedelics in the bill to allow for group healing in ceremonial contexts, but the California Senate’s Health Commission thought this could invoke sharing at parties, and the activists then changed the text to “facilitated or supported use” to avoid opposition. This wording stresses that the person handing over the medicine will be around to assist those partaking of entheogens to ensure responsible and safe settings.

The decriminalization imaginary has emerged in direct reaction and as an antidote to an increasingly commercialized psychedelic space with the explicit aim to bring psychedelics to “the people” before Big Pharma can make a monopoly out of them. Decriminalization activists envision and work to build a world where plant medicines

can be “grown in everyone’s garden like tomatoes” without prosecution. Rather than promoting commercialization, they try to establish a grow-gather-gift model operating outside the capitalist system. In this decriminalized setting, entheogenic plants and fungi are shared within distribution networks that are either explicitly decriminalized as in Oakland or still underground as in Santa Cruz.

### **Legalization imaginary: experiencing psilocybin therapy in service centers outside the biomedical system**

A third socio-psychedelic imaginary appeared publicly in the wake of the decriminalization movement and had been in active development at least since 2015 in the state of Oregon (according to one of its main advocates): the legalization imaginary. The legalization imaginary refers to visions and associated practices that aim to either fully legalize recreational use or create a regulatory framework for the manufacture, sale, and distribution of psychedelic products and services in supervised settings outside the biomedical system. This section homes in on the latter and a specific version of the legalization imaginary that has already successfully materialized in the state of Oregon in the form of regulated legalization, consequently sidelining more utopian libertarian visions for complete legalization without regulation. Although some of my interviewees—even central actors driving the biomedicalization imaginary—were strong proponents of implementing the full legalization of psychedelics in the long run, similar to the legalization of cannabis for medical and recreational use in many US states, such a vision is simultaneously deemed unrealistic and therefore not pursued at present. The current state of the socio-psychedelic legalization imaginary needs to be clearly distinguished from US cannabis legalization. Psychedelics and cannabis are not (yet) perceived as similar in the US, and more structured analyses of existing and potential (dis) analogies would be adequate to develop responsible governance models [68].

In November 2020, Oregon became the first US state to legalize psilocybin-assisted therapy in non-medical settings through a ballot initiative, Measure 109, also known as the Oregon Psilocybin Services Act or Psilocybin Service Initiative (PSI). Similar to the biomedicalization imaginary, the campaign for Measure 109 mobilized the mental health crisis to argue for legal access to psilocybin, but in contrast to biomedicalization it bypasses the FDA’s drug approval process to provide accelerated regulated access. The initiative’s politics of naming foregrounds the label of “psilocybin therapy,” which serves to avoid any stigma associated with the term psychedelics. The PSI consists of a program that is specified over a 2-year

period to regulate the licensed manufacture, transportation, delivery, sale (but no retail sale, only on licensed premises), and administration of psilocybin products and services. The Oregon Psilocybin Advisory Board is discussing the details of the licensing and oversight process and will give recommendations to the Oregon Health Authority that will decide how psilocybin services will be made legally available as of 2023. What is specified so far: adults will be able to purchase and consume psilocybin mushrooms at registered facilities or centers under the supervision of trained facilitators. Facilitators will most likely not be required to have a medical background, and clients would not need a medical diagnosis, thereby moving beyond the limits of the biomedicalization imaginary that only targets patients. Similar to the decriminalization imaginary, the PSI campaign relied on both professional testimonies and anecdotal reports to convince voters, in addition to references to scientific studies. In a series of TV advertisements, a doctor presented psilocybin therapy as a “humane” treatment of mental stress for the terminally ill, a navy seal testified to how psilocybin therapy helped him overcome the collateral mental health damage he suffered from his deployment, and a senator assured voters that access would be controlled and only be available for adults in licensed centers.

There have been attempts to craft the initiative in a way that would limit major corporations to take over the market in Oregon. Soap manufacturer, philanthropist, and drug policy advocate David Bronner, who was involved in the process, stated that the initiative tried to address the problems that emerged with cannabis legalization by limiting “the number of licenses any one entity can have, both for grow and treatment centers, and there’s no marketing and branding of medicine. So there won’t be the corporate takeover like has happened in cannabis, and smaller growers can thrive” [10]. Although this would address issues at the producer end, it does not tackle concerns of relevance to consumers and clients (for a discussion of these see [72]).

