Mefisto
Rivista di medicina, filosofia, storia
Vol. 8, 2, 2024
(già Medicina&Storia)

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Mefisto

Vol. 8, 2, 2024

Edizioni ETS

Essays published on “Mefisto” are double-blind peer-reviewed.

six-monthly journal / periodico semestrale
Subscription (paper, individual): Italy € 50,00, EU € 80,00, World € 90,00
Subscription (paper, institution): Italy € 60,00, EU € 100,00, World € 120,00

Subscription fee payable via Bank transfer to
Edizioni ETS
Banca Intesa, Sede centrale, Corso Italia 2, Pisa
IBAN IT 21 U 03069 14010 100000001781
BIC/SWIFT BCITITMM
reason: abbonamento “Mefisto”
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Registrazione presso il Tribunale di Firenze n. 8/2017

Direttrice responsabile: Alessandra Borghini

EDIZIONI ETS
Lungarno Mediceo, 16, 56127 Pisa
info@edizioniets.com
www.edizioniets.com

Distribuzione / Distribution
Messaggerie Libri SPA, via G. Verdi 8 - 20090 Assago (MI)

Promozione / Promotion
PDE PROMOZIONE SRL, via Zago 2/2 - 40128 Bologna

ISBN 978-884677147-6
ISSN 2532-8255

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"It's the end of the word as we know it". La condizione post-normale in psicopatologia

Marco Innamorati*, Renato Foschi**

Abstract: The article explores the notion of normality and its implications in psychopathology, highlighting the complexity and the historical and cultural variability of the concept. Starting from a critique of traditional psychopathology, the authors analyze how the idea of normality has been shaped by epistemological, social, and political factors, emphasizing the role of culture in defining what is considered "normal." The historical roots of normality are examined, from Greek and Roman thought to modern psychological theories, showing how definitions have evolved over time, often reflecting dominant ideologies. The article discusses the contributions of key figures such as Basaglia, Szasz, and Hacking in deconstructing descriptive psychopathology and exposing the limitations of the positivist model. Finally, the concept of "post-normality" is introduced, offering a new perspective to interpret psychological and pathological dynamics in the contemporary context, characterized by complexity, fluidity, and global crises. This approach challenges rigid categorizations of normal and pathological, encouraging a more dynamic and adaptive reflection on the needs of modern psychopathology.

Keywords: normality and psychopathology, critique of traditional psychiatry, post-normality, constructivism and culture

1. *Introduzione*

"Visto da vicino, nessuno è normale" è una frase attribuita comunemente a Franco Basaglia (1924-1980), di solito citata come una sorta di *jeu d'esprit* brillante, coniato da un autore noto per le sue posizioni estreme. La frase, in effetti, riassume, da una parte, la convinzione che le categorie psicopatologiche tradizionali siano assai meno oggettive di quanto si pensi; dall'altra, che la

* innamorati@lettere.uniroma2.it
Dipartimento di Lettere Filosofia – Università degli Studi di Roma Tor Vergata.
** renato.foschi@uniroma1.it
Dipartimento di Psicologia Dinamica, Clinica e Salute – Sapienza Università di Roma.

loro applicazione dipenda in gran parte dall'atteggiamento del clinico, quando decide di applicarle. Da questo genere di dubbi epistemici discende, tra l'altro, l'interpretazione funzionalistica, che considera i sintomi come adattamenti alla realtà e tenderebbe a vedere la patologia in maniera dinamica e non statica, dipendente da nicchie epistemologiche influenzate dalla cultura e dalle stesse descrizioni psicopatologiche (Hacking, 1999; 2005). La critica alla psicopatologia descrittiva tradizionale e positivista ha però una lunga storia di cui è difficile individuare il momento iniziale.

Durante la Guerra Fredda tutti gli psichiatri critici[1], pur mantenendo giudizi differenti su come avesse dovuto operare la psichiatria (chiudere i manicomi, favorire le comunità terapeutiche, usare una psicoterapia nelle istituzioni, usare o non usare i farmaci, negare o non negare l'esistenza delle malattie mentali), avevano una comune visione negativa della psicopatologia tradizionale. In generale ritenevano le categorie psicopatologiche molto influenzate dal punto di vista culturale e politico come nel caso delle tendenze colonialiste, evidenziate da Frantz Fanon (1925-1961) (Fanon, 1952). Basaglia stesso aveva messo in luce che, in varie fasi della storia manicomiale, i malati erano impiegati come forza lavoro a basso costo e addirittura, in qualche caso, de-istituzionalizzati a tale scopo. Quindi o erano pazzi da internamento, oppure la follia seguiva percorsi dinamici che potevano essere piegati anche a scopi speculativi: se fosse stato utile, i pazzi potevano essere trattati da normali in quanto manodopera. Anzi, l'ergoterapia diveniva il pretesto per curare e contemporaneamente sfruttare forza lavoro.

Di fatto, la psicopatologia descrittiva, dagli anni Sessanta, venne teoricamente e praticamente decostruita da tutti gli psichiatri critici che riformarono in vario modo i manicomi, anche se secondo vari orientamenti, talvolta in conflitto fra loro (Foot, 2015).

Il demolitore più noto della psicopatologia fu certamente Thomas Szasz (1920-2012), uno degli anti-psichiatri più militanti. Nel suo noto saggio *Il mito della malattia mentale* (1961), Szasz tenta di dimostrare che non sia possibile considerare le malattie mentali come quelle fisiche. Szasz vuole togliere alla psichiatria il potere della diagnosi. Il ruolo della psichiatria, come della psicoterapia, non dovrebbe essere quello di eliminare presunte malattie ma piuttosto quello di aiutare chi ne senta il bisogno. La sofferenza esistenziale non si può tuttavia classificare in termini oggettivi, perché condizionata dai processi di significazione culturale e storici.

Dagli anni Ottanta, con il riflusso nel privato e uno spostamento culturale di tipo più conservatore, le critiche sembravano essere state neutralizzate dalla capacità della psichiatria *mainstream* di ridefinirsi con l'aiuto delle neuroscienze,

[1] Con questo termine si intende qui includere chi aveva posizioni genericamente anti-istituzionali o specificamente anti-psichiatriche.

specificando meglio le categorie sintomatologiche e le patologie psichiatriche, fino a rendere però sempre più complesse le descrizioni psicopatologiche (Foschi, Innamorati, 2020). I prontuari come il DSM aumentarono in categorie e sottocategorie, crescendo in numero di pagine come un soufflé.

Alcuni epistemologi continuavano tuttavia a mettere in guardia sulla natura dinamica di tutta la psicopatologia, in particolare Ian Hacking (1936-2023) nella prima metà degli anni Duemila ha pubblicato contributi originali sul tema del costruttivismo in psicopatologia (Hacking, 1999; 2005). Questo movimento recente di critica alla psicopatologia descrittiva ha addirittura portato Allen Frances, uno degli artefici del DSM, a criticare aspramente l'approccio descrittivista in psicopatologia che amplifica e «complessifica» tutte le psicopatologie fino rendere patologica la normalità (Frances, 2013).

2. *L'apparente "recenza" del concetto di normalità*

Più volte è stato messo in evidenza dagli storici che il concetto di normalità ha assunto il significato attuale in tempi relativamente recenti, e in particolare con l'emergere dell'idea della distribuzione appunto "normale" della popolazione intorno a valori medi. Prima che Gauss tracciasse la curva a campana (che ha assunto il suo nome) e studiosi come Adolphe Quetelet (1835) e Francis Galton (1879a; 1879b) la applicassero alle caratteristiche umane più diverse, dall'altezza all'intelligenza, i termini normale e normalità non esistevano o avevano significati radicalmente diversi, più vicini al concetto di "norma", ovvero di "regola", soprattutto nel senso giuridico (Addeo, 2008; Chaney, 2022; Cryle, Stephens, 2017).

In effetti, la storia dei termini apparentati dalla radice norm- è estremamente variegata. Invano, per esempio, si cercherebbe la voce "normale" nelle edizioni settecentesche del Vocabolario dell'Accademia della Crusca. Nel latino medioevale, "normalis" è aggettivo che si riferisce a "norma", il cui unico significato sembra essere, per i lessicografi, quello di Regola dei monasteri (Niermeyer, 1976). Nel latino classico, invece, "norma" è originariamente la squadra dei costruttori, e da questo significato ne vennero estratti, con parsimonia, altri con un sapore metaforico: Cicerone dice scherzosamente di una persona ignorante che la sua non era esattamente la "norma sapientiae" (Merguet, 1964).

Dalla mancanza del termine, tuttavia, sarebbe piuttosto frettoloso dedurre la mancanza di concetti corrispondenti. Nella Grecia classica, l'idea di normalità è espressa in molteplici modi. I poemi omerici costruiscono un paradigma, un modello al quale la società deve conformarsi. Il mondo degli dei è *paradèigma* di quello degli eroi, e quando si crea una situazione che nel mondo umano devia dal modo usuale di comportarsi (Achille si ribel-

la a Agamennone, per esempio), gravi conseguenze aspettano coloro che vi sono coinvolti (Havelock, 1963). I cosiddetti miti paradigmatici si evolsero dall'idea della monarchia cosmica (con a capo Zeus) a quello della repubblica cosmica (governata dai principi primi o universali) ma il principio di fondo rimase sostanzialmente lo stesso: occorreva uniformarsi a un modello tradizionale (Capizzi, 1982). In Omero si trova anche l'espressione *os eoikès*, che significa letteralmente "come conviene" e che esprime l'idea di qualcosa fatto in modo normale, secondo l'uso; il verbo deriva etimologicamente da *oikos* (casa, ambiente domestico), parola da cui deriva "ecologia" e condivide la galassia semantica degli aggettivi tedeschi *heimlich/unheimlich* (familiare/perturbante). Tali aggettivi condividono infatti la radice con *Heim* (casa) e *Heimat* (luogo di nascita, ambiente) (Liddell, Scott, 1940).

Nella medicina ippocratica, il concetto di *physis*, natura, costituisce l'equivalente della normalità nell'ambito del funzionamento del corpo (Michler, 1962). La coppia di termini *omalòs/anòmalos* costituisce quanto vi è di più vicino ai termini normale/anormale nel senso contemporaneo: *omalòs* significa "uniforme, usuale, liscio" e per quanto non abbia lasciato un calco nell'italiano moderno, nella nostra lingua si trovano invece anomalo, anomalia (Descamps, 1980). Il loro spazio semantico è assicurato dalla possibilità di esprimere una deviazione dalla norma che appare meno forte, meno disturbante rispetto a anormale/anormalità, che veicolano un'idea di patologia piuttosto che di eccezione.

Nella filosofia aristotelica si trova il concetto di *mesòtes*, cioè di equilibrio tra gli opposti, come espressione della virtù. Il *meson*, il giusto mezzo, è altrettanto lontano dagli estremi: né eccessivo entusiasmo, né eccessiva freddezza; né eccessiva attività, né eccessiva passività ecc. (*Eth. Eud.*, II, 5, 1222 a 6 e ss. *Eth. Nich.* II, 6, 1106 b 28 e ss.; Fermani, 2008, pp. 52ss; pp. 496ss). Le filosofie post-aristoteliche intese al perseguimento della felicità, suggerivano in genere l'astenersi dagli eccessi: tipico in questo senso l'invito epicureo a ricercare i piaceri *naturali* e necessari e il principio *láthe biósas*, vivi nascosto, cioè come la maggior parte delle persone (Foschi, Innamorati, 2020). Uscire da quanto è usuale veniva considerato in genere dai Greci fastidioso o ridicolo. Gli stranieri venivano qualificati come *bàrbaroi*, come barbari, perché le loro lingue sembravano ai Greci un continuo ripetersi della sillaba *bar. I barbari erano raffigurati nella commedia greca classica come dotati di enormi falli, la cui dimensione appariva buffa perché contraddiceva i canoni estetici testimoniati dalle statue del Quinto secolo.

Anche il mondo romano conobbe diversi sinonimi della normalità, soprattutto in ambito etico. L'aggettivo *rectus* (retto, sia in senso geometrico che morale) deriva da *regulus*, il regolo per misurare; con un percorso di derivazione simile a quello di *normalis* (da norma, la squadra dei muratori) e peraltro a quello dell'aggettivo "canonico", dove *kanon* è etimologicamente,

in greco, una canna che serve alla misurazione. L'idea di un *mos maiorum* (il modo di agire degli antenati), di un canone di comportamento al quale ci si deve conformare è un refrain classico della città di Roma antica. La *physis* greca trova nella *natura* latina un termine pressoché corrispondente. Il concetto di *mesótes* divenne un motto proverbiale latino ("in medio stat virtus") e trovò nell'etica di Tommaso d'Aquino, attraverso il calco *medietas* un'idea molto influente in campo etico. Chiosa infatti il Doctor Angelicus ad Aristotele: "Medium est bonum et laudabile, extremum autem malum et vituperabile" (*Eth. Nich. Arist. Expositio*, n. 335; Spiazzi, 1964, p. 95).

L'idea di normalità non è comunque qualcosa che va ricercata unicamente alle origini del mondo occidentale. Secondo molti antropologi, ogni società è storicamente caratterizzata da propri canoni di normalità. Ogni organizzazione sociale possiede sia norme proscrittive (divieti che devono essere rispettati e che prevedono punizioni) che norme prescrittive (usanze alle quali ci si deve conformare, il cui rispetto viene incoraggiato e in qualche modo premiato). Secondo Lévi Strauss (1955), ciò che differenzia le società tradizionali da quelle moderne è il diverso atteggiamento nei confronti della normalità, che nelle prime verrebbe in qualche modo gestita e accolta e nelle seconde convogliata in luoghi di esclusione (ospedali, manicomi ecc.). Va peraltro evidenziato che anche un tale schema, come hanno sottolineato le generazioni successive degli antropologi, risulta eccessivamente semplificatorio. Clifford Geertz (1987) raccontò in un saggio famoso come venne accettato dalla comunità balinese soltanto dopo essersi comportato in maniera normale, secondo l'ottica dei locali, durante l'irruzione della polizia in un locale dove si svolgeva un combattimento clandestino di galli. Geertz era fuggito come tutti gli altri presenti (in base al principio "When in Rome do as the Romans do") e solo dopo questo episodio aveva trovato la disponibilità al dialogo da parte dei locali. Nel caso, qui pertinente, della follia, non mancano società tradizionali caratterizzate dalla valorizzazione dell'individuo "anormale", che diventa in alcuni casi l'indovino: si ricordi che nel greco antico la radice manè comune sia a *manìa* (follia) che a *mantiké* (mantica, previsione del futuro) (Liddell, Scott, 1940). All'inverso, non mancano nemmeno casi opposti: l'esito della crisi di *amok* (una forma di accesso furioso) era in genere, nel sud-est asiatico, l'abbattimento di chi ne veniva colpito da parte della collettività (Innamorati, 2021). Nel caso delle società moderne, se la segregazione è stato il sistema a lungo prevalente di gestione dei folli, la "liberazione dalle catene" è stata a più riprese una strategia alternativa tentata da parte di coraggiosi riformatori. Se, da Pinel in poi, più volte una simile strategia ha costituito poco più di un espediente retorico, dal punto di vista dei reclusi; nondimeno le esperienze antipsichiatriche del Novecento costituiscono un'eccezione non priva di significato (Foschi, Innamorati, 2020).

In ogni caso, dal punto di vista degli antropologi, l'idea dell'onnipresenza del *benchmark* della normalità sembrerebbe qualcosa di acquisito. L'oggetto del dibattito si è spostato semmai su quanto la concezione della normalità sia variabile nello spazio e nel tempo; risultando oggi prevalente l'idea di una sua grande fluidità storico-geografica.

3. *La normalità nelle scienze psicologiche e psichiatriche*

3.1. *Una prospettiva diacronica*

La critica alla patologia da parte della psichiatria radicale degli anni Sessanta del Novecento aveva avuto in realtà degli antecedenti proprio nelle pratiche dei pionieri della psicoterapia, che già operarono una rottura con la antecedente psicopatologia descrittiva (Dowbiggin, 1991).

La psicoterapia moderna, i cui esordi possono essere convenzionalmente fissati nella Francia di Bernheim e Janet e nella Vienna di Freud, traeva dalle scienze naturali diversi spunti che si trasformarono in metafore efficaci, in idee paradigmatiche (Foschi, Innamorati, 2020). Come le forze fisiche interagiscono tra di loro per dar luogo a una risultante, così la condotta umana sarà considerata come il risultato di un gioco di forze inconsce, da qui si avviò la psicologia dinamica. Come i composti chimici rivelavano la loro composizione all'analisi, così la psico-analisi poteva rivelare il senso delle formazioni di compromesso che inducevano le nevrosi. Una delle idee paradigmatiche più significative riguardò la continuità tra normale e patologico che, introdotta in medicina da Broussais e Bernard, sostenuta da Comte, divenne pane quotidiano nella psicologia francese grazie a Théodule Ribot (Innamorati, 2005) e da quella fonte e dalla neurologia inglese venne poi assimilata da Freud nella sua teoria (Innamorati, 2015). Dal punto di vista freudiano la bisessualità segnava ogni essere umano; la perversione segnava l'infanzia di tutti (Freud, 1905); ognuno di noi era poi condizionato da manifestazioni micronevrotiche (lapsus, atti mancati, ricordi di copertura: Freud, 1901) o addirittura micropsicotiche (banalmente, i sogni: Freud, 1899).

Per quanto il "secolo di Freud" sia alle nostre spalle e la psicoanalisi abbia da tempo perso il monopolio del mercato della psicoterapia, l'idea che la normalità sia determinata da una soglia quantitativa, piuttosto che qualitativa, continua a essere largamente condivisa dai professionisti della salute mentale. Spesso anzi clinici di tendenze molto diverse assumono che sia opportuno considerare la piena normalità alla stregua di un ideale difficilmente raggiungibile, piuttosto che il possesso di una larga maggioranza, come secondo il senso comune.

Uno psicoanalista come Otto Kernberg (2006) propose che la personalità normale costituisse una caratteristica dell'individuo che utilizza solo meccanismi di difesa di alto livello e ha passato indenne tutte le fasi critiche dello sviluppo, perfettamente adattato alla realtà circostante, con relazioni oggettuali piene, ricche e soddisfacenti e un sistema valoriale coerente (che gli consente di provare senso di colpa ma solo se infrange coscientemente le proprie leggi interiorizzate). Uno psichiatra come Scharfetter (2002) ha proposto che l'unico concetto di normalità si possa riferire a un'irraggiungibile norma ideale, dato che tutti gli altri parametri possibili presentano dei problemi. L'idea della normalità come ideale impossibile è del resto assai più antica di quella della continuità tra normale e patologico e risale addirittura alla medicina ippocratico-galenica, per la quale un equilibrio perfetto tra gli umori è un'eventualità meramente teorica. Ognuno dei quattro temperamenti umani empiricamente esperibili era caratterizzato dalla prevalenza di uno dei quattro umori del corpo. Anche nella medicina odierna, peraltro, la normalità è considerata una condizione astratta di perfetto funzionamento di tutti gli organi e la possibilità di ottenere alle diverse analisi cliniche risultati sempre corrispondenti ai valori di riferimento (i valori appunto normali). A tal punto una condizione simile di normalità è considerata sostanzialmente teorica che non è infrequente, per una persona che ha superato la giovinezza e presenta diversi valori parzialmente alterati, sentirsi dire: "è normale che a una certa età...". Dal punto di vista pratico, si potrebbe osservare, l'anormalità diviene normale.

L'idea che la normalità in ambito psicologico sia quasi un caso limite giunge alle estreme conseguenze nell'ultima edizione del DSM, che nelle intenzioni dei curatori dovrebbe rappresentare una descrizione obiettiva e a-teorica delle diverse forme di psicopatologia. Nei fatti invece, come abbiamo già evidenziato, gli viene imputata la tendenza alla patologizzazione di comportamenti la cui rilevanza clinica appare decisamente discutibile (Frances, 2013).

Bisogna riflettere su quanto risulti così problematico, sotto un certo punto di vista, indicare la normalità come ideale: una simile concezione sembrerebbe limitare a priori le possibilità dell'essere umano. Se la condizione normale è così difficile da raggiungere, l'obiettivo della salute mentale può essere percepito come fuori portata, condannando a priori l'umanità a un'esistenza tendenzialmente infelice – supponendo che una condizione di normalità debba essere condizione necessaria e non sufficiente di una soggettiva soddisfazione esistenziale.

Riprendendo come punto di riferimento la condizione medica, si può osservare che la normalità può essere definita in modo diverso da quello quantitativo. Georges Canguilhem, nella sua notissima monografia su *Il normale e il patologico*, distingue tra la concezione *positivista* della malattia, "che la fa derivare quantitativamente dallo stato normale," la concezione *ontologica*,

che invece la considera "l'opposto qualitativo della salute;" e infine la sua proposta di una terza categoria, che vede la malattia come una forma di *errore* nel funzionamento metabolico del corpo (1966, p. 237). Se la malattia è interpretata come *presenza* di problemi specifici, la condizione di normalità non è più vista come ideale ma come possibile caratteristica della maggioranza. D'altronde, in ambito psicologico, esiste un dibattito sulla possibilità di considerare la normalità come assenza di comportamenti chiaramente patologici (Clarkin, Lenzenweger, 1998; Lombardo, Pedone, 1995).

3.2. *Normalità e maggioranza*

Qualora si definisca come normale, tuttavia, quanto è caratteristico della maggioranza della popolazione si rischiano ulteriori problemi epistemici di varia natura. Innanzi tutto quanto è caratteristico della maggioranza cambia storicamente in modo sensibile. Fu Erich Fromm a definire per primo il carattere come "la forma specifica in cui l'energia umana viene modellata dall'adattamento dinamico delle esigenze umane al particolare modo di esistenza di una determinata società"; specificando che "a sua volta il carattere determina i pensieri, i sentimenti e le azioni degli individui" (Fromm, 1941, p. 218). Fromm stesso ritenne di poter introdurre il concetto di *carattere sociale*, intendendo: "il nucleo essenziale della struttura di carattere della maggior parte dei membri di un gruppo, sviluppatasi per effetto delle esperienze fondamentali e del modo di vita in comune a tale gruppo" (1941, p. 217). Se però, si potrebbe supporre, il carattere sociale costituisce la normalità, almeno per un certo gruppo sociale e in una determinata epoca, occorre sottolineare due paradossi evidenziati da Fromm stesso. Se ci si adatta a una condizione di eccezionalità, si è portatori di tratti che ci appare controintuitivo definire normali: il torturatore delle SS è perfettamente adattato alla società nazista e ne costituisce un membro rappresentativo. Incidentalmente, l'eccezionalità della situazione può essere valutata molto più facilmente ex post e dall'esterno che non da chi vi è coinvolto. Per una persona che vive nel mondo occidentale contemporaneo, la società in cui vive rispecchia una condizione di normalità. Non esiste però modo di decidere obiettivamente se questa presunta normalità sia realmente tale: in questo senso c'è chi, come Ronald Laing (1959) e altri antipsichiatri, ha sostenuto che il nostro è un mondo di per sé psicotizzante e le vere persone normali sono gli schizofrenici, che a un tale mondo non si adattano. Per quanto tale proposta appaia bizzarra, ed è stata anche definita come una concezione "psichedelica" della normalità (Scharfetter, 2004), vale la pena riportarla, per sottolineare quanto ampio sia il campo che stiamo esplorando.

Il secondo paradosso evidenziato da Fromm (1941) è che il carattere sociale può non risultare per nulla adattivo rispetto al tempo e al luogo che lo

esprimono: ed è l'occasione, afferma sempre Fromm, dei grandi sconvolgimenti storici e delle rivoluzioni. In questo senso, allora, la rivoluzione dovrebbe essere considerata normale a partire da certe condizioni di partenza.

Bisogna inoltre considerare come la stessa condotta possa essere definita in modi completamente diversi nelle diverse circostanze storiche – essendo in alcune circostanze propria della maggioranza e in altre di percentuali meno ampie della popolazione. Il caso dell'omosessualità può essere probabilmente considerato come il più significativo da questo punto di vista. Il comportamento omosessuale nella Grecia classica non era considerato certo patologico. I due più noti trattati (in forma di dialoghi) sull'eros dell'antichità occidentale, il *Simposio* di Platone e *Sull'amore* di Plutarco, sanciscono la supremazia dell'omosessualità sull'etero sessualità. Nel *Simposio* si esprime disagio rispetto alla possibilità che un uomo possa amare una donna non meno che un uomo; in *Sull'amore* si discute se una donna abbia il diritto, sposando un giovane, di privare altri uomini del piacere di unirsi a lui carnalmente (arrivando peraltro a una risposta positiva, che giunge solo faticosamente alla fine del dialogo). Solo in epoca medioevale l'omosessualità è identificata come un peccato relativamente grave, fino a trasformarsi in abominio nei secoli successivi. Secondo Hacking la categoria psicopatologica nacque quando iniziò a essere utilizzata nel linguaggio medico la parola omosessuale, a partire dal 1870 circa. Con la mancanza della definizione psicopatologica del comportamento omosessuale, l'omosessualità non sarebbe neppure stata concepibile come una "malattia" (Hacking, 1999; 2005).

Si è osservato che quando si iniziò a considerare l'omosessuale come un pervertito, nei trattati psichiatrici di fine Ottocento, ciò finì per costituire un progresso rispetto alla mentalità corrente dell'epoca, che vedeva l'omosessualità come un vizio. Se la sua condotta poteva essere considerata una patologia, l'omosessuale non doveva più esserne considerato colpevole (Lingiardi, 2007). Solo dopo la metà del Novecento l'atteggiamento cambiò di nuovo. Se il rapporto Kinsey (1959) evidenziò come gay e lesbiche costituiscano de facto una parte assai più significativa della popolazione di quanto non fosse generalmente ammesso; fu solo con gli anni '70 che gli psichiatri laici abbandonarono definitivamente l'idea che l'omosessualità debba essere considerata una forma di malattia mentale. Si dovrebbe quindi affermare che la condotta omosessuale, pur essendo propria di una minoranza, non deve essere considerata come una deviazione dalla normalità. Salvo che, da una parte, esiste invece chi afferma che è la sessualità fluida a costituire la modalità sana di condotta in ambito erotico. Dall'altra parte, di fronte alle reiterate affermazioni da parte cattolica, secondo le quali gay e lesbiche non sarebbero normali, una filosofa come Judith Butler (2004) si è trovata ad affermare che in effetti il Vaticano aveva paradossalmente ragione a sostenere la non-normalità del

gruppo LGBT+: perché lei avrebbe dovuto sentirsi normale, quando voleva rivendicare orgogliosamente la propria diversità?

Rimanendo nell'ambito della sessualità, non si deve dimenticare che, anche nell'ambito dell'eterosessualità, condotte sessuali considerate a-normali fino a tempi storici relativamente recenti sono ormai considerate parte del repertorio esperienziale del rapporto tra adulti consenzienti. L'esempio più ovvio riguarda i rapporti anali, oggetto a lungo in Gran Bretagna e negli USA di una legislazione così restrittiva da renderli illegali anche tra persone di sesso diverso; in alcuni casi anche tra persone sposate (Eskridge, 2008). Si pensi inoltre al fatto che la sessualità femminile a lungo è stata considerata normale solo se priva di passione. Lombroso ad esempio riteneva che le donne sane dovessero essere naturalmente frigide; quelle con un forte desiderio sessuale nell'impostazione lombrosiana, erano considerate degradate e ataviche (Foschi, 2022). Una "eccessiva" partecipazione al piacere da parte delle donne poteva costare loro l'accusa di essere ninfomani e suggerire la necessità di operazioni di clitoridectomia: una pratica caduta in disuso solo in pieno XX secolo (Cook, 2005; Miller, Adams, 1996).

I sessuologi di fine Ottocento e inizio Novecento sarebbero probabilmente sorpresi da ciò che viene considerato normale, al punto da essere esplicitamente categorizzato ai fini delle ricerche, per esempio, nell'ambito della pornografia online. Si arriva alla situazione limite per cui ciò che Freud classificava come "sessualità adulta genitale," ovvero sessualità definita un tempo come "normale", rischia di essere definita oggi come modalità "etero-basic," una sessualità eterosessuale semplice e priva di curiosità o originalità.

Un ulteriore esempio di comportamento considerabile normale o anormale in circostanze diverse è costituito ad esempio dall'omicidio. Uccidere altri esseri umani nel contesto di un conflitto tra nazioni è considerato normale (anche se esistono convenzioni, in teoria, che dovrebbero regolare i limiti del comportamento omicidario). Altrettanto normale è stato considerato in certe circostanze "giustiziare" (sic) chi in guerra ha dimostrato "codardia" rifiutando di uccidere. Esprimere la propria obiezione di coscienza rispetto alla possibilità di essere arruolati nell'esercito (ed evitare così di rischiare di commettere atti di omicidio) è stato considerato una circostanza di eccezione (ammessa dalla legge in tempi relativamente recenti). Viceversa, non c'è bisogno di argomentare come l'omicidio nella società civile sia considerato un crimine, salvo circostanze particolari ed estreme, specificamente normate dalla legge penale (le circostanze di legittima difesa).

Il rapporto con la religione è un ambito nel quale il confine che separa normalità e patologia può risultare labile e legato unicamente al contesto. Le stesse convinzioni possono essere talora qualificate come normali in contesti religiosi e deliranti in contesti psichiatrici: il DSM ammette la possibilità di

un "delirio religioso". La possessione demoniaca è un'idea che per alcuni è frutto di una condizione psicotica; per altri – almeno in alcuni casi – il segno della reale presenza di un'entità malefica nel corpo della persona che ne è colpita – e tra questi altri vi sono anche professionisti della salute mentale (Innamorati, Taradel, Foschi, 2019). In questo senso, è arduo classificare come normale un caso di possessione; tuttavia, dato che i relativi problemi sarebbero legati unicamente all'entità demoniaca, la condizione mentale di partenza di chi ne è oggetto non sarebbe necessariamente diversa dalla normalità. A questo si può aggiungere che alcune culture africane conoscono l'idea di una "normale" convivenza con un demone, cioè di una possessione nella quale la vita della persona posseduta non risulta particolarmente diversa da quella degli altri componenti della comunità (Innamorati, 2021). La metafora dei demoni interni con cui occorre in qualche modo rapportarsi è antica e spazia dalla filosofia morale alla psicoterapia contemporanea (Foschi, Innamorati, 2020).

3.3. *Normalità e sofferenza*

Se l'idea che la normalità sia possesso della maggioranza deve essere abbandonata; se l'idea che sia un ideale irraggiungibile non ha un'utilità pratica reale; una possibilità alternativa è data da un altro criterio psichiatrico classico, quello della sofferenza. Si tratta del criterio a suo tempo proposto da Karl Jaspers (1959) e da Kurt Schneider (1940): la personalità patologica si distingue da quella normale perché *soffre* della propria condizione. Anche in questo caso, tuttavia, sovvengono dei problemi epistemici. Da tempo infatti si classificano i sintomi in egosintonici e egodistonici. Soltanto nel secondo caso la definizione classica jaspersiana e schneideriana ha senso: in linea generale il nevrotico e lo psicotico considerano la loro situazione come una sofferenza (con la possibile eccezione di alcune condizioni deliranti che sono invece egosintoniche; così la sofferenza sarebbe causata dalla mancata accettazione del delirio da parte del contesto). Al contrario, diverse personalità inquadrabili nella fascia borderline considerano ciò che il mondo definisce sintomo come una loro caratteristica. L'antisociale considera il mondo diviso in vittime e carnefici: non volendo essere una vittima, il cerchio delle possibilità si restringe. Inversamente, una personalità dipendente può considerare l'origine e il fine di una relazione sempre nel reciproco adattamento con un'altra persona; ma rimane una personalità disturbata secondo i criteri comuni di classificazione. La personalità ossessiva (al contrario del disturbo ossessivo-compulsivo) considera talora la propria attenzione maniacale ai particolari come il segreto del proprio successo – il che può risultare in certe circostanze anche vero. In alcune professioni l'ossessività può risultare perfettamente adattiva: chiunque preferirebbe farsi operare da un chirurgo ossessivo, non dovendolo

poi frequentare nella vita di ogni giorno. Spesso, per questo genere di persone, sono i congiunti a chiedere l'ingresso in una psicoterapia. Tuttavia, anche estendere il criterio alla possibilità che la sofferenza sia indotta nei confronti di terzi può costituire un elemento problematico. La sofferenza può essere infatti intersoggettivamente giustificabile o meno, sulla base di criteri differenti. Il successo di un congiunto, per esempio, potrebbe essere motivo di sofferenza narcisistica, ma non è certamente riconducibile alla patologia. Più concretamente, forse, sono diverse le condotte considerate inaccettabili in determinati contesti sociali, e perfettamente normali in altre.

Infine, bisogna ricordare il paradosso più ovvio: la personalità masochista che gode della sofferenza e considera la propria condizione come egosintonica, come potrebbe essere qualificata rispetto al criterio jaspersiano-schneideriano? Similmente, chi accetta la propria sofferenza come necessaria per un fine nobile (per esempio religioso) e ne è soddisfatto proprio in vista di tale fine, come dovrà essere considerato? Anche rimanendo all'ottica psicoanalitica, se per Freud l'ascesi era classificata una forma repressiva di sublimazione, oggi uno psichiatra psicodinamico come Gabbard può considerarla un meccanismo di difesa funzionale di alto livello.