DN has criticized that the PSI’s selective legalization would continue the harms of prohibition because the growing, gathering, and possessing of psilocybin mushrooms outside the service centers remains criminalized. It could, however, be argued that this effect is mitigated by the state-wide all-drug decriminalization measure that was passed simultaneously (see above). Still, marginalized people who might not be comfortable in a supervised quasi-medical setting or lack the financial resources or health insurance to access the offered services could remain at a disadvantage, akin to the situation the biomedicalization imaginary creates. Activists have therefore started the Plant Medicines Healing Alliance that seeks to decriminalize home cultivation and possession

of ceremonial quantities of plants and fungi in Oregon. In sum, Oregon's current legalization imaginary is enacting a regulatory framework that constitutes a middle ground between biomedicalization and decriminalization. It is less strictly controlled than biomedicalization as it functions outside of the FDA-regulated biomedical-pharmaceutical system but more regulated than decriminalization, since a state-governed organization functions as mediator between substance and consumer. Bills building on Oregon's Measure 109 are underway in US states such as New York, Colorado, and California.

### **Sacramental imaginary: the church as provider of ritualized entheogenic experiences**

Finally, the fourth socio-psychedelic imaginary is the sacramental imaginary. A sacrament generally describes something of mysterious and sacred significance, and in the Christian tradition a religious ritual or ceremony that imparts divine grace. The term "sacramental imaginary" refers to collective visions and practices as to how psychedelics can be legally used as entheogenic sacraments in the ritualized context of a religious organization. This legal status can be attained by establishing the right for the free exercise of religion under the First Amendment of the US Constitution and the Religious Freedom Restoration Act (RFRA 1993). Religious exercise with an entheogenic sacrament—most commonly a psychedelic plant (mixture) or fungus, but uses with toad venom or synthetic psychedelic substances also exist—can be protected by filing a claim or raising a defense under RFRA in court or applying for a RFRA exemption through the DEA. To assert the rights granted under RFRA, a person or collective must demonstrate a sincere religious belief and that their exercise of religion has been "substantially burdened" by the federal government. Once that is established, the government is required to show that it has a "compelling interest," such as protecting the public health and safety or preventing diversion, in order to prohibit religious practices with controlled substances, and the compelling interest is furthered with the least restrictive means. In the case of the Native American Church, Congress granted the exemption to use their peyote sacrament through legislation under the American Indian Religious Freedom Act in 1994. The first two churches that have received exemptions under RFRA through litigation to conduct their ayahuasca-assisted religious ceremonies legally were syncretic Brazilian-originating churches: the União do Vegetal (UDV; all over the US since 2006) and Santo Daime (SD; certain branches in Oregon, California, Massachusetts, and Washington State have permission since 2009).

In these three government-approved entheogenic churches, the responsible use of entheogenic substances

takes place in a ceremonial group setting structured by strict guidelines that often include a uniformization of church members [40, 51]. In the Christian-influenced UDV and SD, the ritualized consumption of ayahuasca resembles the Catholic communion as members receive the cup with the liquid entheogen from a designated church member who also gives a blessing. In order to participate in religious entheogenic rituals, one has to become a member and subscribe to the church's doctrine. In other words, the church acts as a mediator between humans, entheogens, and God if it has gotten approval for this role from state authorities.

Recent years saw several religious communities forming who claim Indigenous and shamanic roots for their entheogenic practices. Some of these new churches such as the Oklevueha "Native American Church" have tried to appropriate the "Native American Church" identity to signify an exemption status [24, 45]. Chacruna's Council for the Protection of Sacred Plants has published a guide for churches on how to establish protection under RFRA and create best practices to ensure safety and security of participants [44]. In 2021, the application of Soul Quest's Ayahuasca Church of Mother Earth for an exemption from the DEA was denied because the church was judged to lack the necessary sincerity of religious belief to warrant protection under RFRA. The DEA identified a risk of diversion because participants were seen to be looking for one-time recreational access to ayahuasca, comparing Soul Quest to the SD where members must attend regularly. In addition, Soul Quest's religious text, the Ayahuasca Manifesto, was not required reading at their ceremonies, and the leadership and participants claimed ayahuasca had therapeutic purposes instead of referring to it as a religious sacrament [38]. The DEA's denial focused significantly on Soul Quest's use of the controlled substance for therapeutic purposes, highlighting the importance of keeping up the boundaries between different socio-psychedelic imaginaries to gain legal recognition: what might work in the biomedicalization imaginary and the decriminalization imaginary may backfire in the sacramental imaginary and vice versa. Just as spiritual arguments do not convince the FDA, medical language and claims can compromise the RFRA analysis and preclude the grant of a religious exemption. Consequently, those engaging in entheogenic-assisted religious rituals within the sacramental imaginary need to create and use their own religiously inflected vocabulary and not assimilate notions from other socio-psychedelic imaginaries to gain exemption. The way the system is currently structured necessitates a strict separation of the medical and spiritual, while at the same time clinical research of PAT demonstrates that the strongest healing effects in secular, biomedicalized settings tend to

correlate with the appearance of mystical experiences [32, 33, 46], which are also considered to be the experiential basis of religion [47].

In addition to ad hoc beliefs, lack of ceremony and ritual, quantity of the controlled substance used, and the use of other controlled substances, the government also looks at evidence of commerce to demonstrate insincerity. An attorney explained at a conference that evidence of commerce might even be considered the most crucial of the five measures for the assessment, because it increases the possibility that the controlled substance can be diverted away from its intended religious use. This also shows that the realization of the sacramental imaginary is currently incompatible with the existing capitalist structure by legal standards, even if entheogenic churches would like to conduct their religion within a for-profit model. Of all the socio-psychedelic imaginaries, the sacramental imaginary is most strongly tied to Indigenous and non-Western traditions, as proving these lineages is important to convince the DEA of sincerity of religious practices. Both the UDV's and SD's entheogenic sacraments are shipped from South America to the US, but Soul Quest got its vine and leaves (the two plant ingredients commonly used to brew ayahuasca) from a seller in the Netherlands, who labeled the components not for human consumption, which the DEA then used to point out that the source was non-religious.

While the sacramental imaginary might appear as the most non-modern socio-psychedelic imaginary, entheogenic churches are also "modern" organizations that mobilize science for their purposes. For instance, the UDV was successful in drawing on studies about their communities to convince the court that the government had neither sufficiently proved health risks nor that there was a substantial risk for recreational abuse. To gauge sincerity, the courts look to whether the substance as sacrament is a central or important aspect of religious exercise. According to the attorney Allison Hoots, scientific data could be helpful to establish this type of evidence for churches. At a conference, another attorney pointed out that it would be equally relevant for churches with multiple entheogenic sacraments to draw on scientific data to demonstrate different effects of the various types of entheogens in the brain to argue for the use of multiple substances in religious rituals. In order to demonstrate a minimization of the risk to health and safety of participants, entheogenic churches are required to have and enforce strict safety policies and guidelines (e.g., screening procedures, informed consent, rules) for the security of their members and sacrament(s) [38]. In the Soul Quest case, the DEA mobilized the death of a young man and several hospitalizations to prove that Soul Quest was not adhering to its own guidelines.

## Discussion and conclusion: the politics and the ecosystem of socio-psychedelic imaginaries

The analysis of socio-psychedelic imaginaries started from an invocation to move beyond a focus on the sociotechnical in futures research in STS to open the perspective towards alternative, non-science-driven innovations. In this article, heeding this call allowed to identify, compare, and interpret four socio-psychedelic imaginaries that currently represent the main routes for creating legality for the users of psychedelics in the US. Instead of being based in self-serving political decision-making that resulted in the prohibition imaginary, socio-psychedelic imaginaries are rooted in commitments to science, social justice, human rights, and individual and collective healing. In the following, I discuss five types of (interconnected) politics that run through the four socio-psychedelic imaginaries to carve out divergences and convergences between them: politics of access, politics of responsibility, politics of naming, politics of assimilation and social change, and politics of epistemic credibility.