Se la sofferenza può comunque essere classificata come una condizione almeno sufficiente (anche se non necessaria, come si è visto) per definire uno scarto dalla normalità, l'eliminazione della sofferenza dovrebbe costituire una condizione necessaria (e forse sufficiente) per il raggiungimento della normalità: lo è entro certi limiti per essere indicata come scopo della psicoterapia. Tuttavia, evidentemente, il *bisogno* di normalità o il *livello* di normalità raggiungibile (collegati in questa accezione con il livello di assenza di sofferenza), possono essere definiti in modo differente. Il modo più singolare per definire gli effetti di una buona psicoterapia venne utilizzato da Freud allorché, all'inizio della sua carriera, si proponeva di "sostituire la miseria nevrotica con una comune infelicità" (Breuer, Freud, 1895). Molto precocemente Carl Gustav Jung, che fu il primo a teorizzare la legittimità di teorie psicoterapeutiche diverse (Jung, 1913), ipotizzò che i livelli di intervento necessari variassero a seconda dei diversi bisogni (Jung, 1931). In questo senso, molto spesso sarebbe sufficiente il risultato della *confessione*, come già intuito da molti secoli da parte della Chiesa cattolica: un segreto perde la sua tossicità, argomenta Jung, quando viene condiviso. Allorché la confessione non basta, si rende necessario almeno il livello della *chiarificazione*, che rende coscienti i contenuti inconsci e cura attraverso l'insight, come aveva proposto Freud con la psicoanalisi. Tuttavia, la chiarificazione spesso lascia l'individuo più cosciente di sé ma imbelle, onde l'*educazione* praticata dalla psicologia individuale di Adler potrebbe essere il passo più utile – similmente ai procedimenti in seguito proposti dai cognitivisti, soprattutto dai cognitivisti classici come

Ellis, che mirano a sostituire i pensieri erronei (in quanto disfunzionali) con pensieri più realistici e adattivi. Jung rivendicava come suo proprio e originale soltanto il quarto e ultimo passo, la *trasformazione*, che porta la persona con bisogni particolari alla realizzazione di un proprio progetto individuale. Singolarmente, un tale progetto potrebbe risultare in contrasto con i valori della società e la trasformazione va quindi riservata a individualità dotate di particolare valore, secondo il punto di vista junghiano. Va però sottolineato che c'è anche chi, come Aldo Carotenuto, ha ritenuto di interpretare il processo di individuazione quale obiettivo di ogni terapia, onde la normalità individuale costituirebbe un obiettivo sempre in contrasto con la norma collettiva. Su questi presupposti si potrebbe capovolgere il paradigma della normalità come condizione eccezionale. Al contrario la caratteristica dell'essere umano consisterebbe nella possibilità condivisa di trascendere la mediocrità e trovare un'autorealizzazione che superi i limiti dell'umanità ordinaria. Si tratterebbe dunque di uscire dal pessimista "porto della filosofia di Schopenhauer," come ebbe a definire la propria concezione antropologica Freud (1920); per approdare invece all'ideale del superuomo di Nietzsche.

3.4. *Patologia normale e patologia della normalità*

Va sottolineato che esistono condizioni psicologiche di eccezione, nelle quali ciò che costituisce la normalità è una forma temporanea di follia. Ci si riferisce in particolare alla psicologia della madre nel periodo immediatamente precedente e immediatamente successivo al parto, identificato da Winnicott (1956) come "preoccupazione materna primaria" e da Stern (1996) come "costellazione materna." Durante tale periodo nel mondo psicologico della madre si verifica un'alterazione che conduce a una totale identificazione con i bisogni della prole: questa singolarità sembra risulti funzionale sia alla sopravvivenza fisica del figlio o della figlia, sia alla possibilità per essi di attraversare una sorta di temporanea illusione di onnipotenza, determinata dall'immediata realizzazione dei propri desideri. Va segnalato peraltro che ai fini di uno sviluppo psicologico sano dei figli lo stato di totale dipendenza della madre dai loro bisogni deve essere sostituito da una condizione di maggiore equilibrio, dove la normalità deve essere costituita dalla parziale frustrazione dei loro desideri. Assai significative sono al riguardo le espressioni "madre sufficientemente buona," sempre di Winnicott (1987), e "genitore quasi perfetto" di Bettelheim.

Esistono determinati contesti nei quali la parola normale costituisce un tabù, una definizione di carattere discriminatorio. Contraria all'uso discriminatorio di normalità, Montessori definisce la "normalizzazione" non come una riduzione del comportamento del bambino alla norma, ma piuttosto

come una armonizzazione dell'atto pedagogico che doveva sintonizzarsi con la natura del bambino senza opprimerla (Foschi, 2012). La pedagogia speciale da tempo ha abbandonato il concetto di normalità come parametro rispetto al quale confrontare i bisogni educativi speciali, perché considerato discriminatorio e non inclusivo. Dato che il focus intorno al quale si incentrano le attenzioni dei pedagogisti sono le risorse disponibili alla persona che necessita di un aiuto specifico nell'apprendimento, la questione di fondo da affrontare non concerne lo scarto da una possibile soglia di normalità, ma il massimo progresso ottenibile a partire dal livello attuale di partenza. La qual cosa, dal punto di vista pratico, certamente promuove i migliori possibili risultati sia sul piano del profitto che su quello della partecipazione a un contesto di apprendimento impensabile nel passato a molti. Dal punto di vista epistemologico, però, induce una riflessione non priva di effetti collaterali. L'identificazione sempre più precisa di bisogni educativi speciali aumenta nel corso del tempo in modo quasi esponenziale le certificazioni che consentono di accedere a strumenti compensativi e misure dispensative nelle scuole. Questo significa di fatto aumentare il numero di studenti classificati implicitamente (ma non meno fattualmente) come caratterizzati da uno scarto rispetto a uno standard che sembra inevitabile identificare con la normalità, indipendentemente dall'uso effettivo del termine.

In tal senso, secondo Hacking (2008), le classificazioni mostrano una funzione di empowerment delle identità classificate che non si era vista in epoche precedenti. Si assiste così al tentativo, più o meno palliativo, di ribaltare il potere di chi classifica e di chi è classificato. Si creano così associazioni dei classificati che rivendicano i propri diritti, si riconoscono, riprendono possesso della propria identità e creano le condizioni per una nuova esistenza.

Vi sono inoltre circostanze nelle quali la normalità viene indicata come termine del tutto negativo: è il caso della personalità *normotica* (Bollas, 1987), dalla quale la ricerca dell'adattamento viene perseguita a tutti i costi, fin dall'infanzia, durante la quale i genitori tendono a convincere la persona a risultare amabile, cortese, privo di difetti che possano irritare gli altri. Eccessivi slanci devono essere evitati come momenti di eccessiva tristezza. Ne risulterà un'individualità certamente inserita nel contesto sociale senza problemi, ma anche sostanzialmente vuota. Se la condizione di normalità deve essere vista in termini di adattamento, del resto, diversi psicologi hanno identificato condizioni di rischio collegate con personalità perfettamente in grado di rispondere in modo collaborativo al contesto, ma decisamente problematiche dal punto di vista della propria soggettività interna – pur non essendo necessariamente consapevoli di questo scarto. La personalità "falso Sé" di Winnicott (1988), per esempio, si caratterizza per l'adesione a esigenze appartenenti all'ambiente familiare, in contrasto con le proprie aspirazioni originarie (il

"vero Sé"). L'essere umano identificato con la "persona" (cioè la maschera) di Jung (1928) agisce sempre in perfetta conformità al suo ruolo, perché il ruolo ha assorbito integralmente lo scopo della sua esistenza.

Abbiamo sfiorato a questo punto un altro tema collegato con il concetto di normalità, che ci appare sempre più sfuggente: quello delle motivazioni. La questione motivazionale è stato il principale motivo di dissenso teorico all'interno del movimento psicoanalitico. Uno dei testi più influenti nella storia della psicoanalisi contemporanea (Greenberg, Mitchell, 1983) indica nel dualismo tra il modello strutturale delle pulsioni e il modello strutturale delle relazioni oggettuali la principale fonte di disaccordo teorico tra i diversi teorici della psicologia del profondo. In questo senso chi aderisce al primo modello individua nella soddisfazione (scarica) delle pulsioni la motivazione principale dell'essere umano; chi aderisce al secondo modello la individua invece nella ricerca di una relazione con altri significativi; chi non aderisce a nessuno dei due modelli cercherebbe in ogni caso un compromesso tra di essi. Solo in tempi relativamente recenti, un autore come Lichtenberg (1989) ha proposto di identificare cinque diversi sistemi motivazionali, dall'equilibrio dei quali dipenderebbe la salute mentale e quindi la condizione di normalità. Si tratta peraltro di un punto di vista che ha raccolto interesse anche al di fuori dell'ambiente psicoanalitico.

Se possiamo trarre delle conclusioni da quanto abbiamo finora argomentato, esse riguardano soprattutto la problematicità di un concetto dall'apparenza così semplice come quello di normalità. In un mondo nel quale il prefisso post- sembra aver trovato una cittadinanza sempre più vasta, appare allora più che opportuno proporre anche per le scienze psi le parole post-normale e post-normalità.

4. *Il post-normale e la psicopatologia*

Alfonso Montuori (2023) ha recentemente evidenziato come l'umanità stia affrontando un passaggio cruciale per cui il futuro che viene vissuto come pieno di differenti crisi (ambientale, economica, educativa, politica). Questo passaggio determinerebbe anche il ricorso a scelte tradizionaliste che considerano il passato come un posto tranquillo, senza conflitti. La prospettiva orientata a un passato mitizzato serve a negare il futuro considerato come una minaccia continua (Foschi, 2024). L'epoca post-normale si potrebbe così identificare con questo passaggio caratterizzato da una percezione della complessità del presente connotato come caotico e contraddittorio (Sardar, 2010).

Il normale ci appare quindi come definibile in termini non assoluti, ma risulta altrettanto problematico ridurlo a una convenzione, a un traguardo

impossibile o addirittura a un fatto meramente soggettivo. La condizione di post-normale e post-normalità suggerisce che da una parte debba essere superata l'idea di una normalità "totale" o appunto "assoluta," dall'altra che alcuni confini possano essere fissati, sia pure in maniera provvisoria. Esistono condizioni di psicopatologia che richiedono attenzione clinica, per le quali tutte o almeno alcune definizioni di a-normalità sono in effetti soddisfatte (la sofferenza propria e altrui, il mancato adattamento, l'assenza di relazioni e così via). Esistono condizioni sub-cliniche, nelle quali l'aiuto psicologico professionale può essere considerato utile ma non necessario, che si potrebbero definire condizioni di normalità relativa. Certamente esistono persone che soddisfano il criterio della normalità ideale e anche persone che, essendone prive, vi aspirano – ma anche altre che si sentono normali vivendo delle relative limitazioni e considerando "caratteristiche" della propria personalità elementi che possono apparire sintomatici ma non costituiscono un motivo di sofferenza per altre persone. Esiste, insomma, un'ampia fascia della popolazione per cui le definizioni di normalità divengono piuttosto de-finzioni, perché pur non rispondendo a una definizione qualsiasi di "normale," non ritengono assolutamente di poter essere inquadrati nell' "a-normale." Oppure che trovano normale trascendere la normalità. Per tutti costoro l'idea di post-normalità sembra certamente più adeguata.

La psicopatologia è così costretta a entrare in uno spazio di transizione in cui le vecchie categorie positiviste di normalità e patologia dovrebbero essere abbandonate o utilizzate in maniera pratica per evidenziare un quadro sintomatologico che si vorrebbe migliorare, rendere oggettivo un fatto di natura legale, ma poco più. Con la post-normalità la scienza entra nel territorio della complessità che mette di fronte agli psi le enormi possibilità e potenzialità del comportamento umano, difficile da investigare e racchiudere in uno o più volumi o codici che risulteranno sempre in ritardo sulle dinamiche di trasformazione e adattamento tipiche della natura umana.

Riferimenti bibliografici

Addeo, F., *È normale la curva normale. Genesi e sviluppo di un mito*, Bonanno Editore, Roma 2008.

Bettelheim, B. (1987), *Un genitore quasi perfetto*, Feltrinelli, Milano 2021.

Bollas, C. (1987), *The Shadow of the Object*, Routledge, London.

Breuer, J., Freud, S. (1895), *Studi sull'isteria*, in S. Freud, *Opere complete*, vol. 2, a cura di C.L. Musatti, Bollati Boringhieri, Torino 1977.

Butler, J. (2004), *Undoing Gender*, Routledge, London.

Canguilhem, G. (1966), *Il normale e il patologico*, Einaudi, Torino 1998.

Capizzi, A. (1982), *La repubblica cosmica*, Ateneo, Roma.

Chaney, S. (2022), *Sono normale? Due secoli di ricerca ossessiva della "norma"*, Bollati Boringhieri, Torino 2023.

Cook, H., (2005), *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*, Oxford University Press, Oxford.

Cryle, P., Stephens, E. (2017), *Normality: A Critical Genealogy*, University of Chicago Press, Chicago-London.

Descamps, C. (1980), *Normale/anormale*, in *Enciclpopedia*, Einaudi, Torino, pp. 908-917.

Eskridge, W.N. (2008), *Dishonorable Passions: Sodomy Laws in America 1861-2003*, Viking, New York.

Fanon, F. (1952), *Black Skin, White Mask*, Grove Press, New York 1967.

Fermani, A. (2008, a cura di), *Aristotele. Le tre etiche*, Bompiani, Milano.

Foot, J. (2015), *The man who closed the asylums: Franco Basaglia and the revolution in mental health care*, Verso Books.

Foschi, R. (2012), *Maria Montessori*, Ediesse, Roma.

Foschi, R. (2022), *Storia dei razzismi*, Mondadori, Milano.

Foschi, R. (2024), *"He Who Leaves the Old Way for the New, Knows What He Leaves, but Does Not Know What He Will Find": Traditionalism, Zero-Sum Thinking, and Imagined Future*, "World Futures. The Journal of New Paradigm Research", 80, 3, pp. 223-240.

Foschi, R., Innamorati, M. (2020), *Storia critica della psicoterapia*, Raffaello Cortina, Milano.

Frances, A. (2013), *Primo, non curare chi è normale. Contro l'invenzione delle malattie*, Bollati Boringhieri, Milano.

Freud, S. (1899), *L'interpretazione dei sogni*, in *Opere Complete*, vol. 3, a cura di C.L. Musatti, Bollati Boringhieri, Milano 1978.

Freud, S. (1901), *Psicopatologia della vita quotidiana*, in *Opere complete*, vol. 4 (1900-1905), a cura di C.L. Musatti, Bollati Boringhieri, Milano 1979.

Freud, S. (1905), *Tre saggi sulla teoria sessuale*, in *Opere Complete*, vol. 4, cit.

Freud, S. (1920), *Al di là del principio del piacere*, in *Opere Complete*, vol. 9 (1917-1923), a cura di C.L. Musatti, Bollati Boringhieri, Milano 1989.

Fromm, E. (1941), *Fuga dalla libertà*, Mondadori, Milano 1989.

Galton, F. (1879a), *Psychometric experiments*, "Brain", 2, 2, pp. 149-162.

Galton, F. (1879b), *Psychometric Facts*, "The Nineteenth century and after: a monthly review", 5, 25, pp. 425-433.

Geertz, C.J. (1987), *Interpretazione di culture*, il Mulino, Bologna.

Greenberg. J., Mitchell, S. (1983), *Le relazioni oggettuali nella teoria psicoanalitica*, il Mulino, Firenze.

Hacking, I. (1999), *The social construction of what?*, Harvard University Press, Cambridge.

Hacking, I. (2005), *Plasmare le persone. Corso al Collège de France (2004-2005)* [Shaping people. Course at the Collège de France (2004-2005)], QuattroVenti, Urbino 2008.

Havelock, E. (1963), *Cultura orale e civiltà della scrittura. Da Omero a Platone*, Laterza, Roma-Bari 1973.

Innamorati, M. (2005), *Il meccanismo intimo dello spirito: la psicologia di Théodule Ribot nel suo contesto storico*, FrancoAngeli, Milano.

Innamorati, M. (2015), *Freud*, Carocci, Roma.

Innamorati, M. (2021), *Dieci follie*, Unicopli, Milano.

Innamorati, M., Taradel, R., Foschi, R. (2019), *Between sacred and profane: Possession, psychopathology, and the Catholic Church*, "History of Psychology", 22, 1, pp. 1-16.

Kernberg, O.F. (2006), *Identity: Recent findings and clinical implications*, "The Psychoanalytic Quarterly", 75, 4, 2006, pp. 969-1004.

Jaspers, K. (1959), *Psicopatologia generale*, tr it. Il Pensiero Scientifico, Roma 1964.

Jung, C.G. (1928), *The Relations between the Ego and the unconscious*, In *Collected Works*, vol. 7, Routledge & Kegan Paul, London 1953, pp. 121-169.

Jung, C.G. (1931), *Problems of modern psychotherapy*, in *Collected Works*, vol. 16, Routledge & Kegan Paul, London 1957, pp. 53-75.

Jung, C.G. (1913), *A contribution to the study of psychological types*, in *Collected Works*, vol. 6, Routledge & Kegan Paul, 1971, pp. 499-509.

Laing, R. (1959), *L'Io diviso*, Einaudi, Torino 1969.

Lichtenberg, J. (1989), *Psychoanalysis and Motivation*, Psychoanalytic Inquiry Books.

Liddell, H.G., Scott, R. (1940), *A Greek-English Lexicon*, Clarendon Press, Oxford.

Lingiardi, V. (2007), *Citizen Gay*, Il Saggiatore, Milano.

Lombardo, G.P., Pedone, G. (1995), *Il normale e il patologico nelle teroie della personalità. Una analisi dei fondamenti storici della psicologia*, Laterza, Roma-Bari.

Merguet, H. (1964), *Handlexicon zu Cicero*, Georg Holms, Hildesheim.

Michler, M. (1962), *Die praktische Bedeutung des normativen Physis-Begriffs in der hyppokratischen Schrift de fracturis – de articulis*, "Hermes", 90, pp. 385-401.

Miller, A.H., Adams, J.E. (1996), *Sexualities in Victorian Britain*, Indiana University Press, Bloomington.

Montuori, A. (2023), *Possibilities in postnormaltimes*, "Possibility Studies & Society", 1, 1-2, pp. 157-162.

Niermeyer, J.F. (1976), *Mediae latinitalis lexicon minus*, Brill, Leiden.

Quetelet, A. (1835), *Sur l'homme et le developpement de ses facultés, ou Essai de physique sociale*, Bachelier, Paris.

Szasz, T. (1961), *Il mito della malattia mentale*, Il Saggiatore, Milano 1966.

Sardar, Z. (2010), *Welcome to postnormal times*, "Futures", 42, 5, 2010, pp. 435-444.

Scharfetter, C. (2002), *Psicopatologia generale*, Fioriti, Roma 2004.

Schneider, K. (1940), *Die psychopathyschen Persönlichkeiten*, Wien.

Spiazzi, R.M. (1964, a cura di), *Sancti Thomae Aquinatis, In decem libros Ethicorum Aristotelis ad Nicomacum Expositio*, Marietti, Roma.

Stern, D. (1996), *La costellazione materna*, Bollati Boringhieri, Torino.

Winnicott, D.W. (1958), *Primary maternal preoccupation*, in *Through Pediatrics to Psycho-Analysis*, Tavistock Publications, London.

Winnicott, D.W. (1987), *Babies and their Mothers*, Free Association Books, London.

Winnicott, D.W. (1988), *Human Nature*, Free Association Books, London.

Identifying pathology and pathologising identity. The role of self-diagnosis in philosophy of psychiatry

Giulia Russo*

Abstract: This paper is concerned with *psychiatric self-diagnosis***, a topic that has been overlooked in academic literature (except for a few studies mostly based on autistic communities and individuals), while being increasingly discussed in the context of activism. Since awareness about mental health has been increasing in the past decades, and autism is one of the most targeted conditions in the social and philosophical literature concerning psychiatry, self-diagnosis has become a topic worthy of academic discussion. I will introduce the topic and review some of the limited literature that explicitly targets it (§§ 1-2). I will then proceed to highlight the key features of self-diagnosis that emerge in the context of autism (§ 3). Then, I will explore the connections with its official counterpart – that is, professional diagnosis – and with broader discussions in the field of philosophy of psychiatry (§ 4). The goal of this kind of exploration is to gather the reasons that make self-diagnosis a relevant topic to be inquired (both theoretically and practically) and to showcase a list of issues that could direct further research on it. My final claim will be that self-diagnosis can have significant socio-political consequences, and therefore an understanding informed by social models(§ 5).

Keywords: self-diagnosis, autism, neurodiversity paradigm, psychiatric diagnosis, philosophy of psychiatry

* Giulia.Russo@santannapisa.it
Sant'Anna School of Advanced Studies, Interdisciplinary Research Center for Health Science

** When I first wrote this paper, the literature on psychiatric self-diagnosis was extremely limited: some of the crucial works I considered in the final version were either unpublished or not easy to access. I made an effort to integrate the most recent papers, but as a testimony of the timeliness of the topic and the growing need for its academic discussion, literature on self-diagnosis keeps being published, found and reviewed: that is why I could not provide an analysis of some of these contributions as I did for other works on the topic. I cannot say I am unhappy with having proof that the growing interest towards psychiatric self-diagnosis – that I anticipated and hoped for – is becoming a reality: however, since the goal of this paper is not to provide exhaustive literature on the topic, sometimes I had to refer the reader to more complete reviews.

1. *Introduction*

Psychiatric self-diagnosis is a scarcely explored subject in academic research, with few relevant exceptions in the context of autism (ASD)[1]. Even though the main concern of the present paper will not be refining definitions, we can preliminarily say that psychiatric self-diagnosis is a process (or a journey) of autonomous investigation of a person's own experiences, that leads them to self-identify in a psychiatric category. Moreover, self-diagnostic experiences are intuitively – and usually defined in literature – as not requiring to be confirmed by so-called *official diagnosis* (i.e., professional psychiatric diagnosis conferred by a medical expert in a clinical setting). This is a non-refined definition, that will serve the aims of the present paper and is provided mainly to distinguish the professional (or official) diagnosis from the subject-matter. Hence, for now, I will rely on the intuitive meaning of "self-diagnosis" and on what has been used as a definition in the literature on the topic. So far, the main concerns about definition focused on what I will call the epistemic or moral features of diagnosis (Fellowes, 2024), or have been limited to the comparison with the official "counterpart", i.e. psychiatric diagnosis obtained in a clinical setting (Lewis, 2016a; Sarrett, 2016; Overton *et al.*, 2023). Given that these worries about self-diagnosis seem to be shared by those who are variously concerned with it, I am for now settling with this preliminary distinction: as mentioned above, in the literature that I will be considering, self-diagnosis is usually contrasted with professional diagnosis, both from the point of view of psychiatric patients that are professionally diagnosed and who are skeptical about self-diagnosed individuals (Sarrett 2016), as well as from the more general standpoint of risks and acceptance of the practice (Fellowes 2023a, Marocchini 2024).

The reason behind the resolution to study this particular topic comes from both its supposed conceptual relevance as a theoretical object, as well as its seemingly growing employment as a practice among people who are canonically regarded as "non-experts" but can count on what is called "expertise-by-experience". Since self-diagnosis stands at the crossroads of theoretical and scientific inquiry and reclaiming practices, it can be employed as a starting point for the investigation of conceptual problems and social consequences of both biomedical research and clinical practice. My goal will be to provide an overview of the potential issues that self-diagnosis poses to

[1] Throughout the paper, when I mention a specific psychiatric condition, I will refer to the current classification of the DSM-5-tr, the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2022): I will use autism and ASD (Autism Spectrum Disorder) interchangeably. As it should become clearer throughout the paper, my position is sceptical about some theoretical and clinical features of the DSM, but it is useful to provide the shared language for everyone dealing with the psychiatric field.

psychiatry, in order to better understand what theoretical, clinical and social aspects of such field it tackles.

To do so I will provide a brief review of the limited academic literature on the topic, which, as we will see, is mainly connected to neurodivergence and autism (§ 2). This will bring me to consider some of the reasons why self-diagnostic practices spread particularly within these psychiatric identities and categories (§ 3): hence, I will outline some elements that might have been crucial in fostering self-diagnostic practices in neurodivergent people, and that might be relevant for future studies on self-diagnosis. Once I have sketched the most comprehensive account of self-diagnosis I can provide on this basis, I will move on to a more general framing of it within the field of philosophy of psychiatry (§§ 4-5), by connecting self-diagnosis to some more general and notorious ontological, epistemological, ethical and political problems of psychiatry. What I hope to do is not to provide clear-cut definitions, nor criteria to carry out self-diagnostic practices: rather, my main goal will be to elucidate issues that might guide future research on the topic, as well as to assess its potential social relevance.

2. *Framing self-diagnosis*

The review of the literature will be brief, since I was not able to find many academic papers that explicitly targeted self-diagnosis as their central topic: these can however be considered evidence of at least some interest towards the study of such practice[2]. The growing concern that self-diagnosis is rising is also testified by the cursory mentions of self-diagnosis and closely related concepts in published works, for example:

> For many reasons, self-identification or the attribution of a diagnostic label might be good enough (Gorman in Tremain, 2024: p. 427)
>
> [N]ot to mention those with no official diagnosis at all (Chapman, 2023: p. 5)]
>
> [T]he validity of those who identify as autistic without a medical diagnosis (Chapman, 2020: p. 810)
>
> [People who] assumed autistic identities (Ryan in Davidson and Orsini, 2013: p. 203)
>
> For example, thinking of oneself as ill versus divergent can alter one's self-conception, self-respect, self-acceptance (Hoffman in Tekin and Bluhm, 2019: p. 80)

[2] For a wider literature review, that includes also other kinds of mentions of self-diagnosis, see the one posted by Fellowes on his website: https://www.samfellowes.com/self-diagnosis-literature-review/.

Moreover, the inclusion of autistic and neurodivergent self-diagnosed subjects in both research studies and within communities can be considered as additional evidence for this growing attention on the topic[3]. Usually, some of the works that consider self-diagnostic practices are rightfully concerned with grasping their relevance for potential or actual psychiatric patients, as well as their consequences on the lives and experiences of such people. The theoretical effort of these studies is therefore directed to analyse self-diagnosis more as a practice than as a concept, and their interest towards clear definitions, epistemological investigation and ethical considerations is quite limited. Such studies can be considered exploratory field-studies, conducted via interview or questionnaire administered specifically to autistic people: this evidence might strengthen the claim that self-diagnostic practices primarily found their way into autistic communities. Lewis (2016a) explores the *prevalence and features* of self-diagnostic journeys among such population, uncovering five main themes that characterise them, ranging from individual reasons for resorting to self-diagnosis, to personal feelings towards the official "counterpart".

Another crucial theme, as explored by Sarrett (2016), is the *acceptance* of self-diagnostic practices within autistic communities: this study was carried out on a population recruited in an online autism self-help group, and highlights how such practices are sometimes opposed not only by professionals, but also from clinically diagnosed autistic people. Overton *et al.* (2023) performed a scoping review on self-*identification* (which is usually characterised along the lines of the proposed preliminary definition of self-*diagnosis*). The review aimed at establishing the most studied dimensions and features of lived experiences that might lead to self-identification journeys in autistic individuals, and included also the above-mentioned field-studies on autism self-diagnosis. While being an exploratory study, it poses the interesting theoretical question (that goes understandably unexplored) of what are the terminological and conceptual differences between self-diagnosis and self-identification: my working hypotheses that I will try to motivate in the last sections is that self-*diagnosis* has a strong political and practical relevance (that self-*identification* might not have), since the need of reclaiming and re-appropriating the clinical diagnostic process has its roots also in the long history of psychiatric critique, and not only in the importance of the identity dimension for psychiatric patients[4].

[3] For example, the Italian activists' group NeuroPeculiar, in its activities, does not require diagnoses nor certifications (see, for example, the following call for abstracts: https://neuropeculiar.com/2024/04/16/call-for-autcamp-2024/), as well as research group EuCap (in their project "AIRA": https://eucap.eu/aira/) included in the survey both self-diagnosed and officially diagnosed subjects.

[4] Given that I am not discussing self-identification in detail, nor aiming for a systematic re-

While having been the focus of some exploratory field-studies, psychiatric self-diagnosis seems to have also recently caught the attention of philosophers of psychiatry. Two relevant papers have been published by Fellowes, who focused on some aspects that might be crucial in refining our definition of self-diagnosis (Fellowes, 2024), as well as on the consequences of its practicing (Fellowes, 2023a). In the first paper, the main concern is to provide the arguments needed for assessing the *accuracy* of self-diagnosis, while the second paper is a discussion of its impact on the so-called "social resources"[5] (i.e., sources of support and benefits, alternative to the institutional or medical ones that a self-diagnosed individual cannot access).

These are both timely discussions on an unexplored topic that can very easily stimulate further debate: however, it is beyond the scope of the present paper to provide a conclusive review of such works. Instead, I will briefly focus on Fellowes' opening disclaimers to his 2024 paper, to make some considerations more relevant to the aims of this work. In the second section of his paper, Fellowes distinguishes between the above-mentioned accuracy, *reliability, validity* and *legitimacy*[6]: I suggest considering the latter a "moral" feature of self-diagnosis, while the other three I will call "epistemic". In other words, all the above features raise very different questions on the relevance and importance that self-diagnosis can have in different contexts. This type of discussion shows in a pretty clear way what theoretical concerns usually surround self-diagnosis: seemingly, the goal is to *justify* the existence and practicing of self-diagnosis (i.e., if it is legitimate), or to *establish rigorous criteria* to perform it in the "right way" (i.e., if such practices possess the above-mentioned epistemic features). In contrast, what has still received little to no attention in philosophical studies are the reasons that are making self-diagnosis seemingly more practiced and studied than before, as well as its role in contemporary debates around psychiatry.

All the information gathered here on psychiatric self-diagnosis (both as a practice and as a concept) is quite heterogeneous and lacks a unifying framework: my belief is that, for a thorough theoretical analysis of it and related issues, we will have to consider different conceptual perspectives on mental illness, disability and diagnosis, to provide a more complete account of all the dimensions that were highlighted in this preliminary overview. It is important, at this point, to disclose the initial assumptions: even though I will

view of the appearances of the term, I refer the reader to Overton *et al.* (2023) for a more complete bibliography on it.

[5] Similar concerns about the "risks" of self-diagnosing are expressed by Marocchini (2024).

[6] My opinion is that each one of these terms would require further analyses that, once again, go beyond the aim of the present paper. Therefore, I will refer the reader to the author's framing of the distinction.

try to incorporate and present all the sides of the debates relevant to self-diagnosis, I will be adopting the Social Model of Disability (Oliver, 1990) in its original formulation – as opposed to the (bio)medical one – and its recent integration in what has been called the Neurodiversity Paradigm (Chapman, 2023)[7]. Caniglia (2018) reports the "*psycho*medical model" as being the interpretative and clinical model underlying psychiatry (since it is no more just biomedical, but it combines cognitive psychology with the tendency towards biological reductionism of neurosciences): this approach is usually oriented towards cure and treatment.

The social framing of mental conditions, instead, has progressively incorporated suggestions that date back to constructivist theories and 1970s anti-psychiatry movements, and tends to be hostile to cure-oriented approaches. There are also intermediate stances between these two poles, such as the "biopsychosocial" model of health and disease (Engel, 1977): if applied to mental conditions, this framework lacks overtly anti-psychiatric elements but still integrates social and environmental aspects when accounting for them[8].

My working hypothesis is that the practical need and theoretical relevance of psychiatric self-diagnosis would require to be understood within these debates at least for two main reasons. First of all, self-diagnosing with a psychiatric category calls into question many issues pertaining to the psychiatric field, as well as our understanding of the diagnostic classes as *disorders*, *illnesses*, *disabilities* or *differences*. The need to refer to the Social Model of Disability is elicited by its core stance that the disablement (i.e., experienced difficulties associated with bodily or mental conditions) is caused by the inability of societies to provide for different and heterogeneous needs, since they are built around the restrictive norms of able-bodiedness and able-mindedness. Secondly, as sketched above and as we will see in the next section of the paper, self-diagnostic practices have been studied within the boundaries of autistic

[7] See Chapman (2023), and Chapman's chapter in Tekin and Bluhm (2019), on the connection between the Social Model of Disability and Neurodiversity. My reference is the original Marxist framing of the Social Model, but we must mention that this model has been criticised during the past decades – especially for its account of the disability-impairment relationship, e.g. Shakespeare (2014). As I will mention later, this model has been applied to Neurodiversity by Chapman in a way that connects the structural ableism of our societies against different kinds of bodies and minds to the development of capitalism: Dwyer (2022) proposes an overview of different neurodiversity approaches that do not need this link to be necessarily drawn.

[8] The biopsychosocial model is still a crucial reference for contemporary debates on health, disability and psychiatry – and it has been largely endorsed and criticised throughout the past decades: for example, the current definition of "health" provided by the World Health Organisation (https://www.who.int/about/governance/constitution) might be considered in line with this model. For some more recent comments on the biopsychosocial model see, for example, Bolton and Grant (2019), as well as the related book symposium: https://eujap.uniri.hr/volume-17-no-2-special-issue-in-philosophy-of-medicine/.

people's lived experience, and might require to be further analysed in how they manifest in autistic communities and movements. The individual and collective experiences of autistic people have been understood through the concept of Neurodiversity at least since the end of the 1990s[9]. Self-diagnosis, in particular, can tackle the epistemological issues that pertain to the debate around psychiatric diagnoses, as well as the sociopolitical implications that clinical practice has for the individuals and groups who deals with it. That is why we need to keep these frameworks in mind when we address self-diagnosis in the contexts where it allegedly emerged.

3. *Autism and neurodivergence(s) as case studies in the discourse on self-diagnosis*

In the first section I reviewed some of the literature that specifically deals with self-diagnosis as a topic of inquiry, and I summarised the main concerns and research questions that authors have followed in their works. What emerges from such studies is that self-diagnosis seems to be a widespread practice in autistic communities, and that these are the main contexts in which such practices have been studied. In this section, I will therefore try to piece together some of the main reasons why this is the case.

I found little to no literature that concerns self-diagnosing and self-identifying with other mental conditions[10], but from anecdotal evidence it seems at least possible, especially within the Neurodiversity Paradigm and movements: neurodivergent activism, for example, seems to be focused also on ADHD (Attention Deficit and Hyperactivity Disorder), another condition that is classified as a "neurodevelopmental disorder" in the DSM, and that is often associated with autism, both clinically and politically. While Neurodiversity aims to be an all-encompassing approach to mental conditions, there might be some discrepancies in what neurodivergence/neurodiversity mean for different authors[11]. Even though the main references will be from literature on autism, I therefore hope that further developments in the field of Neurodiversity Studies will make my considerations progressively generalisable.

[9] See, for instance, Singer (1998) in Valtellina (2020). Such concept has been modelled around the concept of "biodiversity" and highlights *differences* in a positive sense. In contrast, the medical model is centred on the concept of the condition as *illness*, *disorder* or *dysfunction*.

[10] As mentioned in fn. 3, I refer the reader to this review https://www.samfellowes.com/self-diagnosis-literature-review/, for more literature on psychiatric self-diagnosis.

[11] Since this is not the place to explore such terminological issues, I will use "neurodiversity" as a term that characterises *a diverse group of people*, as well as to refer to specific theoretical approaches. Meanwhile, "neurodivergent" and "neurodivergence" will be used to talk about particular individuals and conditions.

Neurodevelopmental disorders are usually diagnosed during childhood, therefore self-diagnostic journeys are typically elicited in adults who may have gone "undiagnosed" for a long time and are in search for self-understanding or support. This is explored in two papers on adult autism by Lewis (2016b and 2017) that include self-diagnosis as a part of these late-diagnosed adults' experiences. Therefore, I will now expand on three domains that emerge from general literature on autism and from the studies on adult autism diagnosis: i.e., sociocultural and demographic factors, psychological features, and the practice of "camouflaging". These can be understood as reasons that could bring about a lack of professional diagnoses or issues with clinical practices, as well as the subsequent emergence of self-diagnostic practices.

First, I consider the sociocultural and demographic factors that can play a role in preventing some groups of individuals from getting professionally diagnosed, due to current understanding of autism (and other specific psychiatric conditions) or to difficulties in accessing healthcare services. The previously mentioned studies highlight how economic and demographic factors play a fundamental role in determining lack of diagnosis, or in the cases of "misdiagnosis", which can both lead to self-diagnostic experiences and/or professional diagnosis in adulthood. The works on the historical development of autism[12] show that its diagnostic criteria – modelled on white, Western, male children – prevented many people who fell outside these demographics from getting professionally diagnosed. Moreover, socioeconomic factors play a similar role of exclusion, since psychiatric and mental health services are often expensive, and their availability and acceptance can be culturally-dependent: therefore, sociocultural norms and socioeconomic status can prevent people from learning about their conditions and being diagnosed for a long time. Both the changes in diagnostic criteria for autism (alongside their wider application), and the need for better mental health services and policies have been politically advocated by autistic activists and neurodiversity movements[13]. The achieved results and further requests cannot be separated from the above-mentioned barriers in getting institutional support via professional diagnosis (Lewis, 2017): self-diagnostic experiences could have found space within autistic communities and self-help groups to bypass loopholes in healthcare systems and mental health support.

Secondly, we must take into account psychological reasons that might make it difficult for people to get assessed in the first place, and negative

[12] See, for example, Hacking (2008), parts IV and V, Eyal (2013), Hollin (2014), and Valtellina (2016). Drawing from this works, I will further elaborate on how such factors impact not only clinical practice, but also the theoretical construction of psychiatric knowledge.

[13] On the political advocacy and social movements for autism, see Fein and Rios (2018), part I, Davidson and Orsini (2013), parts II-III.

experiences with the clinical domain that can push people to revert to self-diagnosis. Drawing from the studies on autistic self-diagnosis mentioned in the first section, we can say that there are also psychological dimensions that self-diagnostic journeys can accommodate for: Lewis (2016a), for example, outlines the needs for self-understanding and for sense of belonging, which strongly connect with a positive outlook on autism, as well as the formation of a strong autistic identity. There are also negative psychological features, such as the emerging of self-doubt when self-diagnosis is not confirmed by professional validation: this could also relate to the level of acceptance within autistic communities (Sarrett, 2016) or the degree to which a self-diagnostic hypothesis is taken seriously by mental health professionals. Negative opinions on diagnostic practices can have an experiential source: self-diagnosis can be therefore elicited by unsatisfactory experiences with clinical evaluations, as well as by failures in the therapeutic alliance between medical professionals and patients (Overton *et al.*, 2023). Once again, these problematic relations with psychiatry can result in a history of misdiagnoses, in the person going undiagnosed for a long time, or in a refusal to undergo further assessments or treatments: therefore, people might revert to self-diagnosis to have their needs met.

Lastly, we have to tackle the issue of "masking" (more generally referred to as "camouflaging")[14], a practice that mostly undiagnosed autistic people use to be more socially accepted. By camouflaging we refer to the set of behaviours that neurodivergent people carry out – knowingly or not – in order to suppress, hide, or compensate for behavioural proclivities that do not align with social norms and demands. The common notion is that the "camouflaging" effect is obtained via compensation, assimilation, or masking. Such practices could play a central yet unexplored role in the discourse on self-diagnosis, for two main reasons. First, camouflaging is usually very common in late-diagnosed (or undiagnosed) individuals, who had to live most of their lives without accommodations and support: this can cause the emergence of diagnostic "comorbidities", that can contribute to the worsening of one's overall mental health, while concurrently making professional diagnosis more difficult and complex. Second, as implied by the very term (especially for the practice of masking), the fact that these behaviours tend to disguise (i.e., *mask*) neurodivergent characteristics makes it harder for a "high-masking person" to seek professional help, and can increase the risk of being misdiagnosed or invalidated. Self-diagnosis can be therefore used as a tool to find answers and to accommodate unmet needs.

[14] For popular literature on the topic see https://embrace-autism.com/ and Price (2022). On autistic "camouflaging", "masking" and "passing" see, for example: Livingston, Shah and Happé (2019), for the empirical side, as well as Pearson and Rose (2021) and Petrolini, Rodríguez-Armendariz, Vicente (2023) for more theoretical analyses.

All of the mentioned demographic, sociocultural and psychological factors, as well as the neurodivergent-specific practice of masking, can be considered as reasons for negative outcomes of clinical assessments and doctor-patient relationships, as well as for the enforcement of barriers that might prevent people from accessing mental healthcare and psychiatric services: this can lead, as explained throughout the section, to people reverting to self-diagnosis as a way of overcoming the risk of being misdiagnosed or undiagnosed, and the lack of institutional support.

4. *Psychiatric self-diagnosis as a central theme in philosophy of psychiatry*

I believe that treating psychiatric self-diagnosis as an autonomous research topic would require an analysis of the relationship with its official counterpart. I tried to outline this need in the context of autism and neurodivergence through the literature review provided in section 2. In section 3 I recalled sociocultural and demographic factors, psychological features and the practice of neurodivergent "masking", as reasons that could prevent people from getting officially diagnosed and make them resort to self-diagnostic practices. Therefore, I think that the next appropriate step is to examine what we can assume to be a problematic relationship between the two kinds of diagnosis within the theoretical framework of more general issues of the psychiatric field.

This analysis calls into question the concepts of mental disorders, illnesses, etc., alongside the notorious debates around the theoretical framework of psychiatry and its practical applications. When we consider "official diagnosis", we are usually concerned with single classes of diagnostic *criteria* and the *categories* individuated by them, as well as the *process* of applying both to patients. Because of this – and due to the above-mentioned material and experiential conditions that lead autistic people to resort to self-diagnostic and self-help tools – there is the need to explore the conceptual and practical problems of the complex relationship between official and self-diagnosis.

To start untangling the intricacies of this relation, I am now presenting, without aiming for completeness, some of the main issues that psychiatric self-diagnosis shares with its official counterpart. This brief overview must be understood as a non-exhaustive list of suggestions and possible directions that future studies on this topic might take.

4.1. *Ontological issues and human kinds*

The first class of philosophical concerns that self-diagnosis calls into question is ontological. There is an ongoing debate around what mental conditions *are* and we might as well say that it constitutes one of the main concerns in philosophy of psychiatry[15]. This question takes at least two different forms, both of which are potentially relevant to the discourse on self-diagnosis.

(1) Given that psychiatry is a medical discipline and profession, that often operates through biomedical and pharmaceutical interventions, can we consider mental conditions to be *pathologies*, in the same sense as medical illnesses? And if not, do they still retain the negative meaning that the terms usually used to indicate them (such as disorder, dysfunction, deficiency, etc.) have?
(2) Are mental conditions *real*, in at least some sense?[16] Technically speaking, do psychiatric conditions (and the corresponding DSM classes) refer to ontologically independent objects (natural kinds) or are they socio-cultural constructions (artificial kinds)? And if they are artificial, does it mean they are not real in any sense?

My aim is not trying to provide an answer to these open issues. Yet, this topic of inquiry calls into question these same problems: whatever we believe about the ontological status of *psychiatric conditions*, we will have to compromise at some point and settle to use at least some of the *psychiatric lexicon* and theoretical framework (even if just for purposes of critique). Therefore, to some extent, we will manipulate the psychiatric conditions as *diagnostic classes* (as I have done throughout this paper and is frequently done in literature[17]). Self-diagnosis is usually manipulated in the same way[18]: moreover, the issue of what mental conditions and diagnoses are raises the question of why they are subject to formal approval from the professional diagnostician.

We should therefore consider the consequences that ontological assumptions have on both diagnosis and self-diagnosis, since the way we conceptualise mental conditions impacts directly on how they are approached both by clinicians and patients.

[15] See, for a variety of approaches to this question, for example: Szasz (1960), Hacking (1998), Hoffman in Tekin and Bluhm (2019), Tsou (2021), and Wilkinson (2023), chapters 2 and 3.

[16] See Chapman (2020) on the reality of autism, and also Fellowes in Tekin and Bluhm (2019) or Amoretti in Guerini and Marraffa (2019).

[17] The example of autism is paradigmatic here, because even its most radical critiques have inevitably to draw from scientific literature on the topic, or use the psychiatric theoretical framework to formulate questions and reconstruct the evolution of diagnostic criteria: see fn. 12, and also Chapman (2020).

[18] See a rigorous exposition of this in Fellowes (2024).

We can refer to the concept of "kinds of people" (Hacking, 2007), more popularly known as "human kinds", to better understand these implications. Hacking defines psychiatric conditions as "kinds of people", which are both the science-specific labels (i.e., psychiatric *categories*) and the classes of individuals characterised by them. The individuals thus classified share some common features, and their identity and experience of that particular kind of person depend on the interaction of the psychiatric knowledge (that produces the class) with them. Moreover, their groups are also characterised by the ability to *interact* with (and eventually modify) the scientific field and the classification itself (Hacking, 2008)[19]. We can say that both people with an official psychiatric diagnosis and self-diagnosed individuals are therefore subjected to these interactive processes, that Hacking called *looping effects*. As testified by the studies presented in the first section, self-diagnosis (similarly to professional diagnosis) deeply impacts the life of the person, leading them to rethink their experiences of suffering (and eventual discrimination associated with their condition). Interestingly, it may find space and acceptance within disability and mental health self-help groups and movements: this can lead (as it happened for movements of professionally diagnosed people) to renegotiation of the meaning and redefinition of the limits of the imposed classification.

The consequences of the mentioned looping effects and the material conditions that bring about self-diagnostic journeys, then, might compel us to a weaker psychiatric ontology that borders on eliminativism and anti-psychiatry. As I shall see later, the radically social interpretations of mental conditions (that we could use to frame the relevance of self-diagnosis) are more concerned with structural changes for collective liberation from oppressive norms and systemic failures in providing care (Chapman, 2023), rather than alleviating individual suffering by reforming psychiatry from the inside or by analytically refining its definitions and assumptions.

4.2. *Epistemological issues*

In the last paragraph, I concluded that experiences with official diagnoses and self-diagnostic journeys might require a social framing of the ontological status of mental conditions, in order to be understood in all of their sociopolitical

[19] Hacking's solution is not unanimously considered conclusive for settling the debate on natural and artificial kinds in psychiatry: the author himself reviewed his position throughout the years, especially concerning the terminological choice between "human kinds" and "kinds of people" (Hacking, 2007). For critiques of the concept as decisive in this debate see, for example, Cooper (2004), Tsou in Tekin and Bluhm (2019) and Chapman (2020). Nonetheless Hacking's "human kinds" have been exceptionally popular, and his general interpretative framework is still a respected and valued position in the literature.

implications. We argue that this is the case because otherwise we might overlook or underestimate the structural and systemic reasons that bring about problems in diagnostic assessments, mistrust in clinical settings and failures in the therapeutic alliance, that usually push people towards self-diagnostic practices.

Self-diagnosis can thus be considered a form of reclaiming the clinical practice of evaluation and application of classes and criteria, as well as a stepping stone for rethinking psychiatry as a whole. I have now to compare self-diagnosis and its official counterpart under the other epistemological assumptions of the psychiatric theoretical system. Up to this point, we considered both of them to be category-dependent: we have not considered the possibility of self-diagnosing or being diagnosed with the general concept of being "mentally unwell" (or ill, or disordered, etc.), but only with a specific category that is usually found within the DSM or other medical classifications. The consequences of the ontological presuppositions reflect on psychiatric nosology, which does not need radically social interpretations of mental conditions to be criticised. However, changes in diagnostic categories (and their defining criteria) are deeply connected to how we define mental conditions, and therefore to how we understand such changes[20].

The instability of psychiatric classifications, paradigmatically framed in the history of DSM[21], can be explained under different understandings of what psychiatric conditions and categories are, and this might impact directly on how we conceptualise self-diagnosis. But if clinicians can be mistaken, and even the classification itself is unstable, diagnosis and self-diagnosis might have similar features and be framed under the same interpretative model (that does not require more than practical grounds for discriminating between them). By this, I do not mean that there are no differences between the two practices, nor that clinicians and classifications are "more wrong" than their unofficial counterparts. Rather, I argue that we can understand both diagnosis and self-diagnosis under the same paradigm, regardless of which one we choose: this is mainly because they both usually refer to the same psychiatric knowledge and diagnostic classes, but also because they are both influenced by the same fac-

[20] On the link between ontological positions and psychiatric classifications see also the articles of Kosko, or Zachar, both in Tekin and Bluhm (2019).

[21] Since I cannot provide here an exhaustive historical analysis for all diagnostic classes, see (beyond autism) the following examples: Hacking (2008) wrote also about the "epidemic" of Multiple Personality Disorder in the 80s (a category that has been removed and can currently be diagnosed as Dissociative Identity Disorder). Narcissistic Personality Disorder and personality disorders underwent similar processes of re-systemisation, that brought up two different models for this diagnostic class (Lalumera in Guerini and Marraffa, 2019). Attention Deficit and Hyperactivity Disorder was first defined as a hyperactivity issue, then (when the inattentive symptoms were privileged) Attention Deficit Disorder diagnosis replaced almost completely the first ones; lastly, both types of symptoms were taken into account, resulting in the category we currently know (Caniglia, 2018).

tors (as the ones outlined in section 3) and subjected to the same looping effects (as explained in paragraph 4.1).

Given the great synchronic and diachronic variety of diagnostic classes and criteria, we have to face three crucial elementes when comparing official diagnoses with self-diagnostic journeys:

(1) public awareness of some psychiatric diagnoses varies greatly in different times and contexts (Fellowes, 2024): information, sources and knowledge available for potential patients to learn about their experiences (and eventually self-diagnose) is bounded to this difference in "popularisation", that characterizes also the frequency with which some conditions are officially diagnosed;
(2) the qualitative difference between criteria for different conditions causes people with more stigmatising diagnoses[22] to be considered less reliable and trustworthy in their testimony, both in clinical settings and in self-diagnostic experiences;
(3) the issue of testimony can be generalised to all psychiatric patients and so-called Madpeople[23]: the class of people with mental conditions are usually considered to be more questionable than "normal" population, therefore they need the supervision and validation of experts.

4.3. *Sociopolitical and ethical implications.*

While these epistemological concerns are internal to the discipline of psychiatry, they have some crucial and direct implications on the experiential domains connected to it (and therefore on its sociopolitical and ethical dimensions). The three elements that close the last paragraph refer to *epistemic injustice* in psychiatry[24], as well as to the issue of psychiatric *expertise*, versus the so-called "expertise-by-experience"[25]. We need to shift from their above-mentioned epistemological features to their practical, ethical and political relevance, in order to better understand what they mean for self-diagnosis. These kinds of injustice, suffered by psychiatric patients and self-diagnosed individuals, have their roots in the epistemic value granted by clinicians to their reported experiences, and in the epistemological status of *pathology*, or *illness*, that mental conditions retain: their consequences, however, go beyond this

[22] See, for example, Palmer (2000) on delusions, Klein, Fairweather and Lawn (2022) on Borderline Personality Disorder, and Lalumera in Guerini and Marraffa (2019) on Narcissistic Personality Disorder.

[23] In the sense used by Jeppsson in Tremain (2024).

[24] See, for example: Chricton, Carel and Kidd (2017), Kidd, Spencer and Carel (2023), Catala in Tremain (2024).

[25] See, for example: Bueter (2021), Dings and Tekin (2022), Fellowes (2023b).

theoretical domain. Injustice experienced in clinical settings can lead to self-diagnostic journeys, in the same way they have led to activism in social movements. The concurrent perception of epistemological instability and socially constructed nature of psychiatric classifications tend to reinforce the theoretical basis for reclaiming practices and advocacy for radical changes, of which self-diagnosis can be considered an instance. Furthermore, self-diagnosed people whose autonomous evaluations are understated due to a "lack of expertise" (both by people close to them and by the professionals they eventually turn to) might be subjected to similar types of injustice, in relation not only to the dismissal of their general knowledge and experience of their conditions: most importantly, this kind of invalidation is specifically directed towards (and sometimes partially produces) their difficulties and disablement. Self-diagnostic practices become then a fundamental tool for reclaiming *expertise on one's own personal suffering*, that the diagnostic criterion of "clinically significant impairment" (APA, 2022) for mental conditions fully poses in the hands of the professional figure.

These sociopolitical implications could call for more critical and radically transformative approaches not only to psychiatry but to society overall, as the ones implied in the Social Model of Disability and the Neurodiversity Paradigm. A great part of the suffering and disablement experienced by people who are inscribed (by themselves or others) in psychiatric categories is understood not only as a product of a passive societal inability to provide for heterogenous needs, but as an active mechanism of oppression and social control[26]. These struggles and difficulties do not come from personal and intrinsic deficits: rather, they are a consequence of the processes of *pathologisation* of behaviours – that societies need to enforce to better manage their members. This process can be broken down into two steps: identification of the difference as an undesirable trait, and its subsequent medicalisation (e.g., Conrad, 2005). Hacking (2008) argues that this process serves the above-mentioned administrative goals and calls for divergent individuals to be (re-)*normalised*. What psychiatric self-diagnostic journeys and experiences address, then, is not the individual will of being accommodated to better fit into the restrictive norms of an ableist society (i.e., normalisation): we can argue that self-diagnosis, alongside "traditional" forms of reclaiming and advocacy, calls for systemic changes and drastic transformations of the structures that create and preserve physical and mental disablement. In the

[26] Fundamental conceptual instruments for this analysis were provided by Foucault in the 60s and variously developed from then on: this is not the place to properly address the crucial contributions of Foucault to the presented debates, therefore I will refer the reader to a summary of Foucaultian terminology found in Havi and Mosko in Tekin and Bluhm (2019). For a recent integration of Foucaultian insights in philosophy of disability, consider for example the work of Shelley Tremain (e.g., 2017).

following section I will provide one last argument concerning the relationship between normalisation and pathologisation, to back up the latter claim and provide conclusive remarks.

5. *Normalisation and pathologisation*

The argument for the radically political role of self-diagnosis, draws on the sociopolitical implication I sketched in the last paragraph and calls for a brief expansion on the relationship between normalisation and pathologisation. As I hoped to have made clear throughout the paper, in order to have a *medical* model of physical and mental disablement, we need to frame the deviations from the socioculturally constructed norms as undesirable conditions or traits, that are both reified and individualised. As the Social Model of Disability claims, this allows the creation of a "surplus class" that consumes medical and psychiatric services to be re-normalised, while simultaneously being excluded from the workforce and from major aspects of social life (Oliver, 1990). This economic framework can be applied to the increase in pathologisation of behaviours: as argued by Chapman (2023) in their characterisation of the Neurodiversity Paradigm, the shift towards more cognitive and emotional kinds of labour, and the subsequent production of new and more restrictive norms, allowed more people to enter the domain of psychiatric management and created growing mental and neurodivergent disablement. Self-advocacy and reclaiming practices, however, progressively changed the common representation of mental conditions: stigma and discrimination were partially alleviated; rights, accommodations and better services were obtained. This however produced another important effect that we can also call "normalisation" in a different sense, i.e. making progressively more common and available the psychiatric and neuroscientific language[27], as well as their tools and concepts. Both official diagnoses and self-diagnostic journeys can be considered interpretative (Fellowes, 2024) and sense-making (Ryan in Davidson and Orsini, 2013) practices: in the first case, however, this hermeneutical job is done mainly by professionals that pursue administrative aims. When this is done by the self-diagnosing individual, who operates through the tools of psychiatry, an open issue emerges: their lived experiences of suffering and struggling to conform to social norms are *justified* by the pathologisation of their own behaviours, which they inscribe in the medical-psychiatric theoretical system, through the use of its language and conceptual tools. At the same time, however, self-diagnosing individuals *reject* this interpretative

[27] On the "cerebralisation" of mental conditions (especially autism), see Ortega in Davidson and Orsini (2013).

model: by reclaiming expertise, they use the medical language to make sense of their lives, but in the re-appropriation of their central and active role in the diagnostic process they might actually radically criticise the disciplines they draw from. My claim is that this seemingly contradictory nature of self-diagnoses, which can be potentially puzzling for scholars, has great practical value and political potential that are strengthened (rather than weakened) by this ambiguity: it can be used to both temporarily accommodate unmet needs, as well as to advocate and bring about the above-mentioned structural changes. This claim, albeit strong and thoroughly discussed, must be considered my opinion and cannot be a conclusive argument: that is why I have to frame the ambiguity of self-diagnosis as an open issue.

6. *Conclusion and limitations*

What I tried to do in this paper is to provide an overview of psychiatric self-diagnosis as an object of philosophical inquiry. I drew on the limited literature on the topic to determine what we currently know about it (§§ 2 and 3) – then tried to frame it within popular debates in the field of philosophy of psychiatry (§§ 4 and 5).

In the second section, I provided an overview of the main studies that directly address self-diagnosis as their topic: I considered both explorative field studies that provided the social and experiential dimensions of self-diagnosis as a practice, as well as two crucial theoretical contributions that can further philosophical research on it. In the third section, I presented three dimensions of specifically neurodivergent and autistic experiences (demographic and sociocultural factors, psychological features and the practice of camouflaging), that emerge as reasons for failures of institutional support and skepticism towards clinical practices, that might push people to revert to self-diagnostic journeys. In the fourth section, I proceeded with an analysis of some crucial elements, (ontological issues, epistemological considerations, and sociopolitical and ethical implications) of the debates in philosophy of psychiatry, to frame self-diagnosis as a topic worthy of philosophical inquiry within this field. In the last section, I concluded that self-diagnosis calls for psychiatric conditions to be understood through the Social Model of Disability and the Neurodiversity Paradigm, since it theoretically and practically elicits structural problems of ableist oppression in Psychiatry as a discipline, and in societies more broadly.

As for other limitations and further research suggestions, I list some open challenges that – for reasons of space and complexity – cannot be exhaustively presented and dealt with here. First of all, there is the need of more explorative field-studies on self-diagnostic experiences and practices (especially, for mental conditions other

than autism). Second, we need to seriously consider the risks of over-diagnosing – especially, of over-diagnosing certain conditions at the expense of under-diagnosing others: this issue is discussed in Fellowes (2023a), seemingly under the assumption that psychiatric conditions are *real* and that self-diagnoses must be *accurate*, in at least some sense. I was not able to properly discuss it within the Social model in the present work, but I believe that it would be an important integration to the matter. Thirdly, we need to mention the epistemic and ethical difficulty of establishing clear boundaries and features for defining self-diagnosis, without the risk of collapsing into its official counterpart, under at least some respect.

References

American Psychiatric Association, APA, *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision, Washington DC 2022.

Bolton, D., Grant, G. (2019), *The Biopsychosocial Model of Health and Disease. New Philosophical and Scientific Developments*, Palgrave Macmillan, London.

Bueter, A. (2021), *Public epistemic trustworthiness and the integration of patients in psychiatric classification*, "Synthese", 198, Suppl. 19, 2021, pp. 4711-4729.

Caniglia, E. (2018), *Neurodiversità. Per una sociologia dell'autismo, dell'ADHD e dei disturbi dell'apprendimento*, Meltemi, Sesto San Giovanni.

Chapman, R. (2023), *Empire of Normality. Neurodiversity and Capitalism*, Pluto Press, London.

Chapman, R. (2020), *The reality of autism: On the metaphysics of disorder and diversity*, "Philosophical Psychology", 33, 6, 2020, pp. 799-819.

Crichton, P., Carel, H., and Kidd, I.J. (2017), *Epistemic injustice in psychiatry*, "BJPsych bulletin", 41, 2, 2017, pp. 65-70.

Conrad, P. (2005), *The shifting engines of medicalisation*, "Journal of health and social behaviour", *46*, 1, 2005, pp. 3-14.

Cooper, R. (2004), *Why Hacking is wrong about human kinds*, "The British journal for the philosophy of science", 55, 1, 2004, pp. 73-85.

Davidson, J., Orsini, M. (2013, eds.), *Worlds of autism: Across the spectrum of neurological difference*, University of Minnesota Press, Minneapolis.

Dings, R.,and Tekin, Ş. (2022), *A philosophical exploration of experience-based expertise in mental health care*, "Philosophical Psychology", 2022, pp. 1-20.

Dwyer, P. (2022), *The neurodiversity approach(es): What are they and what do they mean for researchers?*, "Human development", 66, 2, 2022, pp. 73-92.

Engel, G.L. (1977), *The need for a new medical model: a challenge for biomedicine*, "Science", *196*, 4286, 1977, pp. 129-136.

Eyal, G. (2013), *For a Sociology of Expertise: The Social Origins of the Autism Epidem-*

ic, University Chicago Press, Chicago.

Fein, E., Rios, C. (2018, eds.), *Autism in translation: an intercultural conversation on autism spectrum conditions*, Springer International Publishing, New York.

Fellowes, S. (2024), *Establishing the accuracy of self-diagnosis in psychiatry*, "Philosophical Psychology", 2024, pp. 1-28.

Fellowes, S. (2023a), Self-diagnosis in psychiatry and the distribution of social resources, "Royal Institute of Philosophy Supplements", 94, 2023, pp. 55-76.

Fellowes, S. (2023b), *The importance of involving experts-by-experience with different psychiatric diagnoses when revising diagnostic criteria*, "Synthese", 202, 2023, pp. 1-25.

Guerini, R., Marraffa, M. (2019, a cura di), *Psicopatologia e scienze della mente. Dalla psichiatria organicistica alla neuroscienza cognitiva clinica*, Carocci, Roma.

Hacking, I. (2007), *Kinds of people: Moving targets*, "Proceedings of the British Academy", 151, 2007, pp. 285-318.

Hacking, I. (1998), *Mad Travelers: Reflections on the Reality of Transient mental illnesses*, University of Virginia Press, Charlotssville.

Hacking, I. (2008), *Plasmare le persone: corso al Collège de France (2004-2005)*, Edizioni Quattro Venti, Urbino.

Hollin, G. (2014), *Constructing a social subject: Autism and human sociality in the 1980s*, "History of the Human Sciences", 27 (4), 2014, pp. 98-115.

Kidd, I.J., Spencer, L., Carel, H. (2023), *Epistemic injustice in psychiatric research and practice*, "Philosophical Psychology", 2023, pp. 1-29.

Klein, P., Fairweather, A.K., Lawn, S. (2022), *Structural stigma and its impact on healthcare for borderline personality disorder: a scoping review*, "International Journal of Mental Health Systems", 16, 1, 2022, p. 48.

Lewis, L.F. (2017), *A mixed methods study of barriers to formal diagnosis of autism spectrum disorder in adults*, "Journal of autism and developmental disorders", 47, 2017, pp. 2410-2424.

Lewis, L.F. (2016a), *Exploring the experience of self-diagnosis of autism spectrum disorder in adults*, "Archives of psychiatric nursing", 30, 5, 2016, pp. 575-580.

Lewis, L.F. (2016b), *Realizing a diagnosis of autism spectrum disorder as an adult*, "International journal of mental health nursing", 25 (4), 2016, pp. 346-354.

Livingston, L.A., Shah, P., and Happé, F. (2019), *Compensatory strategies below the behavioural surface in autism: A qualitative study*, in "The Lancet Psychiatry", 6(9), 766-777.

Marocchini, E. (2024), *Neurodivergente*, *Capire e coltivare la diversità dei cervelli umani*, ch. 6, Roma, Edizioni Tlon.

Oliver, M. (2023), *Le politiche della disabilitazione. Il Modello Sociale della disabilità*, Verona, ombrecorte (first published in 1990).

Overton, G.L., Marsa-Sambola, F., Martin, R., Cavenagh, P. (2023), *Understanding*

the Self-identification of Autism in Adults: a Scoping Review, "Review Journal of Autism and Developmental Disorders", 2023, pp. 1-21.

Palmer, D. (2000), *Identifying delusional discourse: issues of rationality, reality and power*, "Sociology of health and illness", 22, 5, 2000, pp. 661-678.

Pearson, A., Rose, K. (2021), *A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice*, "Autism in Adulthood", 3, 1, 2021, pp. 52-60.

Petrolini, V., Rodríguez-Armendariz, E., Vicente, A. (2023), *Autistic camouflaging across the spectrum*, "New Ideas in Psychology", 68, 2023, 100992.

Price, D. (2022), *Unmasking Autism: discovering the New Faces of Neurodiversity*, Harmony Books, New York.

Sarrett, J.C. (2016), *Biocertification and Neurodiversity: the Role and Implications of Self-Diagnosis in Autistic Communities*, "Neuroethics", 9, 2016, pp. 23-36.

Shakespeare, T. (2017) *Disabilità e società. Diritti, falsi miti, percezioni sociali. Treno*, Edizioni Centro Studi Erickson (first published in 2014).

Szasz, T.S. (1960), *The myth of mental illness. Perspectives in Abnormal Behavior*, Harper&Row, New York.

Tekin, S. and Bluhm, R. (2019, eds.), *The Bloomsbury companion to philosophy of psychiatry*, Bloomsbury Publishing, London.

Tremain, S.L. (2017), *Foucault and feminist philosophy of disability*, University of Michigan Press, Ann Arbor.

Tremain, S.L. (2024, ed.), *The Bloomsbury Guide to Philosophy of Disability*, Bloomsbury Publishing Plc., London.

Tsou, J.Y. (2021), *Philosophy of Psychiatry*, Cambridge University Press.

Valtellina, E. (2020, a cura di), *L'autismo oltre lo sguardo medico: I Critical Autism Studies*, Feltrinelli, Milano.

Valtellina, E. (2016), *Tipi Umani Particolarmente Strani: la Sindrome di Asperger come oggetto culturale*, Mimesis, Milano.

Wilkinson, S. (2023), *Philosophy of psychiatry. A contemporary introduction*, Routledge, New York and London.

Websites

https://embrace-autism.com/ (last accessed on 29/05/2023)
https://eucap.eu/aira/ (last accessed on 5/09/2024).
https://eujap.uniri.hr/volume-17-no-2-special-issue-in-philosophy-of-medicine/ (last accessed on 23/10/2024)
https://neuropeculiar.com/2024/04/16/call-for-autcamp-2024/ (last accessed on 5/09/2024)
https://www.samfellowes.com/self-diagnosis-literature-review/ (last accessed on 27/10/2024)
https://www.who.int/about/governance/constitution (last accessed on 23/10/2024)

Focus

Psychedelic Renaissance: Philosophical, Phenomenological, and Cultural Perspectives

Edited by Jacopo Colelli

Introduction

Jacopo Colelli

The interest in psychedelic research has grown exponentially over the past few decades. This so-called *psychedelic renaissance* spans multiple fields, including pharmacology, neuroscience, anthropology, psychiatry, and philosophy. Such breadth makes psychedelic research inherently interdisciplinary, drawing researchers from diverse academic backgrounds. From a historical and anthropological perspective, psychedelics are deeply intertwined with human evolution and cultural development, making it nearly impossible to construct a definitive or comprehensive account of their significance. Scholars in these fields face the challenging task of gathering and interpreting data that must balance theoretical rigor with an appreciation for the unique ways psychedelics have shaped – and been shaped by – various cultures across time and space. Psychedelics have historically served as "cultural objects", central to rituals and worldviews, a role they continue to occupy in certain contemporary groups and communities. In Western societies, however, the renewed interest in psychedelics has largely revolved around their recreational and medical applications, reflecting a form of "culturalization" that diverges from indigenous practices. While the therapeutic potential of psychedelics in indigenous contexts is often embedded within ritualistic and spiritual frameworks, modern psychiatric approaches in the West focus primarily on their medicalization. Specifically, psychedelics are being explored as treatments for psychiatric conditions such as depression, anxiety, and PTSD. This contrast underscores the complexity of integrating traditional and modern approaches to psychedelic use. Scientific research has grappled with the multifaceted challenge of developing a theoretical framework that accounts for how psychedelics exert their effects on mental health. These efforts span multiple layers of analysis, linking pharmacological mechanisms with neural, psychological, and social dimensions. Beyond the biological and psychological, political, religious, and cultural factors also play a pivotal role in shaping the transformative potential of psychedelics for individuals and societies.

Given this complexity, this special issue seeks to explore a range of critical and nuanced questions within the field of psychedelic research. By address-

ing areas that remain unclear or underexplored, the contributions in this issue aim to deepen our understanding of psychedelics and their multifaceted implications. The first two articles focus on historical and anthropological reasoning. Edoardo Pierini proposes historical considerations of set and setting with respect to opium use in the Early Modern period, highlighting inter-cultural dynamics and Early Modern debates on the variability of drug effects. The article argues that these historical reflections predate and can inform contemporary discussions of set and setting, particularly in the context of modern crises such as opioid dependency. By examining parallels between past and present, the study provides a unique perspective on the socio-cultural dimensions of psychoactive substance use.