### Politics of access

While the imaginaries differ with regard to how they imagine and implement access to psychedelics, they share similarities in their politics of access. All of them, except the decriminalization imaginary, envision legal accessibility through institutional gatekeepers that are either existing (biomedical system, religious organizations) or are being established for this specific purpose (new service centers in Oregon). Access is also restricted by inclusion criteria that can range from patients with specific diagnoses (biomedicalization) or church members (sacramental) to the adult citizens of a constituency (decriminalization and legalization). The decriminalization and legalization imaginaries are most inclusive as they are open towards non-patient and non-church-member populations, and frequently also designed to enable affordable access for marginalized groups.

### Politics of responsibility

There exist a variety of differences as to how responsibility—mostly equated with individual and public safety—is envisioned and established in the imaginaries. Except for the decriminalization imaginary, all imaginaries entail the explicit building of structures to provide consistency of substance quality, reliability of care, and accountability in cases of malpractice and disregard of regulations. The politics of responsibility of the decriminalization imaginary are more geared towards harm reduction and educational measures, such as supporting mediators between substance and users who are already embedded

within the local community. Establishing accountability structures, however, carries the risk of not making the substances broadly accessible because they tend to restrict participation, which elucidates a tension between politics of access and politics of responsibility.

### Politics of naming

Since the term psychedelic is imagined to carry a stigma in some circles, the imaginaries distance themselves from the history of prohibition through a politics of naming that imbues the substances with respectability. While “psychedelic” still serves as a useful umbrella term in the biomedicalization imaginary, PAT packages are always created as psychotherapeutic interventions around specific substances such as MDMA or psilocybin (studies with LSD have been avoided in the early days of the psychedelic revival due to its strongest association with the 1960s). The legalization imaginary continues this strategy by focusing on the less charged substance/name of psilocybin, thereby further narrowing psychedelic exceptionalism to psilocybin exceptionalism as a side effect of this politics of naming. The decriminalization imaginary and the sacramental imaginary both mobilize the more spiritual-religious connotation of the terms entheogen and sacrament, which serves as demarcation from a stigmatized psychedelic history, imputations of recreational or hedonistic drug use, and capitalist structures.

### Politics of assimilation and social change

The imaginaries differ in how far they are assimilating to existing socioeconomic structures as well as their visions and means for social change. The biomedicalization imaginary is most assimilated to the contemporary capitalist political economy, trying to bring “new” drug-therapy-packages to market without tackling existing socioeconomic structures. The focus on rather narrow implementation issues that are currently dominating the biomedicalization imaginary risks directing attention away from deeper reflection of how this type of therapy might perpetuate a neoliberal ideology that locates “disorder” within an individual mental state instead of addressing causes at the systemic level and providing resources for community healing [27, 41]. To avoid such a scenario, proponents of the biomedicalization imaginary would do well to trace the etiology of “disorder” within a broader capitalist set and setting [39] and include group healing modalities and community structures to counter the prevailing individualistic paradigm of modern biomedicine.

In contrast to the biomedicalization imaginary, Oregon’s legalization imaginary is partly changing how mental health services are provided by positioning the psychedelic experience outside existing pharmaceutical

structures, but it remains to be seen in how far it can avoid assimilating to the capitalist system and its logic of commodification and commercialization. The decriminalization imaginary and the sacramental imaginary are farthest away from assimilating to existing capitalist structures, as the law precludes commercial activities within them. The decriminalization imaginary and the legalization imaginary are built on democratic visions for social change by educating and empowering citizens to redesign policies through legal instruments such as crafting petitions, voting, and convincing lawmakers.

### Politics of epistemic credibility

Each imaginary draws on distinctive epistemic strategies and resources to enhance its credibility. Science is mobilized in all imaginaries, albeit in different ways. It is the main means to establish credibility within the biomedicalization imaginary, but the other imaginaries equally draw upon scientific studies to corroborate their claims in combination with other non-scientific ways of knowing as well as arguments for public health, human rights, and religious freedom. While it could be argued that the biomedicalization imaginary is co-opting Indigenous and underground knowledge in its quest to generate marketable data and capitalize on it (excluding those non-profit research organizations who are working actively against such extractivism), a reverse co-opting of scientific knowledge by other social movements to legitimize their alternative psychedelic world-building activities is equally taking place.