In the second contribution, Paolo Pecere explores the cultural and therapeutic dimensions of psilocybin use, contrasting Western psychiatric frameworks with traditional Mazatec practices through original anthropological fieldwork. By examining the interplay of symbolic, social, and individualistic factors, the article highlights tensions between communal traditions and the commercialization of psychedelics. Pecere argues for the importance of integrating cultural and ceremonial contexts into contemporary therapeutic paradigms.

The third and fourth articles develop an integrative framework for understanding psychedelic efficacy by engaging with phenomenological literature. The authors reflect on epistemological and psychological issues surrounding psychedelic research, drawing on methods and categories from classical phenomenology. Both employ Husserlian phenomenology to study mental phenomena and propose connections with underlying neurocognitive and pharmacological mechanisms.

Davide Perrotta bridges psychobiology and phenomenology to explore the effects of psychedelics on the stream of consciousness. Rejecting a narrow focus on altered states, the article emphasizes the interplay between the lived body (*Leib*) and the nervous system (*Körper*), offering a nuanced framework that integrates phenomenological and neuroscientific perspectives. By examining how psychedelics affect emotion regulation and perceptual processes at both psychobiological and eidetic levels, Perrotta advances our understanding of their transformative potential. This work contributes significantly to philosophical and neuroscientific research, paving the way for future studies on therapeutic and cognitive implications.

Jacopo Colelli employs a phenomenological approach, grounded in Husserlian methodology and supported by anthropological data from the literature, to propose a critical rethinking of the biopsychosocial model in understanding psychedelic experiences. Through an analysis of consciousness structures like bodily intentionality and intersubjectivity, the article highlights how phenomenology transcends reductive frameworks, offering a more inte-

grative perspective on the transformative potential of psychedelics. By bridging insights from the humanities and natural sciences, the work underscores the importance of a holistic and interdisciplinary approach.

Finally, Dennis Forrest examines the relationship between subjective and therapeutic effects of psychedelics, highlighting a lack of clarity in the definitions of "subjective effects" and "hallucinogens" in the literature and practice. The article calls for greater precision in categorizing subjective phenomena and advocates for a normative approach that prioritizes effects associated with higher safety and broader accessibility. Emotional regulation and *mind-wandering* are identified as relevant psychological phenomena that may sustain mechanisms of change predictive of beneficial outcomes. By proposing alternative therapeutic pathways and emphasizing refined classifications for relevant subjective effects, the article provides valuable insights into the mechanisms and ethical dimensions of psychedelic therapies.

Historical and Comparative Perspective of *Set & Setting*: the case of opium in the Early Modern period

Edoardo Pierini*

Abstract: This article explores the historical and comparative dimensions of the "Set and Setting" model by examining the case of opium use during the Early Modern period. Introduced in the 1960s, the Set and Setting model posits that drug effects are shaped not only by their pharmacological properties but also by the user's mindset and socio-environmental context. While modern research has embraced this concept to analyze psychedelics and other substances, this study applies it to historical contexts to shed light on variations in drug use and effects across cultures. The article focuses on opium, a psychoactive substance with profound medical and cultural significance, and investigates its dual perception as a medicine and intoxicant. By analyzing accounts from Early Modern physicians and travelers, the study highlights how cultural narratives, environmental factors, and individual dispositions influenced interpretations of opium's effects, particularly its supposed role as a "war drug" for Middle Eastern populations. The article also traces the evolving understanding of addiction and tolerance, emphasizing the early recognition of non-pharmacological factors in shaping drug experiences. Drawing parallels to contemporary issues such as the opioid crisis, the article underscores the enduring relevance of the Set and Setting framework in understanding the socio-cultural and psychological dimensions of substance use. By integrating historical perspectives with modern insights, the study advocates for a nuanced approach to drug policy, harm reduction, and the regulation of psychoactive substances.

Keywords: set and setting, opium, Early Modern Period, drug effects, addiction and tolerance

The Effects of Opium used Internally, in a moderate Dose.
The moderate Dose in ordinary Use, to produce the following Effects,
is from one to three Grains, (more or less) according to the
Circumstance, Condition, Case, Constitution, Age, &cc
of the Person who takes it.
(John Jones, *The mysteries of opium reveal'd*, London 1700, p.19)

* Edoardo.pierini@etu.unige.ch
Département de santé et médecine communautaires, Université de Genève.

1. *Introduction*

The extent to which the effects of psychoactive drugs are fixed and predictable or shaped by social and cultural factors has been debated extensively over the past century, yet it has still not been answered in full. We know how the effects of drugs could vary significantly between users across societies and cultures, but we still don't know exactly how and why that happens. One reason for this lack of information lies in a point many researchers have emphasized for years: "Drug issues are highly political" (Raven, 1997; Burke-Shyne *et al.*, 2017). We already know how prohibitionist policies towards drugs in the second half of the twentieth century hindered scientific research on their effects by imposing legal barriers that limited access to these substances for study (Nutt, 2015). Among the various theories that have attempted to elucidate the variance in the impact of identical psychoactive substances, my attention is drawn to the phenomenon known as *Set & Setting*. This particular psycho-social approach emerged in the 1960' in the field of psychedelic drug research and showed the importance of the interaction between the medicaments, the individual biology and the socio-cultural background of the consumer (Hartogsohn, 2017). In other words, drug researchers claimed that the effects of psychoactive drugs are dependent in large part upon 'set', the personality, preparation, expectation, and intention of the person having the experience, and 'setting', the physical, social, and cultural environment in which the experience takes place. Yet by the 1970s, following the abandonment of psychedelic drug research, the concept of *set and setting* almost disappeared from the literature. In 1984, however, this concept reemerged in the work of psychiatrist Norman Zinberg (1922-1989), who conducted extensive research on the role of set and setting in shaping drug effects not only with psychedelics, but also with drugs such as alcohol, cocaine, and heroin (Zinberg, 1986). In recent years, scientific research on psychedelics has experienced a significant resurgence, driven by promising findings regarding their potential therapeutic applications for mental health disorders. Consequently, researchers have acknowledged and integrated this theory into research protocols as an essential tool for accurately assessing the therapeutic potential and risks associated with these substances (Dalgarno and Shewan, 2015). Also, it is now widely recognized that the concept of set and setting influences the effects of all drugs, not solely those classified as psychedelics, highlighting the complex interplay between individual mindset, environmental context, and pharmacological action in shaping drug experiences. Given these premises, it is unsurprising that throughout history, the unpredictability of the effects of psychoactive substances has posed significant challenges to both medical professionals and policymakers. This uncertainty is compound-

ed by the complex interplay of individual physiological responses, sociocultural factors, and the evolving nature of substance composition and use patterns. Consequently, attempts to regulate and understand these substances have often resulted in unforeseen consequences, highlighting the persistent difficulty in anticipating their full impact on public health and society.

In this context, analyzing historical reports of variations in drug effects and acknowledging the influence of *set and setting* are crucial for contemporary and future approaches to drug policy. History could indeed provide an interesting benchmark to understand how substances interact with human behaviour and societal norms, thus enabling the development of more effective strategies for harm reduction, therapeutic interventions, and regulatory frameworks that are responsive to the diverse and dynamic landscape of psychoactive substance use. Until recent years, the politics of prohibition have plagued the history of alcohol and drugs not only in discouraging research in this field, but also in providing a fallacious cultural context for the analysis of the consumption of mind-altering drugs throughout history. As a result, following the pattern established by politicians and lawmakers, historians believed for a long time that the effect of drugs depended only on their intrinsic chemical and pharmacological properties (Africa, 1961). Also, the idea of "set and setting" seems to challenge a fundamental pharmacological principle, which posits that drugs produce relatively uniform effects across users. By consequence, historians have been reluctant to apply this concept to key historical questions, such as why evidence of drug addiction in Europe appears only from the eighteenth century onward.

While sociological and anthropological studies of drug action have long emphasized the sociocultural dimensions of "set and setting", applying this framework to historical analysis now offers potential explanations for various unresolved issues in the history of drugs. For example, Paolo Nencini utilized this model to investigate the absence of recreational opium and other intoxicant use in the Ancient world, and Benjamin Breen applied it to explore why certain drugs swiftly became global consumer commodities in Early Modern trade, whereas others remained limited to regional market (Nencini, 2004; Breen, 2022). In this article, I would like to show an example on how historical and comparative research on the *set and setting* in the Early Modern period could be quite useful to understand better both psychoactive drug use in the past and contemporary issues on alcohol and drugs.

Nowadays, Early Modern physicians' hopes and concerns related to the use of opiates in medicine, looks more interesting than ever before. Since the isolation of morphine alkaloid from the opium poppy in 1805, analgesic medicaments based on opium poppy have been massively used and are by far the most effective analgesic drugs available in the medical marketplace. This

category of medications, however, has contributed to the ongoing "Opioid crisis", particularly in North America. This includes natural derivatives of the opium poppy, such as codeine and morphine, as well as semi-synthetic opioids like oxycodone and hydrocodone, and synthetic opioids such as methadone and fentanyl. The crisis highlights how contemporary medicine has yet to fully harness the remarkable analgesic properties of the opium poppy in a safe and controlled manner (Kevin, 2017; The Lancet, 2022). Since 1996, when pharmaceutical company Purdue Pharma introduced OxyContin promoting it as a safe and easy to use painkiller, the deaths and abuses related to opioids consumption has risen dramatically. In 2023 the United States the National Centre for Drug Abuse Statistics lists that 72% of the 96,700 deaths from drug overdoses are caused by opioids and that over 10 million people misuse opioids in a year (Dowell *et al.*, 2024; Knopf, 2024). Today, in addition to the tragic fatalities resulting from opioid abuse, numerous social issues have emerged, including a rise in crimes associated with the procurement of these substances (Qiushi *et al.*, 2022). These problems highlight the complex interplay between addiction and societal stability, underscoring the urgent need for comprehensive strategies to address the opioid crisis beyond mere medical intervention (Mohammad *et al.*, 2022).

The current opioid crisis can arguably be understood as a phenomenon closely tied to factors related to both set and setting (Friedman *et al.*, 2020). On the one hand, set encompasses issues such as chronic pain, mental health struggles, dependency, and poverty, while, on the other hand, setting involves systemic challenges, including the dysfunctions of the healthcare system and the significant socio-economic inequalities prevalent in the United States. Analyzing this crisis may benefit from a deeper exploration of the historical dynamics of set and setting as they pertain to opium use in the Early Modern period, offering insights into how societal and contextual factors have long influenced patterns of drug consumption and their outcomes.

2. *Case study: the effect of opium in the Early Modern period*

The role of opium in the Early Modern period represents a particularly interesting case study, as it became the subject of reflection and discussion that other "drugs" had not previously received. Many of the most renowned figures in European medical and scientific-philosophical thought of the time made opium their object of study, and allow us to reconstruct the transformation of medical theory and practice. The Early Modern period was a time of profound changes in the field of medicine, marked by the establishment of the first scientific societies and the arrival in Europe of large quantities of psy-

choactive substances from the New World, such as tobacco and chocolate, and from the East, such as coffee and tea. Moreover, it was during the Early Modern period, between the late seventeenth and early eighteenth centuries, that the recreational effects of opium were recognized for the first time, whereas it had previously been regarded solely as a narcotic and anodyne. Contemporary historiography has thoroughly examined how medicine has been used in the past as a tool to justify colonialism and how certain diseases were considered specific to particular regions or populations (Seth, 2018). However, less attention has been given to the ways in which drugs were used across different historical periods and ethno-geographic contexts, such as in the case of the different effect attributed to opium to the oriental people in the Early Modern period (Pierini, 2021). Western physicians knew the effect of the substances derived by the opium poppy since the ancient times, as we find its first certain mention in the Hippocratic treatises, and they were well acquainted with this plant which grew up spontaneously in Europe (Scarborough, 1995). The *Papaver Somniferum*, better known as opium poppy, is in fact rich in alkaloids such as morphine and codeine that, binding to the opioid receptors, produce effects such as analgesia, euphoria, respiratory depression and decreased gastrointestinal motility (Kapoor, 1995).

Following the medical knowledge of ancient authors such as Dioscorides and Galen, Early Modern physicians prescribed the drug as a remedy against a wide range of diseases including stomach disorders, vomiting, and cough. In Western civilization, from Antiquity to the Early Modern period, opium was not consumed for hedonistic or recreational purposes. Even if physicians administered opium only as a medicament, they were fully aware of its dangerous effect, as it reflected perfectly the Ancient Greek definition of *pharmakon*, a substance that, depending on the dosage, could act both as a curative or a poison. This classification however seemed not to work for oriental people as the Turks, Persians and Egyptians, who were supposed to be immune to the poisoning power of opium. The assumption we find in Francis Bacon's (1562-1626) *History of Life and Death* (1623) synthetizes a view shared by the most part of the Early Modern western physicians. They assumed that opium affected the oriental people in a completely different way compared to the Europeans.

> The Turks find opium, even in large quantities, innocent and cordial, so that they even take it before a battle to give them courage. But to us, except in small quantities, and with strong correctives, it is fatal (Bacon, 1618).

The aphorism of Francis Bacon gives us a very meaningful description of the state of the matter. He is very clear and concise in describing the 'innocent and cordial' effect of opium on the Turks, who incredibly took it even

before the battle to became braver and scorn of danger. On the other side he referred to 'us', a category we can include the British and probably all the western people, who is very sensitive to the same drug and should use it only in a small dosage and with strong correctives. With respect to why opium acted so differently, however, Bacon offered no explanation. It was also commonly assumed that Eastern populations experienced pleasure from opium use, potentially leading to forms of addiction. In contrast, no evidence of systematic recreational consumption of opium appeared in Europe at that time. The question of why this debate emerged at that specific period and developed mostly in Britain remains significant. A key factor was the recognition of different cultures of intoxication adopted by extra-Europeans people. By the second half of the 16th century, medical treatises dealing with the use of foreign drugs, promptly translated and used by English physicians, had introduced new practices surrounding the use of intoxicants (Pierini, 2021).

Medical travel literature served as a crucial resource for examining alternative methods of drug consumption in the non-Western world during this period. Culturally specific practices, such as Turkish opium eating and Native American tobacco smoking, offered valuable points of comparison. These practices became significant benchmarks against which Western habits, particularly alcohol consumption, could be evaluated. Accounts of the consumption of opium, cannabis and hallucinogenic mushrooms by other cultures suggest that Europeans recognized in these practices the use of another well-known psychoactive substance not solely used for medical purposes: alcohol. In considering the ambivalent effects of opium on eastern peoples, this analogy proved particularly useful for European physicians examining the issue, as it allowed them to attribute these effects to cultural differences. Consequently, the belief emerged that opium could function as a "war drug" for Middle-eastern populations, inducing bravery and fierceness in battle, despite the well-documented effects of the substance being quite the opposite.

3. *How could opium became a war drug?*

The theme of oriental peoples consuming high doses of opium without negative consequences, and even experiencing increased bravery, appears frequently in many works from the sixteenth and seventeenth centuries. These works, however, generally refrain from providing a medical explanation for this phenomenon. Instead, the real explanation lies in the political significance of these works, mostly written by travelers and focusing on the Moors, who at the time were a source of fear in Europe. The Ottoman Empire, being both militarily threatening and geographically close, became the quintessential "other",

serving as a point of comparison for reflecting the fears and expectations of the West (Formica, 2012, pp. 15–46). The western interest in the Ottoman Empire was relatively recent. While the fall of Constantinople in 1453 had revealed the existence of the Turks to the western world, it was only in the sixteenth century that they were seen as a new power to be reckoned with. In 1517, the Ottomans annexed Egypt and the Holy Land after defeating the Mamluks, and in the following decade, they attacked Hungary and achieved a decisive victory at the Battle of Mohács in 1526, later laying siege to Vienna in 1529. As western powers came into direct contact with the Turks, they began to explore this new enemy and assess its strength. Consequently, before 1530, there were very few works on the Ottoman Empire, except for some accounts of pilgrimages to Jerusalem. However, starting from this date, there was a proliferation of treatises about the Turks' lifestyle and political system.

The accounts of authors such as Pierre Belon (1518-1564) and Prospero Alpino (1553-1616), later translated into Latin by Carolus Clusius (1526-1609), as well as Nicolas De Nicolay (1517-1583), were disseminated throughout Europe and became essential for acquiring information to better understand and confront the Ottoman Empire (Clusius, 1589; Clusius 1605). In this context, the martial prowess of the Turks and their rapid conquests lent themselves to an explanation that involved the use of a nearly miraculous substance, opium, which was also used by Europeans. Thus, only the belief in opium's ambivalence could explain and justify the defeats of the Christians. The famous Hippocratic treatise *Airs, Waters, and Places* notes that Asians were generally weaker and more timid than Europeans due to the local climate's relative stability, lacking the significant temperature fluctuations found in Europe (Hippocrates, 400BC). Although there is no direct reference to this assumption in the works analyzed, from a theoretical perspective, the variability in the use and effect of opium would have compensated for this apparent lack of courage. In Europe, it was common to drink alcohol to face battles with more courage, and the connection between the use of hashish and ferocity in battle was also known, thanks to the popular account by Marco Polo (1254-1324) about the sect of the *Assassins*, ruthless warriors made nearly invincible through its use. The belief in the use of opium in warfare thus reflected the notion of considering opium as the intoxicating substance in eastern societies, just as alcohol was for Westerners, an analogy perfectly aligned with the cultural model of the time.

Even if at the beginning of the seventeenth century, there was a cultural milieu in Europe that was highly conducive to viewing opium as a "war drug", capable of producing different and specific effects on each population, over time the situation starts to change. Already in the first decade of the seventeenth century, English travelers visiting these outposts began reporting

on the use of opium. Among them, the preacher William Biddulph described how Turkish men would gather in coffeehouses, which he compared to the English pubs, to consume opium, and how this would cause them to lose touch with reality, engage in nonsensical conversations and experience visions (Biddulph, 1745). The poet George Sandys (1578–1644), reflecting on his journey from Venice to Constantinople in 1610, noted that the Turks were remarkably heavy users of opium, and that they carried it with them both in times of peace and war, believing it dispelled fear and instilled bravery. However, Sandys speculated that their behaviour was more likely due to their stubbornness. Although the belief that opium made the Turks courageous persisted for some time, it eventually became less prominent compared to efforts to understand why the Turks used it so differently, primarily for social rather than medical purposes, and whether this alternative use could also spread to Europe.

4. *Comparative medicine and the domestication of foreign drugs*

Hippocratic and Galenic medicine of the time offered some possible explanations to the ambivalent effect of opium, but these did not fully convince the physicians and natural philosophers of the period, who sought new explanations.

During the sixteenth century, the increasing availability of printed works by Hippocrates and Galen provided the theoretical framework to justify the belief that opium had different effects on eastern peoples. The assumption that diseases arose based on a region's climate, geography, water, and diet was deeply rooted in European medical culture and, as a result, variations in the intensity of a disease or the effect of a drug were attributed to the specific anatomical and physiological temperament of the individual. Within the Hippocratic corpus, the text *Airs, Waters, and Places* particularly argues that physicians should consider the climate and geography of the places where patients live, as well as "the lifestyle of the inhabitants and their activities, such as whether they enjoy eating and drinking excessively, whether they are lazy, whether they love physical exercise and work, and whether they do not enjoy excessive eating and drinking" (Hippocrates, 400BC). This assumption was at the origin of the spread of racial stereotypes related to the different effects and abuse of opium, the primary intoxicant used by Muslim populations in the Middle East (Pierini, 2021). One the other hand, from a practical point of view it seems that physicians were more interested on the potential "domestication" of opium, understood as the consumption of larger quantities without risk, as the Orientals were believed to do (Breen, 2022).

The topic of opium domestication elicited differing opinions. In England, for instance, there were those like the physician Timothie Bright (1550/1–1615), who argued that the Turks' ability to use opium freely without harm, in contrast to its dangerous effects on the English, was evidence that it "was not made for us" (Bright, 1580):

> That juice, or rather Milk of Poppy, which is brought out or Asia, named Opium, is not unknown to all the World, what a marvellous force it has in benumbing the sense of feeling, and utterly extinguishing the natural Heat of the Body, so that we fear to give thereof into the Body above the weight of two Grains, and those corrected with Saffron, Castoreum, and such like, let it cast the Patient into such a deep sleep, as he needed the Trump of an Arch-Angel to awake him. Now, the same Opium being taken of the Turks, Moors, and Persians, brings to their wearied and over travelled Bodies, a marvellous Recreation, in such sort, as they ordinarily use it therefore as a present Remedy, not in the quantity of two Grains or twenty, but even a whole Ounce or two at once.

Bright, who dedicated a treatise to the suitability of native English medical plants, believed that God created plants specifically for the people living in particular regions. He could not find any other explanation for why the same amount of opium, which he regarded as an Asian drug, would induce such a deep sleep in his fellow Englishmen that it would take the trumpet of an archangel to wake them, while for eastern peoples, it merely served as a delightful source of recreation. Bright was indeed convinced that the recreational and habitual use of opium by eastern peoples was unsuitable for the English.

A different view is expressed by Italian spagyric physician Angelo Sala (1576-1637), who published the *Opiologia* (1614), the first Western treatise entirely dedicated to the "nature, properties, true preparation and safe use of opium". In the frontispiece, Sala included an image of a Turk extracting opium from a poppy capsule to emphasize the Turks' familiarity with the substance. This was intended to suggest that Europeans could similarly "domesticate" opium, drawing a parallel to the recent example of tobacco. Tobacco, which was regarded as a potent substance like opiates, had been successfully introduced from the Americas and, within a few decades, became both a medicinal product and a recreational drug. The environmental and cultural context is therefore essential in determining a more liberal use of the substance, although it remains primarily confined to the medical lore. Sala's belief that "Christians" should became familiar with opium relied in the fact that he considered sleep and exemption from pain to be necessary things, both for healthy and sick men, as in the case of the other components of Galenic *non-naturalia* such as food and drink, "which sometimes are good and profitable to the bodie, and sometimes quite contrary, euen as nature disposeth of them for our good, or euill, howsoeuer in themselues they are

alwaies good, seeing without the no man can liue" (Sala, 1614). Sala is keen to point out that his desire is not to justify "abuses", but rather for doctors to learn to treat better "simple people", learning to administer opium at "the first incounter of the disease, when there is good hope of cure", not forgetting the importance of "comfort and restore, to advance and bring them to their naturall rest, and to cease and qualifie their torments" (Sala, 1614).

From this series of considerations, we can deduce that, beyond the differing opinions of physicians, observing the ways in which eastern peoples consumed these substances led to a greater awareness of the effects of opium, and to its potential use as a recreational drug.

5. *The emergence of addiction*

During the latter part of the seventeenth century, there was a noticeable rise in the utilization of opium within the realm of European medicine. This period also marked the emergence of concerns regarding addiction, with medical practitioners and scholars noting instances of regular opium consumption and its resulting effects. In the chapter of his work on the Ottoman Empire that describes certain religious sects, the diplomat and member of the Royal Society, Paul Rycaut (1629–1700), introduced the notion of addiction with a completely new meaning, referring to the Turkish habit of consuming opiates instead of wine (Rycaut, 1668). Until then, the term "addiction" had appeared in the writings of some Protestant preachers, as well as a legal term derived from the Latin word "addicere", meaning "to give favorable signs", and had never been used in the context of substance dependency (Cree, 2018; Rosenthal and Faris, 2019).

The association with Turkish opium consumption indicates that observing different patterns among these peoples influenced the evolution of the concept we now define as drug addiction. At the same time, among Europeans, there was apparently no recognition of the pleasurable effects of opium or any potential for addiction until the early eighteenth century even if the phenomenon of frequent non-medical opium use was already well-known to travelers in the Middle East. Rycaut attributes this choice to unspecified traits of the eastern peoples' personalities, such as a strong "inclination to yield to the course of their own nature", or to the idea that opium "tends to enhance their natural lethargy" (Rycaut, 1668). In this way, opium consumption became both culturally and biologically justified, as the choice to use opiates was seen as a consequence of one's inherent nature. Rycaut's example also illustrates the tendency to attribute the differing effects of opium to an analogy

with the well-known state of drunkenness, suggesting that recreational opium effect was a result of a different cultural context use. From these examples, it is clear that Western physicians and intellectuals relied on comparisons with other cultures to develop their understanding of the effects of opium and, more broadly, of psychoactive substances. This process integrated concepts such as addiction and tolerance into European culture, while also perpetuating racial stereotypes.

Thomas Willis (1621–1675) was a physician and an influential member of the Royal Society of London, and his work represents a significant milestone in the development of new methods for investigating the effects of drugs in general and, in our case, narcotics. His pioneering studies in anatomy, particularly of the nervous system, and his mechanistic view of physiology led him to investigate the sites of action and the structures through which drugs exerted their effects. In doing so, he developed a complex theory that integrated clinical observation with anatomical investigation (Frank, 1990; Bynum, 1973). In his work *Pharmaceutice Rationalis* (1674), in addition to detailed anatomical, pathological, and clinical observations, he provides an accurate description of the drugs available at the time. In the important and extensive chapter on "opiates", he explains how these substances are able to induce their psychoactive effects (Willis, 1678). In this context, it is unsurprising that attention was given to the Turks' ability to consume large quantities without apparent serious side effects:

> But that Opium is devoured in a great quantity by the Turks (I may add also some of our Countrymen having gotten by long Custom, as it were, a certain defence or Armour of proof against its poyson) unhurt, or at least without any danger of life; the Reason is because its Particles, although at first they are infestous and poysonous to the Spirits, yet by the frequent use they at length become more congruous and familiar; even as we have observed concerning the taking of Tobacco in a Pipe, which when 'tis wont at first for a few days, to cause a Vertigo or dizziness, and oftentimes vomiting or purging, yea a cold Sweat with a trembling, and frequent faintings; yet afterwards we take it without any disturbance, yea at length with great delight (Willis, 1668).

From this statement, we can first infer that there was greater awareness of the phenomenon of tolerance and of set and setting. Willis clearly recognized the process that we now define as tolerance, possibly because it was no longer just about accounts of customs from distant lands, but about situations easily observed in everyday practice with both opium and tobacco. Also, Willis made it clear that there was not any racial difference in the Turks that would have justified any different effect, as he recognized how some of his countrymen developed some tolerance to its use. Even if he did not seem afraid of the growing consumption of these substances, by his statement we can deduce how opium consumption was a common habit at the time. His reference to

tobacco reinforces Angelo Sala's early-century prediction that opium could follow a similar path. Tobacco had initially been seen as highly dangerous due to its stupefying and hallucinatory effects. However, over time, it came to be viewed as a harmless product for social consumption, as its effects were described as pleasurable, making it more suitable for recreational use rather than medicinal purposes.

6. *The awareness of set & setting*

A turning point in the comprehension of this problem came only at the beginning of the eighteenth century, when the physician John Jones (1644-1709) published *The Mysteries of Opium Reveal'd* (1700), where he criticized the alleged danger related to the use of opium. He argued that all effects of the drug could be explained by the fact that it caused a 'pleasant Sensation', which led to a relaxation of all sensible parts of the body (Jones, 1700). A key point in the emergence of this revolutionary theory was that Jones believed his comprehensive understanding of the role of extra-drug variables, such as the user's environment, cultural context, and psychological state, had eluded other physicians. This recognition of the importance of 'set and setting' marked a significant shift in medical thought, highlighting how the subjective experience and surrounding circumstances can influence drug effects. Because of this psychosomatic explanation, he asserted that Western physicians should learn about the true effects of opium from eastern cultures, where the substance was used in non-medical contexts. This acknowledgment of the interplay between drug effects and cultural practices underscored a pivotal moment in history, where the understanding of psychoactive substances began to incorporate the broader social and environmental factors impacting their use:

> I observed, That all our Modern Authors, and Physicians, receiving the Knowledge of Opium, its Effects, and Uses, from those Ancients, do use it only for the same Ends and Purposes as they did; and that our Modern Authors, living in these Western Parts of the World, very remote from the Eastern Countries, where it is used commonly, and in large Doses, by People in Health, to enliven, invigorate, and encourage them, and cause the brave, generous, and magnanimous Effects aforementioned (Courage, Euphory ecc). (Jones, 1700)

In this way, he recognized how central were the "Ends and Purposes" of the drug taking, which in this case seemed to be limited to giving pleasure and euphory to the consumer. This new approach to this aspect probably derived from the enthusiastic auto-experimentation Jones had undertaken several times, which probably led him to appreciate the stimulating and euphoric effect of opium. Jones highlighted that physicians traditionally ad-

ministered opium only to "sick people when they are going to bed", which inherently limited their ability to observe its full range of effects. His most important point, however, is that by restricting opium use to purely medical contexts, doctors were missing the opportunity to understand how the drug could affect individuals who were not already compromised by illness. This practice denied any possibility of observing "those brisk effects" that might emerge in a healthier population or in different settings, where the psychological and social dimensions of drug use could be more fully appreciated. Jones recognized that this narrow medical application contributed to the belief that opium had different effects because its broader, more dynamic impacts were obscured by its association with treating illness. Thus, in his opinion, opium was just an empowered version of wine, with which it shared the same effect of causing "Swimming in the Head" (Jones, 1700). This realization underscored the importance of examining how opium functioned outside of a purely medical framework and suggested that its potential uses and effects were far more varied than previously understood. By acknowledging this limitation, Jones advocated for a more comprehensive approach to studying opium, one that considered the cultural and situational contexts in which it was used (Jones, 1700):

> The moderate Dose in ordinary Use, to produce the following Effects, is from one to three Grains, (more or less) according to the Circumstance, Condition, Case, Constitution, Age, &cc of the Person who takes it.

Jones precisely articulated the significance of non-pharmacological factors in determining the effects of opium, noting that the appropriate dosage varied from one to three grains based on various considerations such as the individual's circumstances, condition, case, constitution, and age. With these assumptions we could claim how Jones recognized the importance of the *set & setting* and the role of intoxication as, even if he treated opium as a medical substance, he advocated its use on healthy people. He thought it was also a means to comfort and invigorate the sensitive soul, so that the psychotropic effect associated to the drug's use gained a specific psychologic role (Kramer, 1979). However, the enthusiastic tone with which Jones spoke about opium, along with his claim of having an "intimate" understanding of the substance, suggests that he might have developed a form of dependence. Although the concept of alcohol addiction was recognized at the time, there seems to have been little awareness of the potential dangers associated with the continuous and excessive use of substances like opium. Despite the increasing use of opium during this period, the broader implications of dependency were not yet fully understood or acknowledged by society. Although Jones's work was appreciated by most of the medical community of his time,

it did not exert the influence it perhaps deserved. This may have been due to his overly partisan emphasis on the merits of opium and, as a result, during the eighteenth century, his insights into the importance of *set and setting in* determining opium's effects were largely overlooked. Even in the eighteenth century, medicine remained heavily influenced by the theoretical frameworks of the universities where it was taught and Opium, while remaining a crucial component of various therapeutic systems, was still a subject of theoretical debate. In Friedrich Hoffmann's (1660-1742) system, it was considered a sedative, whereas John Brown (1735-1788) considered it a powerful stimulant. Numerous experimental trials were conducted on animals and humans as part of the controversy between proponents of its sedative effects and those who considered it a stimulant (Maehle, 1999). By the late eighteenth century, the most part of the medical community agreed that opium operates in two stages: first, as a stimulant, and then as a sedative (Maehle, 1998).

7. *Conclusions*

As we have observed, the history of opium in the Early Modern period illustrates that the progression of knowledge concerning psychoactive substances is not straightforward but, instead, it is influenced by numerous extra-scientific factors. Although the medical and pharmacological context of the time was still rooted in qualitative and humoral medicine, physicians demonstrated a remarkable capacity for observation that enabled them to recognize and understand complex phenomena such as tolerance and the significance of *set and setting*. This historical insight underscores how the interpretation and understanding of drug effects were shaped not only by scientific research but also by cultural, social, and environmental influences.

Also, the case study of opium in the Early Modern period shows how the transition from a medicinal remedy to a substance used for hedonistic purposes could be quite blurred. Furthermore, the varying effects of opium, shaped by individual mindset and social context, highlighted the significance of set and setting long before this concept was formally defined. Therefore, this historical example highlights the enduring relevance of understanding the broader conditions under which psychoactive substances are consumed, a principle that remains integral to contemporary psychedelic research. The case of opium in the Early Modern period shows how recognizing past discussions and debates about the variability in drug effects can provide valuable insights into the development of current policies to address the opioid crisis. It is interesting to note how until the eighteenth century there were no significant social problems associated with the use of opium, nor did lawmakers find it necessary

to regulate its consumption, reflecting a different awareness regarding its potential for abuse or addiction. The strict medical concern of ancient medical authorities progressively vanished in favour of a more liberal use of the drug but, although opium was eventually used for recreational purposes, its use remained under medical supervision. However, this did not prevent the spread of addiction, which was viewed as a moral issue rather than a medical problem, concerning the individual's personal conduct, and was generally tolerated by political authorities as long as it did not cause social order problems, unlike drunkenness. During the Early Modern period, opium did not appear to pose any threats to social stability, and consequently, no significant issues related to its consumption, or the behaviour of its users were documented.

From a therapeutical perspective, the evolution of opium use developed through the comparison across diverse cultural contexts and through varying notions of healing, this led to the belief that its application consistently served some form of medicinal purpose, even though it may have primarily aimed at inducing relaxation or facilitating sleep. Another significant insight from this case study is the recognition of how important the association between the consumption of certain psychoactive substances and ethnic identity is, which has historically led to the emergence of racial stereotypes and discrimination. In recent years, this was again quite evident in the case of crack addiction among African Americans (Murch, 2015; Meyers, 2004). In a similar vein, even though opium had been cultivated in Europe for centuries, it continued to be associated with the East well into the nineteenth century, demonstrating the enduring power of racial stereotypes established long ago.

Nowadays, it is widely understood that the opioid crisis is a multifaceted issue shaped by numerous contextual factors. Recognizing the significance of set and setting offers important insights for developing effective strategies to address the crisis. Addressing the opioid crisis requires a comprehensive approach grounded in a social-ecological framework that recognizes the complex interplay between individual behaviors and broader societal influences. Factors such as community conditions, interpersonal relationships, and societal norms significantly shape patterns of drug use and must be central to policy interventions. Legislators should prioritize harm reduction strategies, including the distribution of naloxone and access to clean syringes, which, despite criticism, have proven effective in reducing overdose deaths and improving public health outcomes (Mehboob, 2023).