This last point brings us to a general observation of the ecosystem of socio-psychedelic imaginaries, namely that the imaginaries are co-evolving, mutually shaping, critiquing, and amplifying each other. The biomedicalization imaginary has without doubt catalyzed the emergence of the decriminalization and legalization imaginaries, and their success in turn impacts the biomedicalization imaginary and the strategies operating within it. The recent growth of activities around the sacramental imaginary may also have been fueled by the success of the other socio-psychedelic imaginaries. In other words, the more in-depth study of amplification effects between and the mutual shaping of socio-psychedelic imaginaries—and imaginaries more generally—could make an interesting field for future research. Moreover, the fact that individuals hold several imaginaries simultaneously could lend itself for attitude research. Many of the researchers, therapists, and study participants I interviewed support the biomedicalization imaginary together with other socio-psychedelic imaginaries. But there also exists a subgroup among psychedelic researchers that only advocates for biomedicalization, due to its highly structured and tightly observed container that is imagined to make adverse

effect less likely [69]. I have observed a tendency among psychedelic researchers to respond more favorably to Oregon's legalization imaginary than to the decriminalization imaginary for the same reason. By arguing that science should come first (see also [63]), these researchers assign a different temporal importance to decriminalization and legalization. Generally, biomedicalization tends to be the official imaginary of most researchers, with other imaginaries being held more privately, which points to the relevance of setting-sensitive articulations of socio-psychedelic imaginaries. These first qualitative observations call to be further explored and corroborated by sociological (survey) studies on expert populations and different publics. Based on the interpretation of my findings, socio-psychedelic imaginaries could be correlated with differences in social positions and identities. Who holds and endorses which socio-psychedelic imaginaries for which reasons? What positionality enables actors to become the main drivers of these instituting imaginaries?

Of the four socio-psychedelic imaginaries, biomedicalization is the most resource-backed in both the US and Europe at the moment. If PAT packages become FDA-approved, the European Medicines Agency is expected to follow suit if additional scientific data is provided (the main research organizations/companies are also running clinical trials in Europe). Due to differences between healthcare systems, reimbursable PAT could actually become more likely in Europe than in the US, which could contribute to a more equitable rollout of PAT on the European continent. At the moment, the socio-psychedelic decriminalization imaginary is less visible in Europe: only one psychedelic-focused decriminalization movement seems to be active, namely in Italy (it seeks to decriminalize psilocybin mushrooms together with cannabis). Yet European countries such as Portugal, Spain, the Czech Republic, or the Netherlands are notable for their much more progressive all-drug decriminalization policies. In countries with such general drug decriminalization policies, there seems to exist no need for psychedelic-specific decriminalization. Another reason for the missing psychedelic decriminalization imagination could be that Europe is not sharing the US history with cannabis medicalization and legalization; in the US, many cannabis activists have jumped over to fight for psychedelic decriminalization and legalization. In Europe, the socio-psychedelic legalization imaginary is currently only realized for psilocybin-containing truffles in the Netherlands, where these truffles remained fully legal due to a loophole in the law when psilocybin mushrooms were criminalized in 2008. They are controlled as any other commercial product and can be bought in Smart Shops or consumed at retreat centers. Due to this similarity with the situation

in Oregon, companies and retreat centers operating in the Netherlands have already positioned themselves to enter the market in Oregon. The sacramental imaginary likewise plays a rather marginal role in Europe at the moment, while some entheogenic plants and fungi have a special religious status in Central and South America. Future research on the distribution and culturally specific manifestations of socio-psychedelic imaginaries and their entanglement with specific ethnobotanical histories in different national and regional contexts could shed more light on these issues. Which socio-psychedelic imaginaries will be able to travel to other countries from the US? Is the biomedicalization imaginary with its globally standardized scientific infrastructure better positioned to be exported? In addition to these questions, we also need to study the conditions under which socio-psychedelic imaginaries emerge, gain traction, are opposed, and lose ground in specific sociopolitical settings (cf. [43]). Scale also matters for socio-psychedelic imaginaries in the US, where the biomedicalization imaginary (and the sacramental imaginary partly) shapes developments at the national/federal level, and decriminalization and legalization are currently restricted to the municipal and state level.