Furthermore, policies must address the economic and structural drivers of the crisis, such as unemployment, deindustrialization, and socio-economic disparities that contribute to "deaths of despair" (Samuel *et al.*, 2020). Finally, stricter regulation and accountability for unethical pharmaceutical marketing practices are essential to curtail the systemic factors exacerbating opioid mis-

use. By integrating these dimensions into policymaking, legislators can adopt a comprehensive and informed approach to resolving the crisis.

In conclusion, the historical and comparative perspective can also illuminate how very old observations and experiences, even before the formal establishment of pharmacology and psychology, could help in shaping new approaches to studying and regulating psychoactive substances. For this reason, the model of *Set & Setting* should be applied to 'rethink' the whole history of drugs, allowing us to trace the spread and evolution of the medical and cultural elements surrounding the consumption of psychoactive substances.

References

Africa, T.W. (1961), *The opium addiction of Marcus Aurelius*, "Journal of the History of Ideas", 22, 1, 1961, pp. 97-102.

Bacon, F. (1638), *The historie of life and death with observations naturall and experimentall for the prolonging of life*, Printed by I. Okes, for Humphrey Mosley, London, pp. 149-150.

Biddulph, W. (1745), *Collection of Voyages and Travels Consisting of Authentic Writers in Our Tongue,* Osborne, London, pp. 797.

Breen, B. (2022), *The Failed Globalization of Psychedelic Drugs in the Early Modern World*, "The Historical Journal", 65, 1, 2022, pp. 12-29.

Bright, T. (1580), *A treatise, wherein is declared the sufficiencie of English medicines, for cure of all diseases, cured with medicine*, H. Middleton for T. Man, London.

Burke-Shyne, N., J. Csete, D. Wilson, E. Fox, D. Wolfe, J. Jennifer, and K. Rasanathan (2017), *How drug control policy and practice undermine access to controlled medicines*, "Health and Human Rights", 19, 1, 2017, pp. 237-252.

Bynum, W.F. (1973), *The anatomical method, natural theology, and the functions of the brain*, "Isis", 64, 224, 1973, pp. 444-458.

Clusius, C. (1589), *Petri Bellonii Cenomani Plvrimarvm singvlarium et memorabilium rerum in Græcia, Asia, Ægypto, Judæa, Arabia, aliisqúe exteris prouinciis ab ipso conspectarum obseruationes*, Ex officina C. Plantini, Antverpiæ.

Clusius, C. (1605), *Exoticorum libri decem, quibus animalium, plantarum, aromatum, aliorumque peregrinorum fructuum historiae describuntur item Petri Bellonii observations,* Ex officina Plantiniana Raphelengii, Leiden.

Conrad, K. (2017), *The opioid epidemic*, "Current Emergency and Hospital Medicine Reports", 5, 2017, pp. 119-120.

Cree, J.M. (2018), *Protestant evangelicals and addiction in early modern English*, "Renaissance Studies", 32, 2018, pp. 215–234.

Dalgarno, P., Shewan, D. (2005), *Reducing the risks of drug use: The case for set and setting,* "Addiction Research & Theory", 13, 3, 2005, pp. 259-265.

Dowell, D., Brown, S. M., Gyawali, S., Hoenig, J. M., Ko, J. Y., Mikosz, C. A., Ussery, E. N., Baldwin, G., Jones, C. M., Olsen, Y., Tomoyasu, N., Han, B., Compton, W. M., and Volkow, N. D. (2024), *Treatment for Opioid Use Disorder: Population Estimates – United States, 2022*, "Morbidity and Mortality Weekly Report", 73, 2024, pp. 567-574.

Formica, M. (2012), *Lo specchio turco: immagini dell'altro e riflessi del sé nella cultura italiana d'età moderna*, Donzelli, Roma.

Frank, R.G. (1990), *Thomas Willis and his circle: Brain and mind in seventeenth-century medicine*, in Rousseau, G. (ed.), *The Languages of Psyche*, University of California Press, Berkeley.

Friedman, S. R., Krawczyk, N., Perlman, D. C., Mateu-Gelabert, P., Ompad, D. C., Hamilton, L., Nikolopoulos, G., Guarino, H., and Cerdá, M. (2020), *The Opioid/Overdose Crisis as a Dialectics of Pain, Despair, and One-Sided Struggle*, "Frontiers in Public Health", 8, 2020, e540423.

Hartogsohn, I. (2017), *Constructing drug effects: A history of set and setting,* "Drug Science, Policy and Law", 3, 2017.

Hippocrates, *On Airs, Waters, and Places*, translated by Francis Adams, 16. https://classics.mit.edu/Hippocrates/airwatpl.html

Jones, J. (1700), *The mysteries of opium reveal'd by Dr. John Jones*, Printed for Richard Smith, London.

Kapoor, L.D. (1995), *Opium Poppy: Botany, Chemistry, and Pharmacology*, Haworth Press, Philadelphia.

Knopf, A. (2024), *CDC: Dramatic increase in OD deaths from smoking opioids/stimulants.* "Alcoholism & Drug Abuse Weekly", 36, 2024, pp. 1-3.

Kramer, J.C. (1979), *Opium Rampant: Medical Use, Misuse and Abuse in Britain and the West in the 17th and 18th Centuries*, "British Journal of Addiction", 74, 1979.

Maehle, A.H. (1998), *Pharmacological experimentation with opium in the eighteenth century*, in Porter, R., and Teich, M. (eds.), *Drugs and Narcotics in History,* Cambridge University Press, Cambridge.

Maehle, A.H. (1999), *Drugs on Trial: Experimental Pharmacology and Therapeutic Innovation in the Eighteenth Century*, Clio Medica, Wellcome.

Mehboob, R. (2023), *The Opioid Crisis*, "Pakistan Journal of Health Sciences", 4, 4, 2023, p. 1.

Meyers, M. (2004), *Crack Mothers in the News: A Narrative of Paternalistic Racism*, "Journal of Communication Inquiry", 28, 3, 2004, pp. 194-216.

Mohammad, S., Jalali, R., Botticelli, R., Hwang, H. K., Koh, R., and McHugh, K. (2020), *The opioid crisis: A contextual, social-ecological framework*, "Health Research Policy and Systems", 18, 1, 2020, P87.

Murch, D. (2015), *Crack in Los Angeles: Crisis, Militarization, and Black Response to the Late Twentieth-Century War on Drugs*, "The Journal of American History", 102, 1, 2015, pp. 162-173.

Nencini, P. (2004), *Il fiore degli inferi. Papavero da oppio e mondo antico,* Muzzio, Roma.

Nutt, J. (2015), *Illegal drugs laws: Clearing a 50-year-old obstacle to research*, "PLOS Biology", 13, 1, 2015, e1002047.

Pierini, E. (2021), *Different Peoples, Different Inebriations: The Recognition of Different Cultures of Intoxication in Early Modern English Medicine,* "Canadian Bulletin of Medical History", 38/S1, S73-76, 2021.

Qiushi, C., Sterner, G., Segel, J. E., and Feng, Z. (2022), *Trends in opioid-related crime incidents and comparison with opioid overdose outcomes in the United States,* "International Journal of Drug Policy", 101(6), 2022, e103555.

The Lancet, *Managing the opioid crisis in North America and beyond*, "The Lancet", 399, 2022, p. 495.

Raven, M. (1997), *New perspectives on 'addiction'*, "Dulwich Centre Newsletter", Special Issue, nos. 2&3, 1997, pp. 4-6, 1997.

Rosenthal, R., and Faris, S. (2019), *The etymology and early history of 'addiction',* "Addiction Research & Theory", 27, 5, 2019.

Rycaut, P. (1668), *The present state of the Ottoman Empire*, Printed for John Starkey and Henry Brome, London.

Sala, A. (1614), *Opiologia, ou traicté concernant le naturel, proprietés, vraye preparation, & seur vsage de l'opium pour le soulagement de maints malades*, The Hague, Angelus Sala Vicentinus Venetus.

Scarborough, J. (1995), *The opium poppy in hellenistic and roman medicine*, in Porter, R., and Teich, M. (eds.), *Drugs and Narcotics in History*, Cambridge University Press, New York, pp. 4-24.

Seth, S. (2018), *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire,* Cambridge University Press, Cambridge.

Willis, T. (1678), *Pharmaceutice rationalis: or, an exercitation of the operations of medicines in humane bodies. Shewing the signs, causes and cures of most distempers incident thereunto,* Printed for T. Dring, C. Harper, and J. Leigh, London.

Zinberg, N. (1986), *Drug, Set, and Setting: The Basis for Controlled Intoxicant Use*, Yale University Press, New Haven.

From Mazatec veladas to psychedelic medicine. Notes on psylocibin mushrooms between philosophy, medicine and ethnography

Paolo Pecere*

Abstract: Psylocibin mushrooms have been a central topic of cross-cultural and transdisciplinary investigation since their rediscovery by Gordon Wasson in the 1950s. Today psychedelic medicine is experiencing a revival in the US and Europe, as experimental results are confirming the efficacy of psylocibin for the treatment of disorders such as alcohol addiction and depression. At the same time, philosophers and neuroscientists are investigating psychedelic trips as means of transformation of the Ego. In this paper, I examine this recent research against the background of its original ethnographic origin: based on field work in Huautla de Jiménez (Mexico) and the surrounding area, I connect and compare debates in contemporary Mexico and in the USA, arguing that the prospects of psychedelic medicine overlap with broader cultural and political issues.

Keywords: psychedelics, ego transformation, medicine, addiction

1. *Psylocibin today: a cross-disciplinary overview*

Over the last years, the revival of scientific research on psychedelics is raising urgent questions in different fields, including medicine, philosophy, ethnology and politics. Experiments with psylocibin therapies have already been conducted in the early phase of research on psychedelics between the late 1950s and the 1960s, leading to promising results in treatments of different disorders such as addiction and major depression, as well as in the psychological care of terminally ill patients. The recent reprise of this scientific research, whose start is commonly epitomized with a 2006 paper by Roland Griffiths of Johns Hopkins University (Griffiths *et al.*, 2006), has corrobo-

* paolo.pecere@uniroma3.it
University of Roma Tre, Fellow at the Italian Academy of Advanced Studies at Columbia

This research has been conducted in the framework of the PRIN project *Diet-Ethics. How Early Modern Ideas Shaped European Food Ethics*.

rated those early claims. E.g., a recent experiment led by prof. Michael P. Bogenschutz at the NYU Center of Psychedelic Medicine has concluded that therapies including treatment with psylocibin substantially impact alcohol addiction. Bogenschutz, who is director of the center, has worked with two control groups of a total 95 people with a strong alcohol addiction (Bogenschutz *et al.*, 2022). All participants went through a cycle of psychotherapy, but only one group also received the administration of two doses of psilocybin. The result, monitored over a 32-week period, was that people in the second group drank half as much as those in the other (who also reduced consumption). Their alcohol consumption had decreased by an average of 75%, and 38% were no longer drinking.

The case of depression has been the object of another clinical trial with promising results. The administration of 25mg of psylocibin has resulted in "clinically and statistically significant reductions in depressive symptoms and improvement in measures of functional disability compared with a 100-mg dose of niacin placebo administered under an identical protocol" (Raison *et al.*, 2023). These positive results are supporting the cause of a full medical legalization of psylocibin and the field is receiving growing amounts of financial support (Pollan, 2015; Jacobs, 2021). The founding of a number of centers of psychedelic medicine and consciousness research in major American universities is a sign of this institutional breakthrough concerning what have been perceived for decades as street drugs and fringe sciences. E.g. the mentioned NYU Langone Center for Psychedelic Medicine has been founded in 2021, and similar places have blossomed over the last few years[1]. Nevertheless, results are still based on a limited number of experiments and trials, and the knowledge of the mechanism of this drug is incomplete.

Parallel to this research, psychedelics are receiving growing attention in the media and popular culture. This renewed attention is documented in books on psychedelics and mushrooms such as Michael Pollan's *How to Change your Mind* and Merlin Sheldrake's *Entangled Life* (2020). According to Pollan, who has charted the psychedelic renaissance in a number of articles and books, this interest reflects the specific need for "new therapeutic tools" in societies affected by a "mental health crisis" (Pollan, 2015). Indeed, hope in the prospects of psychedelic therapies runs parallel to doubts on the effectiveness of other drugs and treatments in modern psychiatry (Harrington, 2019).

However, this new interest is not limited to the treatment of serious illnesses and disorders. Psychedelics are more broadly seen as a possible means to produce transformative experiences and help individuals in their existen-

[1] The first large-scale research center dedicated to psychedelics has been the Johns Hopkins Center for Psychedelic and Consciousness Research (2019), followed by the UC Berkeley Center for the Science of Psychedelics (2020).

tial processes. This perspective is grounded on a general medical recognition of the neuropsychological impact of psychedelics. As Bogenschutz puts it, "these experiences do change people", but benefits and risks need to be carefully studied[2]. On this point, the ongoing medical research crosses broad social and philosophical points of interest.

On the side of philosophy, a number of questions are starting to be debated. A major study is Jonathan Letheby's *Philosophy of Psychedelics* (2020), which focuses on the question whether the effectiveness of psychedelics depends on sub-personal mechanisms or personal-level experiences. A shared assumption of these investigations is that psychedelic experiences entail a temporary modification or "dissolution" of the Ego, which can allow of profound changes in the emotional life and the personality of the subject. This insight is grounded on neuroscientific research: e.g., Robin Carthart-Harris has connected the ego to a functional brain system called the Default Mode Network (Carhart-Harris *et al.*, 2014). On Letheby's account of psychedelic experiences, it is the disruption of this structure that produces relevant psychological results, and these experiences are the "key causal factor" of psychedelics (Letheby, 2020).

Two features of this account need to be highlighted. First, the philosophical characterization of these experiences in naturalistic terms. According to Letheby, there is no need to recognize the existence of a transcendent "Reality" in order to acknowledge the phenomenological effects and psychological benefits of psychedelics. "Metaphysics" and mysticism are not the only ways to describe the experiences of "ego dissolution", and these are effective independently from the occasional mystical ideations that can accompany them. There are also "more naturalistic" experiences of ego dissolution, such as "connectedness, emotional catharsis, and psychological insight". A second feature of this account is the focus on psychedelic experience as related to "the self" and no one else. It is taken for granted that "changes in self-awareness" are the result of an intrinsically solitary experience elicited by the drug.

Now, both these assumptions are far from obvious in a broader cultural perspective. The need to separate a "naturalistic" from a "metaphysical" view of psychedelic experience is related to the naturalist tendency of contemporary philosophy. The focus on the individual subject of experience, as isolated from a social context, reflects the most common way of describing significant experiences and healing practices in contemporary societies. In the following sections I will argue that we can better understand contemporary debates in medicine and philosophy if we compare them with how the experience of mushrooms is conceived and debated in its original Mazatec context, where traditional views and ceremonies are challenged by projects of new clinical and pharmacological paradigms.

[2] Listen to the 2024 podcast at https://www.youtube.com/watch?v=8dqUyeOV3go.

2. *Veladas in contemporary Mexico: an ethnography of the Mazatec Sierra*

The awareness of *psylocibe* in the West has been famously sparked by R. Gordon Wasson's trip to Oaxaca in the mid-1950s, his participation to a *velada* (a ceremony with mushrooms) under the guide of the *sabia* ("wise woman") María Sabina in the Mexican village of Huautla de Jiménez, and the publication of his story "Seeking the Magic Mushrooms" in the popular magazine "Life" in 1957. In fact, this event elicited both the isolation of psylocibin from the *psylocibe Mexicana* mushroom by Albert Hofmann (1958) and the massive diffusion of psychedelics in North-American society and counterculture. Nevertheless, these events were predated by a long history of knowledge and interpretation of mushrooms and ceremonies ranging from early modern Christian missionaries to early 20th century mycologists (Guzman, 2008). A crucial example of the former, the Franciscan Fray Bernardino Sahagún (1569-1582) reported ceremonies of the Nahuatl Indians with a mushroom called *teonanácatl* ("flesh of gods"). In general, Sahagún dismissed native beliefs as "fictions and falsehoods" about "false gods", arguably following the model of Augustine's account of pagan beliefs (de Sahagún, 2021).

As a result of this pressure against "pagan" rituals and mass conversions to Christianism, the Mazatec people gradually adopted forms of syncretism. This was still noticeable in the views of the famous María Sabina. She was illiterate, but her words and chants were reported in the biography published by her friend Álvaro Estrada in 1981 (Estrada, 2015). Here we find the cautious talk of sacred mushrooms named as *cositas* ("small things"), that reflected the need to keep secret both the ceremonies and the related beliefs. On the other hand, María Sabina talked of her visions of the "fundamental Beings". In a chant, recorded during a *velada* by Wasson and transcribed by Estrada, she qualifies herself with a number of visionary epithets such as "woman-book", "woman-Christ" and "woman-eagle". After Wasson's visits, many more visitors followed, including hippies, and María Sabina, while still a poor person, became an international popular figure. In today's Huautla, she is depicted in many *murales* and venerated as a saint. Her former house is now a museum with photos and paraphernalia.

In order to reconstruct present perspectives of mushrooms in the Mazatec society, I conducted ethnographic research in Huautla and surrounding villages in August 2024 with the collaboration of the anthropologist prof. Antonella Fagetti of Puebla University. I interviewed relatives of María Sabina and Estrada, artists and healers, recording the interviews. In what follows, I report and analyze some details of those conversations.

Near the house of María Sabina, I visited her great-grandson Bernardino.

He welcomes us in front of an altar laden with statues of angels, candles, electric lights and effigies of the wise woman. Here he celebrates his *veladas*, drawing inspiration from his ancestor who watches him from a life-size statue. "Mother Sabina appeared to me in a dream and told me that she now lives in me", he says. He talks a lot about his healing activity, manifesting a deep belief in the power of mushrooms, a kind of animism which our philosophical and religious tradition misleadingly invites us to associate with the "supernatural" (Pecere, 2024). For him and other Mazatec people, the properties released by mushrooms and the visions of his ancestor belong to the same reality. The thrilling certainty of being inhabited by the saint, who decided on his life as a child, is accompanied by his activity as a healer, which has an important economic payoff. Tonight, he is expecting visitors, a Dutch couple.

This intertwining of belief and interest is typical of Huautla after decades of psychedelic tourism. Huautla is still a poor village, and I learn that María Sabina's inheritance is disputed among various descendants. Bernardino would like to buy his ancestor's house from relatives, and to raise the huge sum needed, he says, he has been saving for years. The Dutch pay well, and I suppose, as was the case in Wasson's time, they come to him not because of illness, but to seek psychological benefit or a mystical experience.

Before the arrival of this kind of wealthy clients, what was (and still is) the use of mushrooms among the Mazatecs? To understand this, I interview Soledad, Álvaro Estrada's sister, and her niece Aide. Soledad tells me that she first took mushrooms as a child to cure a toothache. At the time, Huautla was a town without paved roads, isolated and lacking in sanitary services. She remembers the construction of the road and the arrival of Dr. Salvador Guerra, sent here from Mexico City. Guerra immediately befriended his brother Álvaro. He medicated María Sabina after a drunken man shot her and became friends with her as well. In turn, she organized a *velada* for him: our medicine and the Mazatec had thus already begun to meet. Guerra was often a guest at Estrada's house, and Soledad, who was 16 years old, fell in love. Her father opposed the relationship, which resulted in a few clandestine meetings. She tells at length about that love, and at one point of the story a headache and tinnitus appears, and she goes back to eating mushrooms. During the *velada*, she has a vision of being locked in a golden cage, from which at one point a flock of birds enters from the window and flies into her ear.

Three details in her story return in conversations with her granddaughter Aide and other Mazatecs. First, the early experience of mushrooms, which usually happens within the family. Second, mushrooms – although their personification tends to make us think of them as spiritual counselors – are normally eaten to treat various aches and physical ailments. Third, in treatment stories we sometimes also recognize problems that we would call psychological, but these

are not always recognized as good reasons to question the mushroom. The tale of the vision of the cage and the birds, embedded in that story of denied love, seems tailor-made to trigger psychoanalytic interpretations.

To explore points of view outside María Sabina's circle, I visit Sergio Nieto, an artist, writer and musician who lives in a hut near the village of Eloxocitlán de Flores Magón. The area is verdant, surrounded by steep hills, cornfields and rivers. Sergio was born here, lived in poverty for a long time, and is a carpenter and painter. In his works he is inspired by the anarchist Ricardo Flores Magón, his fellow villager after whom the village is named, and by Mazatec traditions. The house is filled with surrealist paintings, depicting misery and revolt, psychedelic experiences and visions of the future of humanity destroying the world. In one drawing, one sees a man from 2065 who is a deformed monster, next to him trees and birds falling dead; on the opposite side is an image of a lost golden age: a man from whose body mushrooms and corn sprout, who savors a fruit while lying under a tree. Sergio is also working on a book: a collection of Mazatec myths, much of which he gathered from his father's oral testimony. As a young man he spent time in Mexico City, where he attended a literary magazine and took classes in philosophy and literature as a free auditor. He shows me two shelves of books. His favorite novels are by Victor Hugo and Juan Rulfo. The philosopher is Nietzsche, "because he speaks against the system, with much energy, as much and more than Marx. He envisions a transformation of man."

He has eaten mushrooms twice. The first time he lost the mobility of one side of his body. After eating the mushrooms, in time, he recovered completely. Another time he decided to take them out of curiosity. In this case the mushroom told him not to question him about futile matters and "go to hell". He tells me about his son, who has long been an alcoholic. After talking to him to no avail, he gave him the mushrooms, and the problem soon disappeared.

Although Sergio is certain of the medicinal properties of mushrooms and cares about public health, he is hostile to the dissemination of mushrooms outside of Mazatec ceremonies. Echoes of Zapatism can be heard in his opinions, traces of which I find on houses in the surrounding area: murals in Mazatec language with slogans such as "land, autonomy, freedom." Mushrooms are a local and free resource. If they became legal someone would seize their potency and make market drugs out of them. Intensive mushroom harvesting and its institutionally organized administration would deprive ordinary people of a wealth they have enjoyed for centuries. He is referring specifically to Alejandrina, a woman who has been collaborating for years with Mexico City politicians to advocate the national legalization of mushrooms. He tells us that she would invite him to an event that she organized in the Capital, only to have him not even speak. According to him, Alejandrina

wanted to take advantage of him to present herself as an interpreter of the people's will.

In Sergio's views I find two recurring elements of contemporary debates in Mexico (and elsewhere): the efficacy of mushrooms for the treatment of addiction and the question of their medical legalization. The efficacy of psychoactive substances for addiction is well-known in different areas of Mexico. There are many native communities that use different plants, such as peyote and marijuana, to treat young people who, coming from socially marginalized families, often become alcoholics or addicted to drugs such as methamphetamine, and moreover have little access to medical care[3].

I visit Alejandrina, the woman Sergio told me about, in a house on one of the streets connecting the small villages surrounding Huautla. She is dressed in a white robe and welcomes us warmly. She talks about the many techniques that she uses in her treatments, from simple hand energy to ceremonies with mushrooms and a psychoactive plant that grows in the area, the *salvia divinorum*, known here as the *ska pastora*, "the leaf of María the shepherd". In a round pot, near which kittens play, he shows us the green orbs of a peyote cactus. Her ideas about legalization are quite clear. The objective is to overcome a ban that prevents those outside local communities from taking advantage of these medicines. However, it would not be a matter of legalized uncontrolled therapeutic and recreational use. Alejandrina thinks of "ceremonial centers", where people would access different therapies, meditate and consume psychoactive substances under the guidance of experienced local people like her. This perspective has clear analogies with the discourse on psylocibin and psychedelics in the US, where clinical use and multifunctional centers for psychedelics are both advocated. However, the economic size of the respective projects is hugely different. Besides, the average medical needs of people in rural communities are arguably different from those of individuals in post-industrial cities. I will elaborate on this comparison in the following section.

3. *Comparing societies and mycologies: the role of the ritual*

If we compare the contemporary medical and philosophical debate with the lore and ritual dimension of mushroom consumption in the Sierra Mazateca, we face a number of issues. The clinical use of synthetic psylocibin and

[3] I have drawn this information from prof. Fagetti, who has studied similar cases in different regions of Mexico such as Puebla and Sonora, and from interviewing Victor, a healer of the "Sendero rojo" ("Red path", a contemporary pan-Indian church), who organizes ceremonies with peyote in the city of Tepozlán and abroad.

the ritual eating of mushrooms can respond to different needs and might produce different effects. While the background views and ways of life can be quite different, the chemicals and the individuals are biologically identical in the different contexts. Therefore, in order to realize a comparative study, we need to analyze how the different settings and worldviews can impact the psychological processes.

I discuss this problem on field with prof. Fagetti, who has worked for many years with several indigenous communities in Mexico. She shares with the Mazatec some aspects of their beliefs, and a certain unease at the thought of psilocybin going from the altars of the *veladas* to the counters of pharmacies around the world. Fagetti has conducted an important interdisciplinary research project with neuroscientists, whose aim was to investigate the neural correlates of ritual experiences in Mexico. In an article she co-wrote with Roberto Mercadillo, *Experiences With Sacred Mushrooms and Psilocybin In Dialogue*, she formulates a "transdisciplinary interpretation" of the ceremonies, which is very helpful to understand the relation between the chemical action of psylocibin and the ceremonial factor (Fagetti and Mercadillo, 2022). The authors compare ethnographic reports and observations of neuroimaging of people during psychedelic experience. Based on reports of *veladas*, they focus on the famous "mystical" component of the psychedelic experience, that certainty of witnessing the presence of a divine, higher entity, that has suggested to call psychedelic substances "entheogenic". According to many reports and some interpretations, this mystical experience is the real psychological cause of the well-being and existential transformation[4].

On the ritual level, this experience of being in connection to *someone* is certainly a key aspect: people turn to the mushroom, they often *encounter* it. The presence of the personified mushroom is then mediated and nurtured by the dialogue with the *curandera* ("healer"), who always questions the patient to understand his or her ailment and to act with the help of the mushroom. Now, the effect of the ceremonial setting on the psychedelic journey also has, like all experiences, a neural correlate. According to Fagetti and Mercadillo, it turns out that areas of the brain usually activated in moments of social interaction are engaged during the trips. On the neuropsychological level, then, this ritual and symbolic setting adds (or emphasizes) a factor with respect to the purely chemical effect of psylocibin on the isolated individual. This result suggests the need for more investigations. Arguably this social dimension of the experience would also have an impact on the clinical level. Taking a tablet, alone in one's own home, might be different both from the experiential

[4] Letheby, as we have seen in the previous section, has argued that on the contrary the "metaphysical" meaning of these experiences in clinical context is not universal, and the key experiences could be described in naturalistic terms.

and the medical point of view.

A further piece of (auto-)ethnography adds a final element to this comparison. In a village near Huautla, I participate to a *velada* with a traditional healer (I will call her Lucía). She welcomes us wearing a simple flowered dress in her house surrounded by lush vegetation. Lucía usually works with people of the community and occasionally with foreigners, using mushrooms and the *salvia divinorum* (which grows under the balcony). She asks us which problem we want to address with the help of the mushroom. At sunset, she shows us the room for the rituals. There are a table with candles and some holy effigies, simple wooden chairs where we are supposed to sit during the ceremony, and mattrasses for moments of fatigue and for going to sleep in the middle of the night, when the ceremony should end.

When night falls, Lucía shuts up all the lamps and lights the candles on the altar. She recites the "Our Father". She takes a number of mushrooms and hands them to me. She also eats some. Then she begins a song in Mazatec language that soon becomes like a fabric, wrapping around the whole world. During the ceremony, Lucía alternates prayers, silence and questions to me, about my family story and my current experience. She observes me, and after I lie down for a while she calls me on the chair in front of her to check out how I feel and focus on the processing of the problems. In the final stages of the ceremony, she gives me some feedback. Then we go to sleep in the same room. In the morning, she suggests that the work should be reprised in more ceremonies.

On the one hand, this whole process is similar to individual (or group) psychotherapy, which suggests that a kind of interactive therapeutic context might produce similar results. On the other hand, the two experiences are still different in some regard, e.g. because of the limited linguistic competency of the healer and of myself (we communicate in Spanish), as well as of the soothing and mysterious effect of the Mazatec chants and the whole context of the house and its surroundings.

4. *Conclusion*

The different elements of our investigation allow us to draw but tentative conclusions. We can formulate them by distinguishing the different interests that overlap in contemporary approaches to psychedelic mushrooms. The strictly medical interest of psychedelics is pursued in a field of research that has been long prohibited. This prohibition has certainly also depended on the transformative potential of those substances, their capacity to bring to light psychic lability and emotionally charged conscious or subconscious con-

tents. This poses risks to individuals with certain conditions, but evokes in most people a peaceful, harmonious vision of reality, and a deep sense of relationship with nature, which contrast with the dominant lifestyle. In the face of the promising medical results that are now emerging in the scientific trials, the path toward the clinical use of psychedelics seems unstoppable, and with it the need to regulate their use and reopen the broader cultural question they pose.

Here we find the philosophical and psychological interest in psychedelics, which concerns the reconfiguration of the self, even among people who do not have serious illnesses. According to a shared view in philosophy and psychology, from William James to today, the Ego is not a given, intrinsically stable entity, it is rather a process, a continuous acquisition achieved through the exercise of memory, action, and social sharing (James, 1890; Pecere, 2023; Bodei, 2016).[5] According to Carthart-Harris and his research group, it is also, at the neurological level, a structure that tends to accumulate schemes of thought, emotional burdens and other hardwired habits which one often wants to get rid of. Psychedelics, by disrupting this structure, can facilitate the transformation of the Ego (Carhart-Harris, 2014). In this regard, according to Carthart-Harris's view, this can be an alternative and more effective way to approach the unconscious than the one devised by psychoanalysis for decades (in this regard, psychedelic therapy might appear as a replacement of hypnosis): psychedelics would provide a "highway" to the unconscious.[6] Other psychiatrists don't share this psychoanalytic background, but still recognize the potential of psychedelics to set the ground for a more effective psychotherapy.

This potential is not limited to the treatment of serious pathological conditions and unconscious traumas. The consumption of legal foods and substances such as tobacco, coffee and alcohol, along with all kinds of recreational activity, study and exercise, is part of an ongoing modification of conscious states that each person (more or less consciously) undergoes and produces. What is at stake here is the degree of self-determination, especially in contemporary societies where the consciousness of individuals, with their emotional states and the contents to which they pay attention, is constantly modified by media, corporations and political agents. In this context, Thomas Metzinger has raised the question of how altered states of consciousness can contribute to a "culture of consciousness", where the very fact of experiencing such and such conscious states in our daily life becomes the object of theoretical and ethical principles (Metzinger, 2024). Psychedelics would be part of this picture, together with meditation and other practices.

[5] James drew upon earlier view for his dynamic conception of the Ego and its corporeal basis

[6] Carhart-Harris' opinion is quoted in M. Pollan, "The Psychedelic Trip" cit. I owe the parallel with hypnosis to Béatrice Longuenesse (personal communication).

Compared to the Mazatec context, this project is referred to a more distinctly individualist experience, where psychedelic experiences can incorporate elements of self-therapy, escapism and theophany, but along with this provide a valuable potential for "re-creating" the self and freeing oneself from discomfort and unwanted habits of psychological and/or social origin. In this broader cultural perspective, the ritual dimension of *veladas* appears interesting in a new regard. This is evidenced by the growing phenomenon of importation and restaging of psychedelic ceremonies in North American and European countries, as well as the constant flux of tourist visiting places where these traditions still exist. This phenomenon suggests that something more than therapy is missed. The ethnographic experience casts light on this added level of interest in ceremonies: the strong sense of community of Mazatec communities, as well as the lush environment of plants and animals in which mushrooms and psychoactive plants sprout, contain in themselves an attraction for individuals living in contemporary societies woven with inequality and exploitation, competition and conflict with respect to other human and non-human beings (Cf. De Matteis, 2023). These factors arguably affect psychological health and relationships. This different background explains, I maintain, the nostalgia of remote rituals where all members of a community were taken care of by means of organic beings and for free, which a number of people in contemporary societies just miss or hope to be able to reproduce in some form.

The challenge of dealing with all these different potentials of psychedelic rituals and therapies raises the need for further comparative investigations.

References

Bodei, R. (2002), *Destini personali. L'età della colonizzazione delle coscienze*, Feltrinelli, Milano

Bodei, R. (2016), *Scomposizioni. Forme dell'individuo moderno*, Il Mulino, Bologna, in part. pp. 135-142.

Bogenschutz, M.P., Ross, S., Bhatt, S., *et al.* (2022), *Percentage of Heavy Drinking Days Following Psilocybin-Assisted Psychotherapy vs Placebo in the Treatment of Adult Patients With Alcohol Use Disorder: A Randomized Clinical Trial*, "JAMA Psychiatry", 79, 10, 2022, pp. 953-962.

Botta, S. (2021), *An Augustinian Political Theology in New Spain: Towards a Franciscan Interpretation of the* Veintenas, in E. Dupey García, E. Mazzetto (eds.), *Mesoamerican Rituals and the Solar Cycle. New Perspectives on the* Veintena *Festivals*, Brepols, pp. 257-262.

Carhart-Harris, C., Leech, R., Hellyer, P.J., Shanahan, Feilding, A., Tagliazucchi, E., Chialvo, D.R., Nutt, D. (2014), *The entropic brain: a theory of conscious states*

informed by neuroimaging research with psychedelic drugs, "Frontiers in Human Neuroscience", 3, 8, 2014, A20, pp. 1-22.

De Matteis, S. (2023), *Gli sciamani non ci salveranno*, Eléuthera, Milano.

De Sahagún, B., *Florentine Codex: General History of the Things of New Spain,* Translated with notes and illustrations by A.J.O. Anderson and C.E. Dibble. 13 vols. University of Utah, Santa Fe, 1950-1982, *Introduction and Indices*, p. 59.

Estrada, A. (1981), *Maria Sabina: Her Life and Chants*, Ross Erikson, Santa Barbara (CA).

Fagetti, A. Mercadillo R.E. (2022), *Experiences With Sacred Mushrooms and Psilocybin In Dialogue: Transdisciplinary Interpretations Of The 'Velada',* "Anthropology of Consciousness", 33, 2, 2022, pp. 385-411.

Griffiths, R.R., Richards, W.A, McCann, U., Jesse, R. (2006), *Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance*, "Psychopharmacology", 187, 3, 2006, pp. 268-83.

Guzmán, G. (2008), *Hallucinogenic Mushrooms in Mexico: An Overview*, "Economic Botany", 62, 3, Special Mushroom Issue 2008, pp. 404-412.

Harrington, A. (2019), *Mind Fixers. Psychiatry's Troubled Search for the Biology of Mental Illness*, W.W. Norton & Co.

Jacobs, A. (2021), *The Psychedelic Revolution Is Coming. Psychiatry May Never Be the Same*, "The New York Times", November 11, 2021.

Letheby, C. (2020), *The Philosophy of Psychedelics*, Oxford University Press, Oxford 2020.

Metzinger, T. (2023), *Bewusstseinskultur - Spiritualität, intellektuelle Redlichkeit und die planetare Krise*, Berlin Verlag, Berlin.

Metzinger, T. (2024), *The Elephant and the Blind*, The MIT Press, Cambridge MA.

Pecere, P. (2024), *L'animismo oggi. Un'ipotesi tra filosofia e antropologia,* "Discipline filosofiche", 35, 2024, pp. 155-170.

Pecere, P. (2023), *La natura della mente. Da Cartesio alle scienze cognitive*, Carocci, Roma 2023, pp. 162-171.

Pollan, M. (2015), *The Trip Treatment*, "The New Yorker", February 2, 2015.

Raison, G. Sanacora, G., Woolley, J. *et al.* (2023), *Single-Dose Psilocybin Treatment for Major Depressive Disorder: A Randomized Clinical Trial*, "JAMA", 330, 9, 2023, pp. 843–853.

Psychedelic effects from psychobiology to the phenomenological stream of consciousness

Davide Perrotta*

Abstract: In this paper, I discuss psychedelic assumptions by comparing their psychobiological effect with phenomenological analyses of the stream of consciousness. In the first section of the paper, I suggest not dealing with altered states of consciousness to clarify how phenomenology can address psychedelic research. Then, I introduce the concept of body and psyche, by extending the body (Leib) to the entire nervous system (Körper). I suggest that such an interpretation allows us to contextualize psychedelic effects within a phenomenological framework. By introducing the concept of the stream of consciousness, it becomes possible to ask how a psychobiological event can interact with such a complex level of phenomenological analysis. I introduce phenomenological investigation of the sense of reality and beliefs to explain such a theoretical point. Finally, I use these premises to discuss the effect of low-moderate doses of psychedelics on change of personality, by focusing on emotion regulation by observing both the neuroscientific and the phenomenological perspectives.

Keywords: psychedelics, phenomenology, beliefs, neuroscience

1. *Introduction*

Contextualizing Husserl's phenomenology within empirical studies of psychedelics is not an easy task. When taken through the original Husserlian proposals, phenomenology is generally recognized as a rigorous science that seeks invariant or essential descriptions of our experience (Husserl, 1982, Perrotta, 2021b). The reference to essential or invariant components introduces a complex aspect to contextualize empirical research on psychedelics, as psychedelics are heavily investigated in terms of altered states of consciousness in various forms. Each type of altered consciousness must

* Davide.Perrotta@Unipegaso.it
Pegaso Digital University

be explained in terms of biological and psychological factors, especially by studying the metabolic and neurobiological effects of the substance within the brain (Calvey and Howells, 2018; Safron, 2020; Timmerman *et al.*, 2023). Moreover, alterations possess temporal phases and subjective cognitions and feelings that vary over time and between individuals: in other words, paraphrasing the Husserlian language, we would say that they are "variant" and, therefore, they are empirical factors and not essential or "invariant". In my opinion, the strong associations between phenomenology and consciousness studies may be another challenge to contextualize phenomenological descriptions in this debate, due to the different conceptions of consciousness in the contemporary debate. Not by chance, the strong interest in the altered states of consciousness, and their classification, falls entirely within this paradigm. Nonetheless, phenomenology can *explain* neither underlying brain processes nor specific altered states of consciousness (e.g. minimal conscious states, dreaming), especially according to Husserl's original positions. Furthermore, the debate about altered states of consciousness is not only related to underlying brain functioning and consciousness states but to neurocognitive functioning as well (Bayne and Carter, 2018; Magaraggia *et al.*, 2021). In other words, the classical heuristic schema of explanandum-explanans (Hempel, 1969; Marraffa and Paternoster, 2013) remains crucial in this context and shows an apparent difference from the phenomenological investigations of the essence of consciousness. Indeed, consciousness states are often investigated in relation to lower-level functions (e.g. memory, attention), in correlation with psychiatric symptoms, and similar approaches. It follows that it is not easy to define consciousness without reference to other components of cognition (Baars, 2005; Dahaene *et al.*, 2014; Mashour *et al.*, 2020). Within the psychedelic literature, this exact paradigm can be identified, as psychedelics generate altered states of consciousness that can be recognized in altered perception, cognition, emotions, Self-elaboration, sense of agency, and so on. One of the most important concepts in consciousness studies is "awareness", which is commonly associated as a synonym for consciousness. Strictly speaking, awareness must refer to conscious states and concerns a concept that, in my opinion, makes the integration of phenomenology very challenging. While I suggest that the components that are altered in consciousness (e.g. cognition, emotions) can be investigated phenomenologically, "awareness" opens up another challenge that I will avoid discussing in this paper. It should be noted that awareness has a quantitative connotation since we can be more or less aware of a stimulus or not aware whatsoever. Moreover, awareness is highly recognized in psychological research as a subjective factor, which is associated with neuroscientific explanations of underlying neural functioning and specific cognitive processes. The reference to con-

sciousness as a general center of elaboration may be a challenge to contextualize the Husserlian thought in psychedelic research, since consciousness in phenomenology has primarily an epistemological meaning. In other words, Husserl's phenomenology considers "awareness" not as a psychological state but as a philosophical attitude, concerning a methodological approach to grasp experiential structures (Perrotta, 2021b). In contrast, I propose that the concept of stream of consciousness should be a valid proposal to introduce peculiarities of the phenomenological descriptions. In psychological phenomenology internal operations and contents can be either conscious or unconscious, both constituting the stream of consciousness.

2. *The stream of consciousness*

As I have anticipated, a focus on the stream of consciousness allows us to delve into subjective experiences without asking about their qualitative status (conscious or unconscious)[1]. While pure phenomenology focuses on the essences that define the stream of consciousness, phenomenological psychology uses this epistemological ground to explain how the personal stream of consciousness is organized.

The most notorious feature of phenomenology is its proposal as a rigorous science since these descriptions need to be primarily essential. However, when applied in a psychological context, we do not observe these processes in their pure or essential forms, but in their "fulfillment", intertwined with personal or collective memories, feelings, cognitions, and so on. In other words, the reference to consciousness in this phenomenological framework needs to be interpreted as involving an whole flux of cognitions and feelings that all together constitute the person.

In a nutshell: the personal stream of consciousness[2] is made of functions (*Erlebnisse*), and functions are referred to objects or contents (*Noemata*), also considering their reciprocal interactions, which all together constitute individual experience. For instance, the way in which specific beliefs and desires are intertwined in ascribing sense to an experience explains a pro-

[1] Such a point should be understood with reference to passive syntheses, which I define in this paper as unconscious for the sake of simplicity. Passive syntheses are operations that may be consciously observed, through phenomenology, but they can also remain unconscious, without excluding their constitutive role (Husserl, 2000; Zahavi, 2019)

[2] The reference to the stream of consciousness is notorious in phenomenological literature, even though Husserl defined it in various forms, such as "*Erlebnisstrom*", or often introduced as the flux of thoughts, and feelings. In a psychological context, we focus on the personal internal scenario of specific individuals, being an approach different from pure phenomenology, which, on the contrary, focuses on essential or ontological definitions.

cess that defines the human experience, whether conscious or unconscious.

In this paper, I consider the stream of consciousness in a broad meaning, as the flux of cognition, feelings, and so on, that all together constitute the experience of a person by interacting with each other[3].

Despite such a radical epistemological divergence, I argue that neuroscientific knowledge can be introduced within phenomenological descriptions, albeit through careful interpretations. In the following sections, I discuss how neuroscience converges and adds information about the brain functioning to specific domains of phenomenological research. However, I also defend a more complex experiential level of analysis that is typical of phenomenology.

3. *The psyche and the body*

In phenomenological literature, it is generally recognized that the body and the psyche are intrinsically intertwined. Descriptions of the body are not to be meant as a mere material or organic component of the person (Körper), but as material bases (Hyle) that are lived by the psyche, constituting a lived body (*Leib*) (Husserl, 1989). Such an intrinsic relation defines them as reciprocally affected, yet maintaining distinct properties and functioning: a bodily state (e.g. increased heart rate) leads to a psychical state, and a psychical state (e.g. worries) leads to bodily reactions.

The role of the body is of paramount importance in phenomenology, as it is the bearer of sensations of various kinds. Organ receptors transmit information about the sensorial properties of external objects, which are necessary components or elements of perceptions. Furthermore, the body also transmits sensations that belong to the activation of the entire body (affective sensations) which are the ground for the developing of emotional states. While sensorial-perceptive stimuli are localized, as they relate to specific sensorial organs, like the eyes or the ears, sensorial-emotional stimuli encompass the integrated activation of the body, like agitation or cold (Fuchs, 2017). The quality of the emotion is perceived by the psyche through distinct activations of the body, through proprioception of muscular, respiratory, and similar physiological mechanisms, which altogether constitute the material (Hyletic) component of the emotion.

So far, such a phenomenological description is not so different from the neuroscientific explanations. However, phenomenology does not introduce

[3] When Husserl focused on real persons, he introduced concepts like empirical consciousness in order to denote the personal stream of thoughts and feelings (Erlebnisse). However, the primordial phase of phenomenology concerns the proposal to investigate the universal structures or essences of these functions, along with their correlation.

biological causality, like reference to neurons or physiological processes, since its descriptions are related to experience and its structures. These premises are important to introduce psychedelics into a phenomenological framework. While phenomenology primarily describes how thoughts and cognitions are capable of constituting expectations about the world with the corresponding changes in the emotional states, the introduction of psychedelics changes such a pathway by attributing to the nervous system a primacy in causally influencing the body and, consequently, the psyche.

4. *The body and the brain*

Contextualizing the relation between the body and the psyche in the debate on psychedelics necessarily requires a new perspective. Recognizing that Husserl was well aware that the body also includes the brain (Husserl, 1989), there is no contradiction in introducing our contemporary knowledge of brain science into this framework, while maintaining an epistemological distinction. Without the possibility of referring to contemporary knowledge, Husserl described the brain as a general organ of the body, discussing, for instance, the effect of caffeine on cognition. However, this observation should not be properly defined as phenomenological, but as a marker to denote the "psychophysical" connection between the psyche and the body, being the brain part of the body.

It would be better to define psychophysics as "psychobiology" in contemporary terms, as in my opinion they refer to the same level of functioning and explanation. In any case, psychophysics, or from now on psychobiology, remains within the "natural attitude" in Husserl's terminology (Husserl, 1982): it concerns the relation of the psyche with nature and natural causal events. In simpler words, Husserl defined these processes as automatisms or mechanisms of the body, recognizing their direct causal effect on psychical states. Such a description is, in my opinion, totally convergent with neuroscience, the only difference being that within phenomenology it is only the beginning of the research.

An extension of the general Husserlian conceptions of the brain in a contemporary scenario is of primary importance to introduce psychedelics. Psychedelics introduce direct effects on the brain that do not require perception or cognition to be elicited, on the contrary, they directly affect internal or psychical processes.

Introducing the topic of psychedelics, we suspend the role of the psyche in generating mental and emotional states, by observing the exact opposite path.

Of course, a general reference to the brain as a component of the body (*Leib*) is not sufficient to explain how psychedelics generate specific bodily and psychical states. Contemporary neuroscience provides a large amount of knowledge about the internal mechanisms of the brain along with their role in modulating bodily states.

It is worth noting that neuroscience informs us of the dense neural interconnection between the Central Nervous System (CNS) and the Peripheral Nervous System (PNS), both of which are crucial for understanding how psychedelics generate mental and emotional states. Therefore: in order to understand how a specific substance is capable of causally generating specific psychical states, the lived-body (*Leib*) must be extended to the entire nervous system.

In my view, such a conception does not contradict phenomenology, even though it is non-phenomenological: neuroscience adds knowledge about the underlying neural and physiological mechanisms that connect and compose the entire nervous system, and such a framework adds causal factors that underlie the descriptions of psychobiological states.

For instance, an emotional state of agitation (e.g. increased heart rate, decreased salivation) can be described by both perspectives but with reference to two different forms of explanation. Phenomenology, in my opinion, specializes in analyzing constitutive thoughts, feelings, anticipated perceptions, and so on, that motivate the elicitation of this emotional state, as well as describing the proprioceptive components. However, phenomenology cannot clarify "why" the body is activated in this way and how these specific bodily responses are generated in terms of neural processing and physiological processes.

As for psychedelics, we are now introducing a form of natural causality that requires careful analysis, as these substances introduce molecules that interact with specific neural networks of the Central Nervous System, as well as activate specific nuclei of the Peripheral Nervous System, and so on. These processes can be defined as automatism due to their direct effect on the nervous system and its dense interconnections with the whole body, which consequently generate psychical states that are passively elicited.

The activations of specific areas and nuclei of the CNS manage the elicitations of bodily reactions, via the activation of the PNS with the corresponding respiratory, muscular, cardiovascular, visceral processes, and so on. Moreover, it is well known that the peripheral nervous system sends feedback signals to the CNS, all interacting together in generating the psychobiological state. For instance, the role of the vagus nerve in connecting the prefrontal cortex to the heart, which is commonly analyzed through the biometric index of Heart rate variability (HRV), is well known (Critchley, 2005; Critchley and Harrison, 2013; Mulcahy *et al.*, 2019).

This kind of study strongly corroborates our knowledge of the tight interconnection between the CNS and the PNS. For instance, the Galvanic skin response, heart rate, and HRV are investigated in terms of neural circuits that use feedback signals to retransmit proprioceptive information back to the CNS.

In other words, there is still no contradiction in introducing the nervous system as the source of the elaboration of a particular bodily state that generates emotions.

I specify that it is well known that psychedelics interact with different neurotransmitter systems, like dopamine and serotonin systems, among others. These two neurotransmitters are known to interact with the limbic areas, but they also have direct and indirect effects on the prefrontal cortex and high-order areas. According to Kochevar (2023), psychedelics induce complex cascade reactions among neurotransmitters, thus I prefer not to focus on specific receptors or neurobiological processes, but to work in a broad range of brain functioning.

This paper does not focus on psychedelic therapy. However, it may also be anticipated that I do not delve into discussions about real hallucination and ego dissolution. Such a level of analysis can be compared with the so-called psycholitical therapy, which in my opinion, is comparable to personal use in social contexts.

Such a brief insight into the neurobiology of psychedelics is important to specify that the alteration of the emotional states due to metabolic changes is not sufficient to explain the emotional states, especially in relation to other affective and cognitive components. Indeed, the functioning of limbic areas also influences higher-order functioning, like executive functioning and, consequently, emotion regulation.

However, the peculiarity of phenomenology is not related to the discovery of neural or physiological mechanisms underlying emotions, but to how these bodily-emotional states acquire meaning or sense (Perrotta and Meloni, 2022).

So far, I think that phenomenological descriptions, when referring to our primordial levels of experience (perceptive and sensorimotor) converge strongly with neuroscience (mainstream). Neuroscience can also be interpreted as an extension of our knowledge about the relation between the body and the psyche: since introduces various forms of explanation that phenomenology cannot provide without an insight into another discipline, such as neurophysiology.

However, the most important phase of phenomenology, in my opinion, begins with the introduction of high-level concepts, like cognition, feelings, values, and personal identity, just to name a few (Husserl, 1989; Perrotta, 2021b).

While topics like perceptions, bodily, and emotional reactions converge in some ways with contemporary neuroscience (albeit through different expla-

nations), investigating high-level concepts requires a new phase of research in which phenomenology is still relevant and distinct from neuroscience.

5. *The sense of reality in psychedelics research and phenomenology*

So far, I have discussed the role of psychedelics in interacting with the nervous system by generating specific emotional states, following direct biochemical elicitation of CNS networks that activate the PNS as well. However, this debate is also strongly discussed in terms of higher-level concepts, like beliefs and personality, by asking if and how psychedelics may change them.

While I think that the alteration of perceptive and emotional states is evident in the psychedelic's literature, I suggest that the introduction of the very same framework into higher-level concepts is more challenging.

For instance, beyond emotional states, perceptive processes are evidently altered by psychedelics as well: during a perceptual alteration, a person may experience a disconnection between auditory and visual information regarding the same stimulus as well as experience synesthesia or abnormal sensorial integration. This is a typical psychobiological effect that can be interpreted in contemporary terms as an alteration of the visual and auditive neural networks of the brain. In contrast, phenomenological insights enable us to analyze the entire combination of perceptions and thoughts to clarify this point. In other words, such an event is merely "psychobiological" if we consider only the sensorial and perceptive components.

Nonetheless, a similar framework has often been discussed by introducing the alteration of the "sense of reality" (Fischman, 2022), although, in my opinion, a crucial discrimination is important here. Discussing "reality" already introduces a concept that is too complex to be explained as a psychobiological event when discussing altered perception (Husserl, 1969; 2001b). In this section, I compare altered perceptions with the sense of reality, by showing the necessity of maintaining two distinct phenomenological descriptions.

I advocate that perceptive alterations must be defined as "illusions" and explained referring to psychobiological effects or events, while the sense of reality does not depend on a mere psychobiological effect, but rather on the entire individual stream of consciousness.

It is widely accepted that psychedelics affect the sense of reality, but I suggest that "reality" is not a concept that can be exhaustively explained by perceptions or bodily reactions, since it is an "abstract" (ideal) concept (Husserl, 1982; Perrotta, 2021b). Of course, in psychology we do not refer to reality in an objective sense, but as common sense or subjective knowledge (Perrotta, 2021a).

The simplest example to explain such a difference concerns perceptive illusion. Often psychedelic users are "aware" of experiencing perceptive illusion, and sometimes also hallucinations, and the possibility of "recognizing" such a psychobiological effect can be explained by phenomenology.

Our perceptive interactions with the world are composed of other functions that allow us to develop representations of sensorial or material objects. I do not delve into details of Husserl's studies of perceptions (Husserl, 2000): what is worth noting is through interactions with sensorial or material objects, representations of "species" (or classes) of objects are organized, so as to ground future anticipations about the properties of each kind of object. Each experience of a material object is organized through different modalities of sensorial information that are integrated into a representation of a species. Without this environmental and sensorimotor form of knowledge about the world, it would not be possible to anticipate sensorial information about material objects, like our bodily interactions (affordances) or anticipation of sensorial qualities. Through our iterative interactions, such basic knowledge about the natural world becomes a general ground for environmental anticipations (*Urdoxa*; Husserl, 1969, 1989; Perrotta and Meloni, 2022). These different components that organize the experience of an object (e.g. perceptions, representations, expectations) are organized in the stream of consciousness and causally (motivationally) intertwined to constitute the same experience.

Psychedelics act on the psychobiological level by modifying neural events within the brain. However, the concept of reality, albeit in personal-subjective experience, cannot be explained in terms of a psychobiological effect alone, but is instead related to an entire flux of functions (Erlebnisse) that, through their interconnections, ascribe sense to the perceived illusory event.

My point is that "reality" cannot merely be an effect of the brain functioning (psychophysical or psychobiological event), but an ideal concept that necessarily encompasses different functions and their modalities to be constituted.

By speaking only of sensorial functions like anticipations, we are still at the animal level of experience, as we are excluding propositional or conceptual forms, and we still cannot refer to reality. For instance, it is plausible to claim that an animal would not recognize a perceptive illusion as an "unreal" perception, since it does not know how the world is made. It might think that the world itself is changing instead of its perceptions.

In contrast, going beyond the perceptive-sensorimotor level, humans introduce more complex functions, especially beliefs, doubts, opinions (or doxastic acts, Husserl, 1982), till knowledge (judgments). Although considered in a subjective sense in a psychological context, these processes necessarily introduce epistemic values, especially "possibilities" (Perrotta, 2021a). The expression of these processes is referred to as "possible" outcomes about

the world, and the possibility is a common philosophical concept that cannot be constituted without an ideal concept of reality. Possibility refers to events that may or may not be real: it follows that reality is an ideal component and a necessary condition for understanding the possibility of our cognitions and, consequently, the expression of beliefs.

Indeed, a belief is not just a perception but a consideration of the structure of the world, though not necessarily objective. In other words, a perceptive illusion involves a belief if we recognize this perception as illusive, since we believe or judge that material objects are manifesting themselves through *unusual* sensorial modalities, and that this very appearance is due to the effect of psychedelics, as a momentary psychobiological alteration. While perception is altered due to psychobiological events, our belief about that kind of object remains unaltered when we recognize the illusion as such.

Although we are talking about very simple forms of environmental knowledge (*Urdoxa*), this is not just a conceptual elucidation. These are the prerequisites or *conditions of possibility* to distinguish a perceptive illusion from real hallucinations.

Indeed, unlike illusions, hallucinations are not only false perceptions but false "judgments" or knowledge, whereas the subjects do not recall past information about the world to evaluate and compare it with the actual perceptions, and they think, or judge, that they are real[4].

What is worth noting in this paper is that the alteration of the "sense reality" is not just an internal process, but rather the product of an entire stream of consciousness with functions that interact with each other to generate our expectations about the world.

Such a framework allows us to interpret the effect of psychedelics on high-level concepts. It should be now stated that the *psychobiological effects due to psychedelics assumption do not causally affect the entire stream of consciousness, but rather specific components of it, especially perceptions and bodily-emotional states* (as described in sections 2 and 3).

To summarize: the psychobiological effect of the psychedelic is primarily related to the perceptive level. In other words, our brain alters our sensations and perceptions about the experience of material objects, but *our representations of these kinds of objects, as well as anticipations and beliefs, cannot be directly changed by the mere perceptive effects.* The very possibility of identifying the presence of an illusion is related to the stream of consciousness that elaborates the illusory stimulus. In simpler words, while our perception is altered by the psychobiological functioning of our brain, representations and doxastic processes (beliefs, anticipations) inform us about the unusual expe-

[4] Of course, there are exceptions: hallucinations can also be *perceptively* real but *known* as false perceptions. I will not discuss this case.

rience of this kind of object. This last point gives us the *condition of possibility* to identify illusions[5].

6. *Psychedelics and beliefs*

I think that such an argument is particularly important to investigate numerous studies that focus on the role of psychedelics in changing beliefs and personality. In order to clarify how beliefs and, consequently, personality can be affected by psychedelics, this insight into the concept of "reality" is necessary, as it is a constitutive condition of them (Aixalà *et al.*, 2018; Timmerman *et al.*, 2021; McGovern *et al.*, 2022; Nayak *et al.*, 2023). Without a sense of reality, albeit a merely subjective one, beliefs and thus personality cannot be constituted. Therefore, I also advocate that empirical research is still far from clearly understanding how beliefs are effectively affected by psychedelics. Although such a position may be defined as interpretive, I suggest that a phenomenological analysis of the stream of consciousness (Section 3) may provide a deeper or complementary explanation. First, from a phenomenological-constitutive perspective, personality is a higher-level object compared to beliefs and feelings (Perrotta, 2021b). It follows that personality cannot change without a modification or updating of beliefs or emotional responses.

However, as I have said, beliefs are constituted by the sense of reality, and emotions are mediated by beliefs. This is the reason why I think that a focus on reality and beliefs is of main importance to understand such a point. I anticipate that a high dose of psychedelics opens up a more challenging topic to address in this paper. It is well known that high doses of various psychedelics have psychomimetic effects that include phenomena like hallucinations and ego dissolution (Bayne and Carter, 2018; Mcgovern *et al.*, 2022). In the psychedelics literature, beliefs and personality (Bouso *et al.*, 2018) are discussed in various ways. However, the claim that psychedelic assumptions directly change, or update, beliefs is not a neutral assertion, as it opens a complex issue. In some cases, it is stated that a single high dose of psychedelics can change personal beliefs (Aixalà *et al.*, 2018): I do not focus on this topic, since it would require a distinct reasoning.

A person has a specific personality due to his or her subjective knowledge or beliefs about the surrounding world, both interpersonal and social. Not by chance, cognitive science investigates beliefs with evident reference to the world, such as political or religious (McGovern *et al.*, 2022) and metaphysical

[5] There are also cases in which we cannot speak of illusions, such as hallucinations and delirium, the difference being that the patients do not "know" that they are experiencing them, and that would open a different subject.

beliefs (Nayak *et al.*, 2023). The reference to knowledge is central to understand the sense and the form of a belief: a person cannot express political and religious beliefs without having beliefs or judgments about the surrounding world, as well as evaluation of his identity within that very world. This is the reason why I introduced an analysis of "reality" in the previous section. As explained, my position is that psychedelics are capable of altering sensorial-perceptive functioning in a direct causal manner, as explained by reference to the underlying neural functioning (Section 3), but the way in which such mechanical and automatic processes change beliefs cannot be explained in the same sense.

The previous sections prepared the ground to discuss beliefs and the alleged capability of psychedelics to change them. The reference to the sense of reality was clearly related to beliefs about the world and ourselves within that world, while so far I have mostly focused on sensations and perceptions (the sensorimotor layer).

When analyzing beliefs about the Self or the world, (like the above-mentioned political or religious) we are introducing a new level of research: higher-level experiential layers or strata (Moran, 2018; Perrotta, 2021b). Such a focus on the concept, or essence, of beliefs is crucial to clarifying some theoretical points. For instance, a change in beliefs about the sensorial features of material objects is improperly defined as a change in "beliefs" but must be understood as a psychotic or neurological impairment. While a perceptive illusion is only a momentary process that the person can recognize as such, if the above-mentioned disconnection between auditive and visual stimulus is defined as a belief about the world, it becomes a real hallucination. If it is constant becomes a delusion, and so on.

On the contrary, if we want to investigate how beliefs can change personality, we must focus on personal and social beliefs, which are functions directed (intentionality) to other entities, like our Self and our social context, and not to mere sensorial or perceptive information.

For the sake of simplicity, in this paper, I focus on two modalities of belief. Phenomenology allows us to distinguish at least two broad categories: Self or personal beliefs, and social or intersubjective beliefs. Both processes are core in shaping the personality of an individual, but they cannot be directly shaped by a psychobiological effect of the brain.

To illustrate this point, I now introduce a brief phenomenological description of the structure of beliefs from a phenomenological perspective, focusing on their essence as a function that ascribes sense to the world. The structure of a belief requires multiple components to be explained[6]. In order

[6] The traditional definition for distinguishing a belief from a perception is intentionality (Zahavi, 2019). In simpler words, our directness or aboutness toward a specific kind of object defines the essence of a function and its modalities. Perceptions are directed towards material objects with the

to analyze it phenomenologically, a belief needs to be investigated in its genetic factors as well as in its various modalities. A belief cannot be constituted without a perception or series of perceptions upon which the belief is based, as well as specific anticipations and representations. However, a belief also has a specific structure that strongly distinguishes it from perception. Beliefs are not directed to material things (their intentionality) but to events, or state of affairs, which are composed entities of things. State of affairs can be of several kinds, like social events, personal idiosyncrasies, and different kinds of correlation leads to different consciousness organization (Perrotta, 2021b). Such an observation is crucial to classify beliefs of different forms: for instance, personal beliefs are related to Self-representation (or the stratum of personal experience), and they can be related to personal skills or interests, conceptions about ourselves relating to our contexts, interests, or ideals. It should already be clear that personal beliefs cannot be reduced to the alteration of sensorial information, like bodily sensations or proprioception, as these kinds of beliefs are directed and constitutive of higher-level concepts, like self-esteem or interests.

Social or intersubjective beliefs introduce another modality of the same function: social beliefs are primarily related to our knowledge about the social world, our expectations, our considerations of others, and so on. In psychology, both the components are always combined within the individual, since our personal evaluations are always related to external considerations and vice versa. Therefore, such an argument does not mean focusing on phenomenological structures, but to emphasize the constitution of the internal stream of consciousness which cannot be understood without examining the motivational nexus between different processes and entities.

For instance, I may have a personal belief about my own inability to adequately socialize, due to my different interests from the group I am interested in. The composition of this belief may also be constituted by my personal expectations about my inadequate communication skills.

Such an organization of a belief is not a natural event, since it has been constituted in the stream of consciousness by experiencing a series of perceptions that elicit other similar doxastic processes, such as doubts or opinions, and so on. It goes without saying that the affective level cannot be excluded in the development of belief either. Affective processes introduce another category of functions (Erlebnisse) with different kinds of modalities. Desires,

corresponding sensations, while beliefs are directed towards events, situations, and states of affairs (Sachverhalten). For this reason, I would not define a belief as a process directed at material objects and, consequently, at perceptive alterations. Of course, it is common to speak about perceptive beliefs or perceptive judgments, but such a definition may be misleading for understanding this proposal in psychedelic research.

hopes, and feelings, are processes that are commonly intertwined with beliefs, despite their different essences.

Such an analysis of the interconnectedness of lived experience within the stream of consciousness is a key point in explaining how psychedelics are capable to modify personal experience.

A belief cannot change due to internal-automatic mechanisms, such as perceptive alteration, but only motivated by other functions, such as a doubt or an opinion that introduces a different perspective about the world or our Self. Such a kind of causality can be defined as eidetic causality, which is essentially different from psychobiological causality[7].

There are, of course, studies that discuss beliefs updating with a single dose of psychedelics. The main theses relate to the alteration of the Default Mode Network (DMN), which inhibits higher-level information (e.g. autobiographical) and enhances bottom-up information (e.g. removal of top-down priors, Safron, 2020) or alters the "sensory gating" of the thalamus causing an overload of the cortex (Bayn and Carte, 2018; Yaden, 2021). Even though a person under the influence of psychedelics may appear to have changed his beliefs, this is a transient effect that depends on the alteration of the CNS, or "relaxation of beliefs" (Safron, 2020). For instance, semantic memories may not be retrievable at that moment, due to the disconnection of neural networks, which is a psychobiological or neurocognitive event. Of course, alterations of the CNS interact with the ability to recall very complex meanings of our personal lives, but it does not follow that this is a permanent effect[8]. For instance, various models propose a similar interpretation of the role of psychedelics in affecting beliefs (Safron, 2020, Meling and Scheidegger, 2023).

7. *Emotion regulation between psychedelic effects and the stream of consciousness*

If we want to understand how personal beliefs and, consequently, personality can change, we should consider an iterative use of psychedelics. I think that such a point can be better understood by referring to the role of psychedelics in affecting the emotional profile, even though I focus on low-moderate doses in this paper.

For instance, a negative belief may be generated due to affective dysreg-

[7] Such a form of causality is traditionally defined as motivation (Husserl, 1989, Perrotta, 2021a; Fuchs, 2022)

[8] There are a few exceptions where it has been claimed that some persons really changes their worldview after the use of a single dose of psychedelics. However, even in this case, we need to understand which component of their stream of consciousness has been updated and why.

ulation. If a person feels distressed by participating in social events, such a feeling may lead to beliefs of possible exclusion. Both of these components may constitute typical personality traits, like individualism or introversion. The opposite path is possible as well: a person may have experienced negative events or a feeling of shyness during a social event, and such experiences have generated social beliefs that become a constitutive component of the Self or personal identity.

Such an example is necessary to open another sphere of analysis that goes beyond the psychophysical or psychobiological connection between the psyche and the body. Of course, within the body, we have introduced the brain as well, and without the brain it would not be possible to express complex thoughts whatsoever (the material cause). However, the eidetic causal nexus (or motivational) among functions cannot be explained by analyzing brain or body dynamics since functions, like beliefs, are elicited by other functions (noetic or eidetic causality, or motivation)[9]. Now, such a phenomenological insight is crucial to the question of how psychedelics are capable to interact with complex concepts like beliefs and personality. The psychobiological and the eidetic levels are blended in the same person, thus, although their essential difference, they participate in developing the same individual stream of consciousness.

However, my proposal is that psychedelics, by interacting primarily with the nervous system, cannot have direct causal effects on the eidetic sphere, or the stream of consciousness, but primarily to the psychobiological functioning. Of course, perceptive and emotional alterations can lead to changes at the eidetic level and, consequently, in the entire stream of consciousness, but it is worth explaining that such an effect is not merely causal in a psychobiological sense. How this occurs requires different descriptions that focus on interconnections between cognitive and affective functions (*Erlebnisse*). I think that such a distinction can be easily understood by discussing the effect of psychedelics on emotional reactions. Indeed, a change in our emotional attitude can be conceptualized as an updating of beliefs and, consequently, as a change in personality as well. To clarify such a position, We need to analyze emotion regulation phenomenologically. To define the concept of regulation or control, it is necessary to introduce some components that need to be regulated, such as impulses or urges to act. These components can be introduced in different ways, like an impulse that urges us to be controlled, a negative emotional attitude like anxiety, a feeling of persistent sadness like

[9] Here I have introduced a level of analysis that Husserl defined in many ways, as motivation, spirit (*Geist*), eidetic, noetic, intentional, and others. To distinguish it from the psychophysical level, I have defined this causality as an eidetic nexus between functions. I used the concept of eidetic due to its difference from material. The possibility of any idea or thought cannot exclude a material basis (Hyle), but neither can it be reduced to it.

in Major Depressive Disorders (Lì *et al.*, 2021), as well as the absence of positive emotions, or anhedonia (Gorwood, 2008). Of course, while each of these symptoms would require an analysis of specific cognitive or existential profiles to be fully investigated, which can be studied through techniques, such as questionnaires, narratives, or clinical interviews, they also possess an emotional-hyletic component that ascribes the quality of a specific emotional state to them. This latter component cannot be explained by the eidetic level alone, but it is recalling the psychophysical or psychobiological functioning (Sections 2 and 3): namely the activation of the entire nervous system (*Körper*) as well as the proprioception of our body (Leib).