The analysis of the US case has shown that socio-psychedelic imaginaries function as societal corrective and harm reduction mechanism to rectify the politically motivated prohibition of psychedelics. The contemporary US ecosystem of socio-psychedelic imaginaries is characterized by a diversity that is missing in most other countries today. Newer instituting imaginaries tend to balance out and partly work as correctives to the older ones, in particular the limitations of the biomedicalization imaginary. Within a healthy ecosystem, this mutual corrective function should not just be intact but cherished. This requires a perspective from which socio-psychedelic imaginaries are viewed in terms of co-existence rather than competition. The different socio-psychedelic imaginaries serve different populations, enable psychedelic uses for different purposes, enact a different potential to transform or reproduce societal structures, and make use of different leverage points to induce social change.

What many of the involved activists, advocates, and researchers share is that own transformative psychedelic experiences compelled them to create and foster socio-psychedelic imaginaries. Socio-psychedelic imaginaries are hence not just operating to create worlds for legal psychedelic experiences but they are also outcomes of either legal or illegal psychedelic experiences. Humans who become molecularly entangled with psychedelics sometimes report that these substances, plants, and fungi have agency and personalities of their own, presenting themselves as allies and teachers. Such entanglements

thus urge their human participants to step into a radical paradigm that is open to consider that imagination lies equally beyond the human. By contrast, paradigms that solely locate imagination in human actors and institutions (for an example see e.g., [48], p. 17) appear imperfect for the survival of our and other species because they perpetuate an anthropocentrism that permits and perpetrates exploitation and subjugation of those entities it denies imagination. The question is therefore not whether animals, plants, and fungi can imagine like humans but how they can assist humanity to imagine and enact a livable planetary future in which the War on Drugs and the War on Nature are both relics of the past. The existence and success of socio-psychedelic imaginaries bears testimony to this creative possibility.

#### Abbreviations

CSA: Controlled Substances Act; DEA: Drug Enforcement Agency; DMT: N,N-Dimethyltryptamine; FDA: Food and Drug Administration; LSD: Lysergic acid diethylamide; MAPS: Multidisciplinary Association for Psychedelic Studies; MDMA: 3,4-Methylenedioxymethamphetamine; PAT: Psychedelic-assisted psychotherapy; PSI: Psilocybin Service Initiative; PTSD: Post-traumatic stress disorder; PTSE: Persistent traumatic stress exposure; RFRA: Religious Freedom Restoration Act; SD: Santo Daime; STS: Science, Technology, and Society Studies; UDV: União do Vegetal.

#### Acknowledgements

In addition to those who generously gave interviews and provided me with access to their networks, I want to acknowledge and thank all who have opened my mind and other doors to make this article and the research it is based on possible, in particular Wolfgang Plaschg, Ulrike Felt, Joi Ito, Michael M.J. Fischer, Bia Labate, and Allison Hoots. Many thanks also go to everyone who engaged with my ideas at conferences and talks, and to the two anonymous reviewers whose exceptionally constructive feedback helped to improve the article. I also want to thank the editors of the Topical Collection on "Politicization of Sociotechnical Futures. Prerequisites and Limits," Paulina Dobroć, Andreas Lösch, and Maximilian Roßmann for the invitation to contribute and the smooth guidance through the process. A broad variety of (un)nameable more-than-human beings equally deserve acknowledgement.

#### Author's contributions

The author read and approved the final manuscript.

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Claudia Schwarz-Plaschg is a social scientist with research interests in the sociopolitical dynamics of emerging scientific fields, the governance of new technologies, the roles of drugs/medicines/psychotherapy in societies, social movements, feminism, and the entanglement of science and spirituality.

#### Funding

This article is based on research conducted during the project "Re-emerging Magic Molecules: The Medicalization of Psychedelics in the United States (ReMedPsy)," funded by the European Union's Horizon 2020 research and innovation program under the Marie Skłodowska-Curie grant agreement No 788945.

#### Availability of data and materials

Not applicable.

## Declarations

#### Ethics approval and consent to participate

The study was exempted from ethics approval at Harvard, MIT, and the University of Vienna, where it was conducted. Consent was obtained from all interview partners.

#### Competing interests

The author declares no competing interests.

Received: 3 December 2021 Accepted: 14 April 2022

Published online: 30 April 2022

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