Returning to neuroscience: it can be said that the origin of the emotion and our ability to control it, must be understood by considering the entire CNS along with the corresponding peripheral activations, since all of which together generate the causes and the qualities of the emotional reaction or profile. For instance, while the quality of the emotional state may depend on the interaction of the psychedelics on dopaminergic neurons within the limbic system, which transmit signals to the peripheral system, the possibility to control such a reaction depends on high-order areas of the CNS, like prefrontal and parietal cortices. However, the way in which we control these otherwise automatic emotional responses can be explored in many other ways through phenomenology.

From a psychobiological perspective, we know that psychedelics assumptions interact directly with emotional systems in a variety of ways, by deactivating limbic or subcortical areas in case of reductions of negative emotions like fear, or enhancing them in the case of elicitation of pleasure.

Another crucial process to consider is the decrease of the prefrontal cortex and related high-order areas activity. It is possible that these neural events reduce the activation of control components, like the beliefs of not being accepted and, consequently, such an effect reduces the abnormal emotional activation of fear.

As has been explained, beliefs are composed of different kinds of knowledge about ourselves or our life contexts, as well as combined with emotional components like desire and hopes. The relation between different functions and their modalities is of main importance in phenomenology. However, the origin or genesis of a belief is not just a psychobiological event, but it depends on other functions that motivate it, like doubts, opinions, evaluations about possible outcomes as well as inductive observations about the world. Here we recognize that a belief does not change due to a mere natural (psychobiological) cause, insofar as it is not just a neurophysiological event: An update of a belief requires the correlation with the world (intentionality) in order to acquire sense as well as interconnections with other functions regarding the same content (*Inhalt*).

In simpler words, an update of beliefs cannot be a mere effect of a series of perceptions or bodily reactions, since it introduces a knowledge that requires other cognitions to be justified (motivated).

With the latter claims, causal connections among functions are defined as the eidetic level and it can be epistemologically autonomous from the psychobiological level since it requires different kinds of explanations to be investigated and reveals distinct properties. However, this does not preclude their interaction in individual life and within the same stream of consciousness. in other words, while they are epistemologically distinguished, they interact on the psychological dimension.

For instance, to return to the previous example: a person may desire to participate in a social event, but he may be afraid of being excluded or not integrated into the group. His desire is presumably grounded on beliefs or judgments about the pleasure of participating in this social context, and all these elements together ascribe sense to the desired content. So far, we have considered components that constitute the stream of consciousness of this person in considering this event. However, the sense of fear or being afraid also has a crucial psychobiological feature, such as automatic or apprehended reactions that the nervous system transmits to the psyche, by influencing the way thoughts and feelings about this social content are expressed.

Now, I suggest that the assumption of low dose of psychedelics often operates on fear responses and similar neurocognitive automatisms, and only indirectly on higher-level concepts (the eidetic sphere).

Such an issue is not only philosophical: in my opinion, it is related to the question of whether a single dose of psychedelics can change a belief. In my opinion, this is only possible if we do not ascribe causal meaning to the role of psychedelics. The entire experience of the event has underlying existential reasons that are made of reference to the external world and combination with personal evaluations of ourselves. A single dose of psychedelics cannot change this desire, or better its sense or meaning, but can indirectly elicit responses of the entire nervous system that directly or causally affect the bodily-material components.

In other words, during exposure to psychedelics several neural mechanisms occur, as mentioned above.

With the latter statement, it is obvious that I recognize a psychobiological effect of psychedelics on cognition, but such a point needs to be interpreted carefully. Effects on cognition must be meant as momentary processes. A single dose of psychedelics can change neither a personal nor social belief. A permanent effect on cognition needs to be contextualized within an iterative and constant use, but, even in this case, the cause of the updating of belief is not only psychobiological but eidetic, or motivational.

For instance, a change in beliefs about social participation is a topic that is highly typical of adolescents who use low-moderate doses of psychedelics as a means of social participation. The reduction of the emotional response due to the deactivation of sympathetic response or deactivations of executive functioning (e.g. inhibition, Calvey and Howells, 2018), *may become a strategy to participate in social groups and experience positive feelings that are otherwise denied by control factors*, like negative expectations. Such a psychobiological effect (brain-body-psyche) allows the person to create or update his beliefs about the social world and about himself within that very world. In other words, the change or update of a belief cannot be exhaustively explained by psychobiological causality, since it requires a modification of thoughts and feelings that are intertwined with that very belief, which together constitutes the personal stream of consciousness. To summarize: the causal factors that modify the beliefs need to be explained in terms of other functions that modify it, like new observations that are generalized in new beliefs, doubts or opinions about my old beliefs, new beliefs about our ability to control our automatic emotional responses, as well as new expectations about the social groups.

A reduction of abnormal emotional responses (e.g. inhibition of fear neural circuits) or negative expectations (e.g. inhibition of control cortical areas) may be interpreted as a means to proceed with new cognitive considerations about the same world, *which were previously denied by emotional impairments due to automatic or uncontrolled reactions.*

The stream of consciousness also includes the concept of sedimentation or stratification of cognition and feelings (*Erlebnisse*). A sedimented cognition becomes a component of our personal story, while a psychobiological event, such as the momentary alteration due to psychedelic assumptions, does not necessarily lead to meaningful sedimentations about our personal or social experience. Of course, we are able to recall the past effects of the assumptions of a single dose of psychedelics through memory processes, but this does not imply that they deeply affect the profound meaning of our lives[10]. On the contrary, considering the iterative use of psychedelics, a change in personality, like an improved socialization, should be analyzed by following all these phenomenological-genetic or constitutive factors, whereas new social experiences, during psychedelic exposure, become sedimented in modifying the meaning of this experiences.

In my opinion, whenever high-order concepts like beliefs, feelings, values, culture, are introduced into this debate, phenomenological insights are incredibly relevant to clarify where and how psychedelics are able to affect

[10] Of course, there may be exceptions, for instance, new metaphysical views of the world or new conceptions of the mind-body relation after a single psychedelic assumption. However, even in this case, different phenomenological analyses would be required.

the person. My suggestion is that psychedelics work directly on the psychophysical or psychobiological level, involving the underlying neural functioning that activates the entire nervous system, especially altering perceptions and emotional reactions.

However, such a natural event can also lead to changes in the eidetic level that define the stream of consciousness. The latter forms of statement cannot be defined as biological or neural causality, since a change of beliefs requires other functions, like thoughts or ideas that are expressed during the experience of the world.

8. *Conclusion*

In this paper, I have introduced the cognitive neuroscience debate about psychedelics, especially focusing on two topics of the research: the sense of reality and the change of beliefs.

In the first part, I proposed to not focus on altered states of consciousness, rather on the relation between the lived body (Leib) with the nervous system (Körper). Such an interpretation has been proposed as an extension of phenomenology without entailing contradiction. However, this level of analysis remains engaged in psychobiological causality, and cannot explain higher-level concepts in their genesis and constitution. Through phenomenology, I introduced another form of explanation: the eidetic or motivational level that organizes the stream of consciousness.

Therefore, I have discussed the concept of reality and explained how such a concept cannot be clarified as a mere neural event but as an outcome of a series of thoughts and representations within a stream of consciousness.

Then, I introduced the concept of beliefs, by explaining the same point from a different perspective. Beliefs also require a reference to eidetic processes to be understood in their meaning for an individual and analyze their different forms, but they are also influenced by the psychobiological level. I discuss that low-moderate assumptions of psychedelics are capable of directly interacting at the psychobiological level but only indirectly with the eidetic sphere or the stream of consciousness, by modulating perceptive and bodily-emotional reactions.

I explained this point by discussing the concept of emotion regulation that merges both components albeit maintaining two distinct forms of explanations.

References

Aixalà, M., Dos Santos, R. G., Hallak, J. E. C., Bouso, J. C. (2018), *Psychedelics and Personality*, "ACS Chemical Neuroscience", 9, 10, 2018, pp. 2304-2306.

Baars, B.J. (2005), *Global workspace theory of consciousness: toward a cognitive neuroscience of human experience*, "Progress in brain research", 150, 2005, pp. 45-53.

Bayne, T., Carter, O. (2018), *Dimensions of consciousness and the psychedelic state*, "Neuroscience of Consciousness", 4, 1, 2018, pp. 1-8.

Bouso, J.C., Dos Santos, R.G., Alcázar-Córcoles, M.Á., and Hallak, J.E.C. (2018), *Serotonergic psychedelics and personality: A systematic review of contemporary research*, "Neuroscience & Biobehavioral Reviews", 87, 2018, pp. 118-132.

Calvey, T., Howells, F. M. (2018), *An introduction to psychedelic neuroscience*, in "Progress in Brain Research", 242, 2018, pp. 1-23.

Critchley, H. D. (2005), *Neural mechanisms of autonomic, affective, and cognitive integration*, "Journal of comparative neurology", 493, 1, 2005, pp. 154-166.

Critchley, H.D., Harrison, N.A. (2013), *Visceral influences on brain and behavior,* "Neuron", 77, 4, 2013, pp. 624-638.

De Vos, C.M.H., Mason, N.L., and Kuypers, K.P.C. (2021), *Psychedelics and Neuroplasticity: A Systematic Review Unraveling the Biological Underpinnings of Psychedelics*, "Frontiers in Psychiatry", 12, 2021, 724606.

Dehaene, S., Charles, L., King, J.R., Marti, S. (2014), *Toward a computational theory of conscious processing,* "Current opinion in neurobiology", 25, 2014, pp. 76-84.

Fischman, L.G. (2022), *Knowing and being known: Psychedelic–assisted psychotherapy and the sense of authenticity*, "Frontiers in Psychiatry", 13, 2022, e933495.

Fuchs, T. (2017), *Ecology of the brain: The phenomenology and biology of the embodied mind*, Oxford University Press, Oxford.

Fuchs, T. (2023), *Understanding as explaining: how motives can become causes*, "Phenomenology and the cognitive sciences", 22, 3, 2023, pp. 701-713.

Gorwood, P. (2008), *Neurobiological mechanisms of anhedonia*, "Dialogues in clinical neuroscience", 10, 3, 2008, pp. 291-299.

Healy, C.J. (2021), *The acute effects of classic psychedelics on memory in humans,* "Psychopharmacology", 238, 3, 2021, pp. 639-653.

Hempel, C.G. (1965), *Aspects of scientific explanation*, vol. 1, Free press, New York.

Husserl, E. (1969), *Formal and transcendental logic*, Springer Science & Business Media.d, Dordrecht.

Husserl, E. (1982), *Ideas pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*, vol. 1, Springer, Dordrecht.

Husserl, E. (1989), *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy. Studies in the Phenomenology of Constitution*, vol. 2, Kluwer Academic Publishers, Dordrecht.

Husserl, E. (2001a), *Analyses concerning passive and active synthesis: Lectures on transcendental logic*, vol. 9, Springer Science & Business Media, Dordrecht.

Husserl, E. (2001b), *Logical Investigations*, vol. 1., Ed. Dermot Moran, Routledge, New York.

Kochevar, C. (2023), *Psychedelic phenomenology and the role of affect in psychological transformation*, "Phenomenology and the Cognitive Sciences", pp. 1-23, 2023.

Li, Z., Ruan, M., Chen, J., and Fang, Y. (2021), *Major depressive disorder: advances in neuroscience research and translational applications*, "Neuroscience bulletin", 37, 2021, pp. 863-880.

Magaraggia, I., Kuiperes, Z., Schreiber, R. (2021), *Improving cognitive functioning in major depressive disorder with psychedelics: A dimensional approach*, "Neurobiology of Learning and Memory", 183, 2021, e107467.

Marraffa, M., Paternoster, A. (2013), *Functions, levels, and mechanisms: Explanation in cognitive science and its problems*, "Theory & Psychology", 23, 1, 2013, pp. 22-45.

Mashour, G. A., Roelfsema, P., Changeux, J. P., Dehaene, S. (2020), *Conscious processing and the global neuronal workspace hypothesis*, "Neuron", 105, 5, 2020, pp. 776-798.

McGovern, H.T., Leptourgos, P., Hutchinson, B.T., Corlett, P.R. (2022), *Do psychedelics change beliefs?*,"Psychopharmacology", 239, 6, 2022, pp. 1809-1821.

Meling, D., Scheidegger, M. (2023), *Not in the drug, not in the brain: Causality in psychedelic experiences from an enactive perspective*, "Frontiers in Psychology", 14, 2023, e1100058.

Moran, D. (2018), *What is the phenomenological approach? Revisiting intentional explication*. "Phenomenology and Mind", 15, 2018, pp. 72-90.

Mulcahy, J. S., Larsson, D. E., Garfinkel, S. N., Critchley, H. D. (2019), *Heart rate variability as a biomarker in health and affective disorders: A perspective on neuroimaging studies*, "Neuroimage", 202, 2019, 116072.

Nayak, S. M., Singh, M., Yaden, D. B., Griffiths, R.R. (2023), *Belief changes associated with psychedelic use*, "Journal of Psychopharmacology", 37, 1, 2023, pp. 80-92.

Perrotta, D. (2021a), *Consciousness and brain mechanisms: Epistemological investigations between phenomenology and clinical neuroscience*, "Rivista internazionale di Filosofia e Psicologia", 12,1, 2021a, pp. 31-43.

Perrotta, D. (2021b.), *Coscienza e ragione: dalla fenomenologia descrittiva alla fenomenologia normativa*, Tab edizioni, Roma

Perrotta, D., Meloni, E.A. (2022), *Natura e cultura nella genesi della coscienza collettiva*, Mimesis, Milano-Udine.

Safron, A. (2020), *On the Varieties of Conscious Experiences: Altered Beliefs Under Psychedelics (ALBUS)* [Preprint], "PsyArXiv", 2020.

Timmermann, C., Bauer, P. R., Gosseries, O., Vanhaudenhuyse, A., Vollenweider, F., Laureys, S., Singer, T., Antonova, E., and Lutz, A. (2023), *A neurophenomenological approach to non-ordinary states of consciousness: Hypnosis, meditation, and psychedelics*, "Trends in Cognitive Sciences", 27, 2, 2023.

Timmermann, C., Kettner, H., Letheby, C., Roseman, L., Rosas, F.E., and Carhart-Harris, R.L. (2021), *Psychedelics alter metaphysical beliefs*, "Scientific Reports", 11, 1, 2021, e22166.

Yaden, D.B., Earp, D., Graziosi, M., Friedman-Wheeler, D., Luoma, J.B., and Johnson, M.W. (2022), *Psychedelics and Psychotherapy: Cognitive-Behavioral Approaches as Default*, "Frontiers in Psychology", 13, 873279, 2022.

Yaden, D.B., Johnson, M.W., Griffiths, R. R., Doss, M. K., Garcia-Romeu, A., Nayak, S., Gukasyan, N., Mathur, B.N., and Barrett, F.S. (2021), *Psychedelics and Consciousness: Distinctions, Demarcations, and Opportunities*, "International Journal of Neuropsychopharmacology", 24, 8, 2021, pp. 615-623.

Zahavi, D. (2019), *Phenomenology: The basics*, Routledge, London.

Phenomenological analysis of set and setting's manipulation in shamanic psychedelic rituals and psychedelic-assisted-therapy

Jacopo Colelli*

Abstract: In this paper, I present a phenomenological examination of lived experiences within the context of psychedelic therapy, specifically focusing on the influence of "set" and "setting" in consciousness' regular functioning. I scrutinize the limitations of psychological and sociological approaches in understanding how the manipulation of internal and external factors mediates therapeutic effects. Even when these approaches attempt to concentrate on the internal state of mind, they adopt a third-person perspective that fails to adequately explain the subjective experience. Consequently, I argue for the necessity of a phenomenological reflection employing Husserlian methodology to elucidate the intentional structure underlying modifications in the subjective experience that anticipate therapeutic outcomes. Utilizing epoché, I propose both a descriptive and a genetic analysis to capture the essential and universal properties that define those types of experiences. By comparing shamanic therapy in indigenous populations with the medicalized use of psychedelics in the West, I demonstrate how the efficacy of manipulating "set" and "setting" depends on an ongoing re-organization in consciousness' intentional functioning concerning structures of embodiment, intercorporeality, intersubjectivity and culture.

Keywords: psychedelics, set and settings, Husserl, intersubjectivity, intercorporeality, culture, therapy

1. *Set and settings: levels of explanation*

The question of the role of extra-pharmacological variables in determining the content and effects of psychedelic experience, previously addressed by the pioneering studies of the last century under the title of *set and setting* (Leary, 1961; Leary *et al.*, 1964), has assumed fundamental importance in the last twenty years from both a historical-conceptual and applicative perspective (Hartogsohn 2016, 2022). The psychedelic renaissance in the West has

* jcolelli@uniroma3.it
University of Roma Tre

taken the form of a progressive medicalization of the use of certain psychedelic substances in the treatment of a variety of psychiatric disorders (Johnson and Griffiths, 2017; Luoma *et al.*, 2020). To date, there is an increasing number of studies that attest to their efficacy, especially in the reduction and treatment of anxiety and depressive symptoms (Carhart-Harris *et al.*, 2018; Carhart-Harris *et al.*, 2021; Griffiths *et al.*, 2016), suicidal ideation (Ross *et al.*, 2021), social isolation (Zeifman *et al.*, 2023), and addictions (Zafar *et al.*, 2023). With the accumulation of therapeutic evidence, however, there has been an immediate need to develop a theoretical model that clarifies the mechanisms of action of various substances, thus guiding the formulation of experimental protocols that, on one hand, respect scientific constraints, and on the other alleviate the still vivid social and political tensions (Hartoghson, 2022). The challenge stems from the fact that the outcome of psychedelic therapy does not seem reducible to pharmacological mechanisms, rather it involves a stratification of levels of explanation. It is necessary to consider not only the biochemical level but also the neural, psychological, and finally the socio-cultural level (Van Elk *et al.*, 2022; Roseman *et al.*, 2022). I assume that this stratification poses questions that go beyond experimental considerations and primarily concern foundational and epistemological issues. For instance, when it comes to the role of psycho-social aspects, it seems complex, if not impossible, to isolate causally manipulable variables on which to base a mechanistic model that is continuous with basic epistemological principles of hard sciences (Craver, 2015). Empirical studies show that the influence of both socio-cultural variables and geographical-environmental collocation can alter the contents and the dynamics of subjective experience suggesting the adoption of a contextual view on cognition (Ibanez and Garcia, 2018). The same can be said for the phenomenology of the subjective experience of a psychedelic trip, such as those induced by the ingestion of ayahuasca, whose perceptual and imaginative content change radically under the influence of extra-pharmacological factors related to environmental clues or cultural references (Shannon, 2002). These differences become even more evident if we compare the multiplicity of cultural manifestations in which the use of medicines and plants with psychoactive effects plays a crucial role both in individual and collective therapy (Winckelman, 2010, 2021; Brabec De Mori, 2021). Psychedelic practices have a secular history rooted in rituals and traditions in various and distant areas of the world. In most cases one can witness ritual organizations, typically united in the form of shamanism, which aim to awaken and enhance the human, existential, and social potential believed to be liberated by the substance (Winkelman, 2010, 2015). The substance, instead of representing the centre of the treatment, is rather considered the means that enables an existential journey in which individual healing is mediated

by collective practice and the efficacy of shared beliefs, mostly of a spiritual-transcendent nature (Winkelman, 2010). It is important to note how such ritual organizations cannot be simply understood as the performance of mechanical, material and contingent practices, but rather represent a symbolic vehicle that animates a cultural universe that gives meaning to individual and collective experiences (Dupuis, 2021a). This symbolic universe, in fact, is embodied and lived through the subjective experience that present unique contents and dynamics. Most of shamanic rituals using psychedelics subscribe the efficacy of the practice to the healing effect of a symbolic-cultural universe within which the individual or the group enter in a relation during the trip (Winkelman, 2021). From the perspective of those practises, set and setting's manipulation mediate the awakening of a symbolic-qualitative meaning that shape the phenomenology of subjective experience. This being said, the relation between the individual and this complex symbolic universe cannot be understood just by looking at material practises and depends on universal law of consciousness' functioning. The material apparatus surrounding the practice is subordinated to cognitive, symbolic, and cultural operations that transform the healing-process in an ongoing modification of the intentional relation between the individual and its own world (Petrement, 2023).

Moving from those shamanic ritual practices to the medicalization of psychedelically-assisted-therapy (PAT), it is mandatory to ask how the latter value subjective experience in its relations with the natural and cultural world shaping the healing journey. Looking at manuals such as the Yale manual for psilocybin-assisted therapy (Guss *et al.*, 2020), the attempt to identify and isolate causal mechanisms at the psychological level makes one blind to the more culturally-mediated symbolic relations that shape the phenomenology of subjective experience. The effort is conveyed in isolating psychological categories describing aspects of the psychedelic experiences that can be predictive of good or bad outcomes. Those concern, for example, mystical experience (Griffith *et al.*, 2006), feeling of awe (Hendricks, 2018), Ego-dissolution (Nour *et al.*, 2016) and enhanced perception of (bad or good) emotions (Hartogsohn, 2018). Building on different sub-scale targeting those psychological categories, qualitative research uses a series of questionnaires, such MEQ (Barrett *et al.*, 2015), EDI or CEQ (Barrett *et al.* 2017)[1], to differentiate singular experiences and develop individualized protocols. However, there are a lot of different experimental-therapeutic protocols that, focusing on different psychological and temporal levels of abstraction, propose alternative description and relevant explanations (Belser *et al.*, 2017; Dworatzyk *et al.*, 2022). In the case of shamanic rituals, on the contrary, the dominance of socio-cul-

[1] *Mystical- experience- questionnaire (MEQ); Ego- dissolution-inventory (EDI); Challenging-experience-questionnaire (CEQ).*

tural-religious apparatus flattens the epistemological questions to symbolic interpretation and environmental manipulations. The empirical fact showing the efficacy of both types of practices renders any attempt of hierarchization obsolete, speaking rather in favour of a synthesis. If lived experience holds therapeutic value in itself (Cacciatore, 2022) , it becomes necessary to establish a general epistemological framework that defines the categories, methods of investigation, and interpretative tools needed to describe and explain these diverse experiential paths and their associated meanings. In other words: we need to integrate organic-mechanistic analyses with phenomenological ones (Colelli, 2023; Perrotta, in press) This understanding should concern an anthropological investigation that is not tied to historically-contingent manifestations, but rather looks for universal properties of human nature that renders all those different manifestations possible. This theoretical study must be carried out at the level of description of first-person experience and must concern the generality of consciousness with is constitutive structures and functions. I propose the use of an Husserlian-inspired methodology to study consciousness as a pure epistemological ground for any experiential manifestation. Having clarified how those universal structure shapes the phenomenology of subjective experiences in the case of psychedelic therapy, we will be able to address empirical question regarding the relative efficacy of different practices.

2. *Phenomenology and psychedelics*

There is great debate when discussing the role of phenomenology in replacing or integrating the psychological-cognitive approach studying mental phenomena (Pokropsky, 2019, 2021; Yoshimi, 2020, 2021; Gallagher and Zahavi, 2007; Gallagher, 2017). The proliferation of approaches that define themselves as inspired by phenomenology makes it complex to assess their explanatory potential in non-philosophical disciplines (Casper and Hauesis, 2023). While it is true that the phenomenological literature already presents a great variability of positions within it, it is difficult today to trace continuity even in approaches that define themselves as inspired by the same author (Yoshimi, 2022). While the urgency of clarification of the role of subjectivity becomes increasingly urgent (Zahavi, 2014), especially in the field of psychedelic experiences (Houot, 2021; Yaden and Griffith, 2020), we still don't have any unified approach. From a theoretical standpoint our research continues an already initiated attempt to phenomenologically clarify the co-constitutive relation between aspects of subjectivity, or pure consciousness, and elements of the world, now considered as a complex stratification

of layers of objective manifestation and meanings (Moran, 2012). Phenomenology states that the meaning of experience is not, so to speak, immediately given, but rather the result of a continuous activity of meaning-giving by a subjectivity that experiences its world-environment in an integral and non-reducible manner (Colelli and Di Bernardo, 2023). In this regard, Petrement assumes that the ingestion of psychedelic works by giving the subject the occasion to re-organize its relationship with the world, opening new possibilities for perception, action, and thought (Petrement, 2023). These insights align well with naturalistic neurocognitive explanation such as the REBUS (relaxed-belief-under-psychdelics) model that considers the effects of psychedelics on 5HT2Ar in altering global neural activity. REBUS, making use of a synthesis between the free energy principle, the entropic brain hypothesis and the predictive processing framework, assumes that psychedelics provide an opportunity for updating beliefs about the self and the world (Letheby and Gerrans, 2017; Carhart-Harris and Friston, 2019). Psychedelics trigger a de-activation of the DMN (default-mode-network) that is implied in those self-referential-functions necessary to reduce the prediction error by appealing to an acknowledged and accepted global belief system. When the top-down influence of DMN is de-activated, there is an increase in the prediction error that challenges the organisms to find new adaptive pathways given the sensory information. This naturalistic explanation, while building upon our accepted neuroscientific knowledge, does not say anything about the subjective and embodied lived experience that is implicated. Petrement, building a phenomenologically-inspired proposal, critiques brain-centered reductive explanation by proposing that therapeutic transformation implies primarily a change in the subjectively-experienced-world. He proposes that the psychedelic therapy does not simply modify subject's psychology but can rather show new therapeutical experiential path by updating the perceived affordances in the external world. Blevins, appealing to critical phenomenology, proposes abandoning Petrement's assumptions that are considered still too abstract. He focuses on a model of *operative subjectivity* to understand how social categories can determine the forms of individual experience by shaping consciousness structures and dynamics (Blevins, 2023). The author thus attributes a constitutive role to intersubjectivity understood as the "(the) existential condition of sharing the world with others that makes possible meaning, communication, and socialization, processes which rely on and are perpetually (re)enacted through social categories" (Blevins, 2023, p. 5). Working on its enactivist premises, Blevins makes the body an all-encompassing foundational element, attributing the efficacy of cultural categories to an embodiment of socially established values into dispositions that prepare action. In particular, the author speaks of a modification in the sensitivity, in

the orientations of a living body that can thus assume different *physiological* postures towards a natural and cultural environment. He then recognizes the need for a phenomenological investigation of context manipulation in psychedelic experience but end up crushing the intended investigation of the consciousness' structures and functions onto a generalized reference to living corporeality. As we will see, complex experiences cannot be phenomenologically reduced to embodied senso-motorial activity. Complex experiences depend on the mutual correlations between affective,cognitive and symbolic elements that define mental states by virtue of their unique eidetic qualities (Pokropski, 2021). Moreover, the epistemological issue is not resolved in any way. In fact, it ends up reproducing the same confusion between different levels of explanation from which we started. Phenomenological analyses, which are proposed as a methodological therapy to resolve conceptual confusion, would ultimately fall back into the same mire from which it sought to differentiate itself.

3. *The importance of epoché*

While I postpone to future research an attentive analysis of the anti-naturalistic assumptions of Husserl's phenomenology (Zahavi, 2013; Moran, 2008), I focus on the possibility of applying the epoché as an an epistemological starting point to base a series of phenomenological analyses regarding consciousness' structures and functions involved in contextual manipulation that differentiate alternative that implement psychedelics for therapeutical purposes.

Following Zahavi, I suggest that an integration of phenomenological analysis with empirical sciences must preliminarily clarify its claims and its fields of application (Zahavi, 2021b). In this regard, the aim of this research concerns primarily theoretical reflections. The applicative commitment, I argue, can only follow a preliminary theoretical-conceptual clarification without which every subsequent research would lack its foundation (Husserl, 1936). It is in the realm of philosophical reflection, in fact, that the relationship between consciousness, subjectivity, and the world is discussed, as well as the importance of the relationship between nature and culture, the role of categories such as intersubjectivity or embodiment in determining the meaning of subjective experience, and so on (Zahavi, 2017; Perrotta and Melon, in press). This is, I argue, the basis for an epistemologically-clarified science of consciousness.

The principle of phenomenology is the return to the things themselves, to the pure observation of the unfolding of experience without any pre-assumption regarding the meaning of the world as it is intended in the practical-natural attitude (Husserl, 1913). Through a preliminary bracketing of our theoretical hypotheses about the world, the phenomenologist investigates

the unfolding of the lived experiences reduced to their essential properties, seeking to grasp those universal laws that constitute structural invariants with their related functions (Zahavi, 2019; Perrotta and Melon, in press). In the phenomenological perspective, indeed, the meaning of the phenomenal world is a product of subjectivity, the result of a constitutive and layered correlation between different acts of consciousness and the matter of the world. Thanks to the epoché, we recognize that every act of consciousness is "about something", it always has an object. Husserl refers to this universal property of consciousness as *intentionality* (Zahavi, 2017). Intentionality is not an external relation between an empirical subject and its pre-given world, but rather what constitutes the meaning of the world as we experience it. Given those pre-assumptions, our proposal is inspired to Husserl's later idea of developing a pure psychology as an intermediate stage towards a more mature form of phenomenological psychology (Husserl 1913, 1936). Pure psychology studies mental phenomena from the pure perspective of the epoché: those are consciousness functions that constitute a specific *regional aspect* of subjective experience: that aspect related to the life of a *psyche.* Those functions concern perception, feeling, imagination, remembering, belief, judgment, reflection, desire, and so on. Phenomenology recognizes the existence of other intentional functions that are still constitutive of human experience while not being reducible to mental-cognitive operations. Those are related to the life of the *Leib*[2] and concern our visceral, affective and sensorimotor engagement with the world. Both those levels of activity and description refer to a series of structure concerning temporality, embodiment, intersubjectivity, culture, self-consciousness. As we will see later, the content, the dynamics and the meaning of the subjective experience depends on the internal relation between the net of active functions and their related structures. Those premises pose the basics for a layered investigation of consciousness' functioning. The distinction between aspects of experience connected to corporeality and those connected to the psyche should be acknowledged and presented (Husserl, 1913). This may explain why the understanding of the role of material, historical and cultural elements cannot be reduced to the general category of embodiment of cultural values. Cognitive and psychological functions are necessary to constitute and understand cultural habits and value. Of course, even bodily activity is involved, but in a form that is often mediated and fulfilled by cognitive interpretation. The proposed goal of our research is to develop an analysis of those structural basis with the dynamical connections

[2] For any phenomenological analyses it is important to underline that the body through which we experience the world does not directly coincide with the body that is object of physiological processes. The former is defined as *Leib* or living body, the latter as *Körper* or lived body. Transparency is the property of "seeing the world through our living bodies". (Fuchs, 2018).

between the various layers of activity that define each type of experience. This intentional functioning defines the phenomenology of the lived experience as well as the properties and meanings of the objects that manifest through them. In the following paragraph, I propose to base the study of the subjective meaning of complex experiences involved in different psychedelic practices on a systematic correlation between consciousness' structures and functions.

4. *Psychedelic ritual: a phenomenological analysis*

I propose an application of the principles and method just explained to the study of the complex network of individual and social phenomena implicated in the manipulation of set and setting in shamanic rituals using psychedelics. In this regard, I integrate the phenomenological analyses with the biopsychosocial model elaborated by Winkelman as a corollary of decades of study of shamanic practices from the Palaeolithic to modern era (Winkelman 2010, 2015). After observing the importance in rituals of alteration of consciousness for reassessing the equilibrium of the individual and the community, the author attempts to reconstruct the prehistory of the functions that mediate the efficacy of such practices, proposing a synthetic view that integrates studies of evolutionary theory, neuroscience, and cognitive psychology (Winkelman, 2021). He assumes that evolution has endowed humans with a series of functional adaptations useful to specific niche and cognitive construction that we can divide into two macro-categories: (i) on the one hand, there are metabolic adaptations related to the ability to synthesize and absorb chemically active elements contained in plants and fruits; (ii) on the other, there are cognitive-behavioural functions and habits that have been selected because useful to the performance of rituals which strengthened group organization while enhancing individual survival rates. The first case involves mechanisms and causality studied by biochemical sciences and remains outside of the scope of our research for now. The second coincides with the development of what the author calls (i) *personal intelligences* and (ii) *collective intelligences*, both expressed in terms of motor reciprocity and symbolic-linguistic communication (Winkelman, 2021). Instead of describing such forms of intelligence as functional-psychological properties correlated with the evolution of cognitive modules in the brain, I adopt a phenomenological perspective to treat them as active ingredients of an intentionally layered consciousness' functioning. This will help us describing not just the distal causes that can be causally linked to evolutionary mechanisms, but the effective component of universally functioning human

consciousness. Each of those functions are correlated with the various layers of consciousness' structures concerning embodiment, intercorporeality, intersubjectivity and culture. This will uncover universal aspects of experience, thus confirming both the intrinsic intersubjective nature of human experience as well as the constitutive intertwining that involves bodily and psychic elements.

5. *Living body, intentionality and intercorporeality*

If we analyse the acts of a living body within the context of a purified consciousness, a fundamental duality immediately emerges: the body is both the diaphanous medium through which I experience things in the world and a physical system with material properties accessible from a third-person perspective. Husserl proposes to understand the first aspect of corporeality as a living body (Leib) and the second as an object body (Körper) (Fuchs, 2018). The object body is the body immediately accessible to others, an object among objects, possessing the property of extension like any material object. The living body, on the contrary, is involved in a series of functions that give meaning to the objects of the world, including the self, possessing such a body. We can think of this process as a bottom-up process of self-constitution. The living body is thus already the beholder of a peculiar form of intentionality. It is, so to speak, the first way of constituting the sense of the world. If investigated through the lens of the phenomenological method, the constitutive activity of the living body already involves an original form of intersubjectivity that, following Fuchs, we can define intercorporeality (Fuchs, 2017a). I mean that even in the intentional functioning of a living body endowed with drives, impulses and sensorimotor capacities is implicit a relationship with other bodies conceived as the bodies of other living-human-beings. This reference to primary intersubjectivity as an original form of orientation in the world does not concern an external relationship between bodies, but rather refers to the fact that every human activity implies in principle a co-action, whether this remains veiled or becomes opaque (Fuchs, 2018). This defines the universal consciousness structure of intercorporeality[3]. The living body is therefore initially moved and animated by a series of drives and tensions that tend to be satisfied in sensorimotor relations with other bodies or with objects in the world (Colelli, Di Bernardo, 2023). The structure of intercorporeality already gives these pulsional and tensional

[3] We can see how the structure of intercorporeality is already entrenched with the structure of embodiment. We live our world through our living bodies while we engage with others as living bodies themselves.

forms of intentionality a collective character, mainly due to a tacit affective connection mediated by the expressiveness of the body (Fuchs, 2017a). It is important to note that these relations do not assume a genetic form: that is to say, it is not about conceiving a progressive series of stages in which primary intersubjectivity then gives way to a secondary intersubjectivity that substitute it (Fuchs, 2017b). The affective character embodied in visceral and bodily reactions, in fact, guides the unfolding of our experiences even when they concern the instantiation of cultural or social symbolic values. Returning to the idea that extra-pharmacological factors influence psychedelic experience we can assume that the living body already has the *a priori* ability to intentionally (re)act before and regardless of the intervention of the psyche and the related cognitive representations. In this sense, I conceive the living body as a true intentional agent capable of establishing meaningful relationships with the world and, finally, of transforming them under the impulse of cultural values and meanings. I will now see how this layered activity can determine the content and the dynamics of subjective experience. Winkelman poses that a common characteristic for psychedelic rituals across time and space concerns the manipulation of bodily variables through the practice of fasting, sexual and sleep abstinence, and, particularly relevant, the listening of music and the staging of ritual dances or pseudo-tragedies with deliberately accentuated features *during* the performance (Winkelman, 2021). All these factors imply a reference to the body, on both aspects of the living body and the object body. As for the latter, it is rather immediate to conceive a series of causal-external relationships that modify homeostatic balances, shifting the space-state of physiological body towards an altered condition. The development of biological, physiological and neuroscientific research makes the statistical measurements concerning the biochemical mechanisms more precise (Heal *et al.*, 2023; Van Elk, Yaden, 2022). At the same time, however, it is important to note that the study of physiological variables can also benefit from phenomenological investigations. It is in the realm of experience that, for example, we become aware that listening to musical frequencies does not only exert effects on the auditory system but also involves affectivity, memory, social meanings, and so on (Smith, 2019). In this sense, phenomenology can guide empirical research by providing clearer and more precise descriptions of the phenomena one intends to study. Regarding the intentionally-active living body, on the other hand, it is essential to investigate how such manipulations interfere with the basic functioning of consciousness and therefore with the constitution of meaning of the subjective world. Physiological manipulations, while modifying variables of the *Körper*, also interfere with the intentionality of the *Leib*. In this regard, it is important to introduce another concept dear to phenomenology, that of *Hyle*. The *Hyle* refers to the material

of experience, to that substrate that form the sensorial basis for any further operation of consciousness (Zahavi, 1997; Moran, 2005). As should now be clear, thanks to the *epoché* we know that every objective manifestation refers to a constitutive process that implies a reference to an active consciousness. In this sense even the Hyle is organized under the impulse of this basic intentionality centered on the living body. Those features of experience depend on a series of passive syntheses that, as the term suggest, imply a particular form of activity. This concern law of organization and association that Husserl referred to under the name of *phenomenological unconscious* (Geniusas, 2020; Colelli Di Bernardo, 2023). Those are bot pre-egoic, meaning that they do not depend on the activity of the ego, and *temporally-extended*, meaning that they define constitutive relations between past and present content of experience. The habitual functioning of this basic activity, and especially its spatio-temporal regularities, depends primarily on the balance of a living body that alternate needs and tensions with fulfilments and satisfactions in a virtuous circle that is typically regulated by the principles of habit. The manipulation of these balances also causes a modification in the functioning of bodily intentionality, ultimately leading to a change in the basic structures of sensitivity. This can result in altered subjective perception of space and time. (Fuchs, 2013). When those basic structures get altered, even the conveyed tensions change their needs: the body takes on a peculiar posture towards the world, changing phenomenal content and dynamics. This modification of the phenomenal field depends on the distortion of the habitual consciousness' functioning and represents one aspect of the alteration that can be induced by psychedelics.

I can now pass to analyse the structure of intercorporeality as encompassing a first form of symbolic communication and understanding (Fuchs, 2018). The meaning of musical practices, ritual dances, or pseudo-tragedies cannot be entirely understood while staying at a basic level of physiological and sensorimotor interaction. The universal structure of intercorporeality is what makes possible for collective practices to acquire an intersubjective and proto-symbolic meaning. The subjective meaning of the experience of dancing, music, and performing ritual tragedies during the ritual is not just a way of altering consciousness through its material basis but is part of a cultural and collective en-actment (Meindl and Zahavi, 2023). The intentionality involved in these practices, although still centred on the living body, implies an internal and eidetic reference to others experienced as a collection of living bodies. The presence of other changes the meaning of experience in a way that cannot be understood from a strictly causal connection. Phenomenologically we assume that such lived experiences involve the structure of intercorporeality, so that consciousness' functioning tacitly implies an extended sensitivity to possible co-actors. It is not, therefore, a question of observing the other

and acting accordingly, but of internally possessing the capacity to act together (Fuchs, 2018). This will modify the affective and motivational engagement with the practice while posing the basis for the cognitive one. Winkelmann speaks of a *mimetic capacity* of human intelligence, that is, a capacity to *communicate* meanings through the movements of a body (that acquires expressive habits) and the correlate ability to understand meaning from the body of others (Winkelman, 2021). Movement, and especially dance, perform a first form of symbolic communication not mediated by conceptual and linguistic representations. In the case of shamanic practice, the case of ritual tragedies in which exaggerated movements communicate precise meanings without the need for conceptual mediation is paradigmatic (Fuchs, 2017; Krueger, 2018). But if we remain confined to this level of explanation, as the author do, we cannot say how this type of communication can be possible. He refers those abilities to the existence of innate intelligences that have emerged during evolution. In this way, the distal causes are confused with the proximal ones, and nothing is said about the actual consciousness' functioning that determine the content of those subjective experience. This requires a careful phenomenological analysis of the dynamics of consciousness' functioning concerning the structure of intercorporeality. Mimesis can be defined as one of the capacities through which an embodied consciousness gives meaning to an experience concerning inter-corporeal relations. This involvement implies the establishment of a circularity in which the living body becomes both the subject of intentional experiences and the object of modification (Fuchs, 2018). While the objects of the world take on broader meanings under the influence of this basic form on proto-cultural mediation, it is the same embodied intentional habits that get modified, and with them the entire substrate that involves the acting subjectivity. When a subject "x" participates in a ritual dance, the rhythmic involvement becomes part of a complex net of functions concerning bodily, affective and proto-cognitive intentionality that alter the process of constitution that build a lived world. This happens because, as should now be clear, every objective manifestation refers to an active pole of operations, each of which implies some reference to the acting subjectivity. Husserl defines this internal correlation between the forms of acting subjectivity and the meanings of the objects of the world as noesis and noemata (Moran, 2012b). In the case in question, the noesis do not yet concern an active intervention of cognitive and representational intentionality but already delineate, by virtue of the expected fulfilments of a bodily one, a specific experiential path. This speaks if favour of a layered consciousness' functioning that involves even an intentionality centred in the body as part of this complex process of sense-making.

Husserl assumes that there are universal laws of consciousness' functioning that explain the dynamical unfolding over time of the noesis: these laws

concern firstly the temporal organization and associative syntheses but also imply a series of references to drives, instincts, and obviously to habits (Husserl, 1938). The modification of the noesis determines the modification in the sense of the noemata, and therefore, in general, to the lived experience. Passive syntheses first give unity to the various sensory fields, but then contribute to linking increasingly complex meanings with the development of other types of noetic activity. This is what defines complex experiences as layers of intentional activities. In the case of collective activities performed during the rituals, for example, the bodily functions connected to perceptual integration and motoric coordination motivate other types of noetic functions related to affective engagement or to proto-cognitive interpretation. The habitual performance of those practices can embody a series of belief or proto-belief that define a form of attachment that is experientially relevant. This attachment is firstly a bodily-one that can then become increasingly abstract and symbolic (Fuchs, 2018). The integration between those different layers can alter even the perceptual content of the experience under the influence of environmental clues as well as in the case of abstract form of embodied reasoning. The first case would explain why even visual hallucination induced by the ingestion of ayahuasca are so sensitive to the environmental contest (Shannon, 2002). The second would explain why the perceptual content of the psychedelic trip are similar or coincident with object derived from the cultural, symbolic or religious background of the subject (Dupuis, 2022). By way of this circularity of processes, the living body acquires new embodied and intentional habits while sharpening its sensitivity. This gives that dynamism and creativity to individual experience that is useful for existential modification and therapeutic outcomes. The awareness of these transformative potentialities of collective practices that exploit bodily inter-action was already present in very ancient indigenous population (Winkelman, 2007), and it is no coincidence that it is at the centre of most psychedelic rituals even today (Brabec De Mori, 2022). Up to this point I have focused on the role of the living body, but it is evident that the more complex aspects of human experience involve the faculties and capacities of a psyche with cognitive and representational abilities. These considerations, developed in the last paragraphs, concern the way in which the appearance of complex cognitive functions modifies the intentional relation between the acting subjectivity and its own environment, adding a series of functions concerning social reality, language, and culture.

6. *Secondary Intersubjectivity and Culture*

Having clarified the significant role that the living body and its active form of intentionality plays in constituting layers of experience, it is now crucial to note how, in the case of human beings, it is the regional ontology related to the activity of a psyche that makes our experience so unique. By this, I do not mean to mechanically separate the two layers but rather to highlight those functions that cannot be reduced to structure of temporality, embodiment or intercorporeality. As we have seen, the psyche and the body maintain an intentional and constitutive relation, and it is essential to conceive of an active and continuous motivational relationship between the two. Our lives as human beings unfold in the paradoxical duality of these two aspects, which nevertheless remain intertwined in a unity that is not easily separable. In the case of psychedelic therapy, there is a tendency in the literature to define the psychological or internal state of the subject as "set" (Hartogsohn, 2022). The medical approach to (Psychedelic-assisted-psychotherapy) PAP aims to manipulate those relevant variables by organizing a series of preliminary psychotherapy sessions in which the subject is instructed about the experience that awaits them. They are informed about the risks and difficulties of therapy, as well as the uncertainties and expected effects (Phelps *et al.*, 2017; Val Elk, Yaden, 2022). The main goal is to provide the patient with tools and cognitive habits useful for both coping with negative emotions, such as anxiety and fear often associated with hallucination, loosening of control on the body or ego-dissolution, as well as prepare them to the most common experiential effect of the substance that may be therapeutically relevant. The aim of those preparatory practises is to manipulate the internal state of the subject approaching the psychedelic administration to achieve those psychological stages that are in most cases predictive of positive outcomes. Those psychological categories concern being open, reporting a perception of safety, being ready to surrender to the experience, and so on. Empirical trials, such as the ones adopting the ACE (accept, control, embody) for treating major depression with psylocybin-assisted-therapy, are showing promising clinical results (Watts and Luoma, 2020). As I have already showed before, those empirical causal relations, while having some predictive values, lack a rigorous epistemological foundation as well as not having any direct reference to the structural and dynamical aspect of subjective lived experience. In the second paragraph, I briefly mentioned how some authors have emphasized the relevance of social categories in determining modifications in existing structures of consciousness such as intersubjectivity (Petrement, 2023). However, neither in these cases are the relations between consciousness' structures and functioning specified. It is this complex intentional engagement that constitute

the phenomenal content as well as the dynamics of lived experience with its layered meaning. Having laid the groundwork for the application of phenomenological analyses in the previous paragraphs, I can now pass to how the appearance of a psyche alters the nature of the universal functioning through which consciousness confers meaning to the world. The appearance of the faculty of intellect with its linguistic capacity make a series of representational and propositional content available. So, it is easier to organize information about the self and the world more precisely. The appearance of functions such as belief, judgment or cognitive evaluation coincides with the ability to attribute new layers of meaning to the objects that make up the natural and cultural world, including the self. Additionally, the exercise of intellectual functions coincides with the appearance of a new aspect of experiencing, strongly centred on one's interiority and partially coinciding with what we could define as a virtual space of the mind. This is the place of intimate reasoning, imagining, remembering, personally engaging with emotions and so on. This virtual space of the mind is also important for the construction and consolidation of our interiority as a part of the identity building process (Marraffa, Di Francesco, Paternoster, 2016). For the purposes of our research, however, it is essential to value a second crucial aspect, which is related to structures of intersubjectivity and culture. Even if intercorporeality provides us a basic intersubjectivity, it is only with the appearance of secondary intersubjectivity (Fuchs, 2018; Gallagher and Zahavi, 2007) that the other is perceived as a full subjectivity, involved in the world as an active and intentional "I"[4]. To the extent that the degree of *my* involvement in the world transcends the simplest interaction centred on the body and implies the ability to form representations and use them as a reference for my actions, the *Other* also becomes an active subject of representations and therefore a real and possible co-actor. The silent presence of the other as a co-actor and judge of my actions is embodied in the foundations of human existence at the point that makes Husserl saying that intersubjectivity precedes a full-blown subjectivity (Husserl, 1931). Some authors have proposed to understand this co-action as collective or shared intentionality (Tomasello, 2022; Damasio, 2017, 2021). For our phenomenological discussions, however, it is more accurate to consider it simply as a structural condition of possibility of the acts of a psyche. With secondary intersubjectivity, a complex culture emerges, understood as a collection of common representations endowed with affective relevance that can move us to action (Perrotta, 2022). As humans, culture plays a fundamental role for our lived experience: it gives meaning to our lives

[4] Even if we have introduced the concept of a bodily intentionality, we can think of others as being intentionally engaged with the world just as a byproduct of a representational ability that is closely tied to intellectual and cognitive abilities.

while modifying the way in which we interpret phenomena of the world and of ourselves. This modification is not the result of a force exerting external causation on us, but rather a universal structure of human existence that opens new alternative scenarios for consciousness functioning and construction of meaning. This means that even aspects of the self in its relations with others and with the world can be altered, predicting strong existential modification ranging from affective, to bodily, to narrative ones. If we go back to our intended analyses of psychedelic's set manipulation, it is the case that in many shamanic rituals using psychedelics (Winkelman, 2007), as well as in different cultural habits such as tarantism (Daboo, 2010), the cultural meaning surrounding and structuring the practice is supposed to predict the outcome of the therapy. This cultural meaning is not simply a material apparatus, but rather a series of common representation embedded in the cognitive niche that can become the objects of individual consciousness' functions such as belief, judgments, desire, imagination and so on (Perrotta, Meloni in press). Even material practices, then, can acquire complex experiential meaning thanks to this layered consciousness activity. Those differences are subjectively lived through as constitutive of the experiential field while remaining inaccessible from third person perspective analysis. The cognitive engagement that relates to structures of culture is also affectively relevant. Specifically, it is what makes cultural representation reference values for our actions as well as potential therapeutic agents for our existential journey. This speaks in favour of a non-reductionist view on existential healing that concern complex intentional interaction between consciousness structures and functioning. For some shamanic ritual to "*heal* the *ill",* as in the case of various reported practices of Peruvian Amazon, it does not even mean to let him ingest the psychedelic substance (Dupuis, 2021b). The Shaman, by ingesting Ayahuasca, should get access to the spiritual world becoming the guide for the ills through their transformative healing-process. Therefore, he is not directly dependent on the effects of the substance, but on the existential transformation that is culturally sustained and that depends on the just-mentioned alteration of normal consciousness functioning. The same can be said for tarantism. Those basic functions, as I've already mentioned, can concern different aspect of our intentionally layered and complex lived experience. What can we say of the Western-medicalized patient? We could assume that cultural elements do not play a direct role and that it is rather external and symbolically insignificant triggers that can alter the scaffolding of the experience. This could also be the case of our actual beliefs or emotional status that we defined as "set".

However, this would be phenomenologically superficial while missing a solid foundation. How do those beliefs exert their effect, and why do they exist in this

form? Which relation do they have with other aspect of experience? Are they cultural belief, and if so, what does it make them that way and not another? Are those belief just abstract representation of our mind or they depend on other contextual factors? If so, which relation can a belief have with material things?

In our everyday life we do not bring attention to the consciousness structures and dynamics, and we need to perform a bracketing of the natural attitude, namely the epoché, to capture it (Bitbol and Petitmengin, 2017). This attentional shift will inform us that even the psychedelic experience of the Westerner patient undergoing a session of PAP is influenced by the *culturalization* of the practice. For a Westerner, both the hospital and the presence of physicians are not just material element: they are also imbued with symbolic representation that associate them with medicine while motivating beliefs concerning safety, calm and reassurance. Those can also have a strong effect on embodied aspect of our experience such as our affective status. This, in turn, can modify the intentional posture of the lived body and alter even some aspects of the perceptive components of lived experience[5].

The role of the therapists in the PAP, as well as the preparation of the context, can then be considered as important as that of the shaman in the rituals. In both cases, the figure in question is recognized to exert a strong epistemic authority capable of transmitting beliefs that can in turn set in motion that cognitive and affective apparatus that sustain the existential transformation (Braben De Mori, 2021). He embodies cultural values that are symbolic and abstract while being materially linked to a bodily figure, to material objects or to habitual practices. Different functions are directed towards those layers of objectivity while building complex experiential paths. The doctor, as well as the Shaman, is the beholder of an authority that can be trusted. This epistemic authority is a by-product of an intersubjectively-mediated consciousness functioning: it moves our will and our affective reactions by modifying our intentional approach towards the world.

While the psychedelic substance may *alter* the normal functioning of the brain mechanism by acting on the 5HT2A receptors and causing a cascade of reactions (Vargas *et al.*, 2023), the quality of the affective and cognitive lived experience requires a phenomenological foundation. This basic functioning of consciousness is universal. It provides us a general tool for understanding how singular experiences *can* develop by relating the generality of functions to the specificity of a context-dependent lived experience. The functions that define our volitional and affective engagement with the world are strongly related to structures of intersubjectivity and culture. Being our culturally-de-

[5] As we have already outlined, in the case of psychedelic trip it is important to note that the administration of the substance, especially if with high doses, induce important physiological alterations that can induce hallucinations or the loosening of bodily control whether the context.

fined values and belief so diverse, we can understand how indigenous-practice and medical-treatment can induce similar existential transformations by following alternative paths and different strategies. At the same time, we can understand *how* and *why* values can move our affective and cognitive lives, relating the specificity of our singular life and contingent experiences to the universality of consciousness' structures and functioning. This is how phenomenological analyses can integrate with empirical ones. The *content* of the psychedelic trip induced by the same substance can be so divergent given the existential differences between subjects and cultures. Set and setting's induced alteration can then be considered as a part of a general re-organization of consciousness functioning concerning both bodily and cognitive intentionality. When this re-organization brings balance, integration and interconnection in the life of the subject it will have positive outcomes for his well-being. Phenomenologically, it will show *directly* by modifying the dynamics of our complex and layered lived-experience, concerning an interaction between bodily, emotional, relational, spiritual and mental aspects of our perceived being-in-the-world. This re-organization depends not only on what happens during the trip; it is part of an ongoing process that implies what happens before, as an effect of psychological preparation, (Modlin *et al.*, 2022), as well as what happens *after* the trip, during the integration phase (Bathje *et al.*, 2022)[6].

7. *Conclusions*

In this paper I have outlined a Husserlian-inspired theoretical approach to develop a universal understanding of which consciousness' structure are involved in set and setting's manipulation in a cluster of practices using psychedelics for therapy. Every structure defines and sustain different consciousness' functions that determine the content and the dynamics of different lived experiences. The way in which those functions get related one to another determine how the subject constitute, engage and react to his ever-changing *Umwelt* both in the short-term and in the long term. I have shown how the entirety of the affective, cognitive and social acts that engage with the material content of the psychedelic practice, being it PAP or a shamanic ritual, exert a fundamental effect on the way in which the intentional habit of the subject gets re-organized short and long-term. If there is something about the lived

[6] Different studies, in fact, have showed how the efficacy of PAP for existential *healing* strongly depends on the commitment during the integration phase. The integration phase may supply the Westerner practitioner of that cultural and symbolic reference that indigenous cultures have embedded in their practices and embodied in their daily habits.

experience that is therapeutic in itself (Cacciatore, 2022), it concerns both the (i) structural aspects of a layered and temporally extended engagement with the world and (ii) the dynamics of a net of consciousness' functions that constitute world's object and meaning. I have considered experiences that concern psychedelic use both in the Western model and in different shamanic rituals as complex one that concern multiple experiential layers of activity. In the case of PAP or shamanic ritual, basic perceptual and sensorimotor functions related to the living-body get entrenched with culturally-mediated cognitive and affective functions.

I have showed that the content and the dynamics of the ongoing lived-experience of the psychedelic trip cannot be truly analysed neither understood if we confine the research to the effect of the substance on the biological substrate nor on the psychological mechanisms. The phenomenological foundations outlined in this paper pose alternative categories and theoretical trajectories to develop qualitative methods that look for contingent and personal realization of those universal principles of experience (Perrotta and Meloni, in press). At this point we will then be able to use empirical data from different levels of explanation[7] and compare them with universal phenomenological categories. This will enrich an ongoing process of mutual enlightenment (Gallagher, 1997) towards a more humanistically-inspired comprehension of human nature and personal well-being.

References

Barrett, F.S., Johnson, M.W., Griffiths, R.R. (2015), *Validation of the revised mystical experience questionnaire in experimental sessions with psilocybin*, "Journal of Psychopharmacology", 29, 11, 2015, pp. 1182-1190.

Barrett, F.S., Johnson, M.W., Griffiths, R.R. (2017), *Neuroticism is associated with challenging experiences with psilocybin mushrooms*, "Personality and Individual Differences", 117, 2017, pp. 155-160.

Bitbol, M., Petitmengin, C. (2017), *Neurophenomenology and the Micro-phenomenological Interview*, in S. Schneider and M. Velmans (eds.), *The Blackwell Companion to Consciousness*, Wiley, Chichester, pp. 726-739.

Blevins, K.R. (2023), *Psychedelics, embodiment, and intersubjectivity*, "Journal of Psychedelic Studies", 7, S1, 2023, pp. 40-47.

Brabec de Mori, B. (2017), *Paths of healing, voices of sorcerers. The ambivalence of Shipibo curative songs in Amazonia*, "Terrain", 68, 2017.

Brabec De Mori, B. (2021), *The Power of Social Attribution: Perspectives on the*

[7] Those concern biochemical and neurocognitive research but even cultural anthropology or evolutionary theory.

Healing Efficacy of Ayahuasca, "Frontiers in Psychology", 12, 2021, 748131.

Cacciatore, R. (2020), *Re-opening the Body Schema to a Shared Temporality: A Phenomenological Investigation into the Therapeutic Potential of Psilocybin-Assisted Therapy for Depression,* Degree of Master of Arts (Philosophy) at Concordia University, Montreal.

Carhart-Harris, R.L., Bolstridge, M., Day, C.M.J., Rucker, J., Watts, R., Erritzoe, D.E., Kaelen, M., Giribaldi, B., Bloomfield, M., Pilling, S., Rickard, J.A., Forbes, B., Feilding, A., Taylor, D., Curran, H.V., Nutt, D.J. (2018), *Psilocybin with psychological support for treatment-resistant depression: six-month follow-up*, "Psychopharmacology", 235, 2, 2018, pp. 399-408.

Carhart-Harris, R., Giribaldi, B., Watts, R., Baker-Jones, M., Murphy-Beiner, A., Murphy, R., Martell, J., Blemings, A., Erritzoie, D., Nutt, D. (2021), *Trial of psilocybin versus escitalopram for depression*, "NEJM", 384, 15, 2021, pp. 1402-1411.

Carhart-Harris, R.L., Friston, K.J. (2019), *REBUS and the anarchic brain: toward a unified model of the brain action of psychedelics*, "Pharmacological Review", 71, 3, 2019, pp. 316-344.

Casper, MO., Haueis P. (2023), *Stuck in between. Phenomenology's Explanatory Dilemma and its Role in Experimental Practice*, "Phenomenology and Cognitive Science", 22, 2023, pp. 575-598.

Colelli, J. Di Bernardo, M., (2023) *Embodying the unconscious: A new paradigm for the study of consciousness*, "Rivista Italiana di Filosofia del Linguaggio", 17, 1, 2023.

Craver, C., Tabery, J., Illari, P. (2024), *Mechanisms in Science*, in Edward N. Zalta, Uri Nodelman (eds.), *The Stanford Encyclopedia of Philosophy* (Fall 2024 Edition), https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=science-mechanisms

Daboo, J. (2010), *Ritual, rapture and remorse: a study of tarantism and pizzica in Salento*. Peter Lang.

Damasio, A. (2018), *The Strange Order of Things: Life, Feeling, and the Making of Cultures*, Vintage.

Dupuis, D. (2021a), *The socialization of hallucinations. Cultural priors, social interactions and contextual factors in the use of psychedelics*. "Transcultural Psychiatry", 29, 5, pp. 625-637

Dupuis, D. (2021b), *Psychedelics as Tools for Belief Transmission. Set, Setting, Suggestibility, and Persuasion in the Ritual Use of Hallucinogens*, "Frontiers in Psychology", 12, 730031.

Dupuis, D. (2022), *The socialization of hallucinations: Cultural priors, social interactions, and contextual factors in the use of psychedelics*, "Transcultural Psychiatry", 59, 5, 2022, pp. 625-637.

Dworatzyk, K., Jansen, T., Schmidt, T.T. (2022), *Phenomenological assessment of psychedelics induced experiences: Translation and validation of the German Challenging Experience Questionnaire (CEQ) and Ego-Dissolution Inventory (EDI)*, "PLOS ONE", 17, 3, 2022, e0264927.

Leary, T. (1961), *Drugs, Set & Suggestibility*, Paper presented at the annual meeting of the American Psychological Association.

Leary, T., Metzner, R., Alpert, R. (1964), *The Psychedelic Experience: A Manual Based on the Tibetan Book of the Dead*, University Books, New York.

Luoma, J., Chwyl, C., Bathje, G., Davis, A. K., Lancelotta, R. (2020), *A metaanalysis of placebo-controlled trials of psychedelic-assisted therapy*, "Journal of Psychedelic Drugs", 52, 2020, pp. 289-299.

Fuentes, J., Fonseca, F., Elices, M. (2020), *Therapeutic use of LSD in psychiatry: a systematic review of randomized-controlled clinical trials*, "Frontiers of Psychiatry", 10, 2020, P943.

Fuchs, T. (2013), *Temporality and psychopathology*, "Phenomenology and the cognitive sciences", 12, 1, 2013, pp. 75-104.

Fuchs, T. (2017a), *Intercorporeality and interaffectivity* in Meyer, C., Streeck, and Scott Jordan, J. (eds) *Intercorporeality*: *Emerging socialities in interaction*, "Foundations of Human Interaction", 2017.

Fuchs, T. (2017b), *Ecology of the brain: The phenomenology and biology of the embodied mind*, Oxford University Press, Oxford 2017.

Gallagher, S. (2018), *Phenomenology and the cognitive sciences* in Giovanni Stanghellini, and others (eds), *The Oxford Handbook of Phenomenological Psychopathology*, Oxford University Press, Oxford.

Gallagher, S., Zahavi, D. (2007), *Phenomenological mind,* Routledge, London.

Gallagher, S. (2017), *Enactivist interventions: Rethinking the mind*, "Oxford University Press", 2017.

Geniusas, S. (2022), *Towards a phenomenology of the unconscious: Husserl and Fink on Versunkenheit*, "Journal of the British Society for Phenomenology", 53, 1, 2022, pp. 1-23.

Girn, M. Christoff, K. (2019), *Expanding the Scientific Study of Self-Experience with Psychedelics*, "Journal of Consciousness Studies", 25, 2019, pp. 131-54.

Griffiths, R.R., Richards, W.A., McCann, U., Jesse, R. (2006), *Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance*, "Psychopharmacology", 187, 3, 2006, pp. 268-283.

Griffiths, R.R., Johnson, M.W., Carducci, M.A., Umbricht, A., Richards, W.A., Richards, B.D., Cosimano, M.P., Klinedinst, M.A. (2016), *Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with lifethreatening cancer: a randomized double-blind trial,* "Journal of Psychopharmacology", 30, 12, 2016, pp. 1181-1197.

Guss, J., Krause R., Sloshower J. (2020), *Yale manual for psylocybin-assisted therapy of depression*, 2020.

Hartogsohn, I. (2016), *Set and setting, psychedelics and the placebo response: an extra-pharmacological perspective on psychopharmacology*, "Journal of Psychopharmacology", 30, 12, 2016, pp. 1259-1267.

Hartogsohn, I. (2022), *Modalities of the psychedelic experience: Microclimates of set and setting in hallucinogen research and culture*, "Transcultural Psychiatry", 59, 5, 2022, pp. 579-591.

Heal, D.J., Gosden J, Smith SL, Atterwill, C.K. (2023), *Experimental strategies to discover and develop the next generation of psychedelics and entactogens as medicines*, "Neuropharmacology", 225, 2023, 109375.

Hendricks, P.S. (2018), *Awe: a putative mechanism underlying the effects of classic psychedelic-assisted psychotherapy*, "International Review of Psychiatry" 30, 4, 2018, pp. 331-342.

Houot, A. (2021), *Phenomenology for psychedelic researchers: a review of current methods and practices*, "Journal of Consciousness Exploration Res", 12, 3, 2021.

Husserl, E. (1983), *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*, Martinus Nijhoff Publishers, Dordrecht 1983 (Original edition: *Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie*, 1913).

Husserl, E. (1960), *Cartesian Meditations: An Introduction to Phenomenology,* Springer, Dordrecht.

Husserl, E. (1970), *Crisis of European Sciences and Transcendental Phenomenology: An Introduction to Phenomenological Philosophy*, Northwestern University Press, Evanstone (Original edition *Die Krisis der europäischen Wissenschaften und die transzendentale Phänomenologie: Eine Einleitung in die phänomenologische Philosophie*, 1936).

Kochevar, C. (2023), *Psychedelic phenomenology and the role of affect in psychological transformation*, "Phenomenology and Cognitive Science", 2023, pp.1-23.

Johnson, M.W. (2017), Griffiths, R.R., *Potential therapeutic effects of psilocybin*, "Neurotherapeutics", 14, 2017, pp. 734-40.

Krueger, J. (2018), *Direct Social Perception* in Newen, A., de Bruin, L., Gallagher, S. (eds.), *Oxford Handbook of 4E Cognition*, Oxford University Press, pp. 301-320.

Ibáñez, A., García, A.M. (2018), *Contextual cognition: the sensus communis of a situated mind*, Springer.

Ly, C., Greb, A.C., Cameron, L.P. (2018), *et al.*, *Psychedelics Promote Structural and Functional Neural Plasticity*, "Cell Rep", 2018.

Marraffa, M., Paternoster, A., Di Francesco, M. (2016), *The Self and its Defenses: From Psychodynamics to Cognitive Science*, Palram Milligan UK, London.

Meindl, P., Zahavi, D. (2023), *From communication to communalization: a Husserlian account*, "Continental Philosophy Review", 56, 2023, pp. 343-359.

Metzinger, T. (2004), *Being no one: The self-model theory of subjectivity*, MIT Press, Cambridge MA.

Metzinger, T. (2009), *The science of the mind and the myth of the self*, Basic Books, New York City.

Metzinger, T. (2021), *Minimal phenomenal experience: Meditation, tonic alertness, and the phenomenology of "pure" consciousness,* "PhiMiSci", 1,1, 2021, pp. 1-44.

Mithoefer, M. (2015), *A Manual for MDMA-Assisted Psychotherapy in the Treatment of Posttraumatic Stress Disorder*, Multidisciplinary Association for Psychedelic studies, 2015, pp. 99-108.

Moran, D. (2002), *Introduction to phenomenology*, Routledge, London.

Moran, D. (2005), *Edmund Husserl: Founder of Phenomenology*, Polity press., Cambridge (MA).

Moran, D. (2008), *Husserl's transcendental philosophy and the critique of naturalism*, "Continental philosophy review", 41, 2008, pp. 401-425.

Moran, D. (2012a), *Edmund Husserl, Ideas. A General Introduction to Pure Phenomenology*, Routledge, London 2012.

Moran, D., Cohen, J. (2012b), *The Husserl Dictionary*, Bloomsbury, London 2012.

Newen, A., Gallagher, S., De Bruin, L. (2018, eds.), *The Oxford Handbook of 4E Cognition*, Oxford University Press, Oxford.

Noorani, T. (2021), *Containment Matters: Set and Setting in Contemporary Psychedelic Psychiatry*, "Philosophy, Psychiatry, & Psychology", 28, 3, 2021, pp. 201-216.

Nour, M.M., Evans, L., Nutt, D., Carhart-Harris, R.L. (2016), *Ego-dissolution and psychedelics: validation of the ego-dissolution inventory (EDI)*, "Frontier in Human Neuroscience", 10, 2016.

Ort A., Smallridge J.W., *et al.* (2023), *TMS-EEG and resting-state EEG applied to altered states of consciousness: oscillations, complexity, and phenomenology*, "iScience", 26, 5, 2023, 106589.

Overgaard, M. (2023), *Methodological reductionism or methodological dualism? In search of a middle ground*, "Phenomenology Cognitive Science", 2023, pp. 1-14.

Perrotta, D. (2021), *Consciousness and brain mechanisms: Epistemological investigations between phenomenology and clinical neuroscience*, "Rivista italiana di filosofia e psicologia", 12, 1, 2021, pp. 31-43.

Perrotta, D., Meloni, (2025 – in press), *An epistemological Proposal for applying Phenomenology to cultural anthropological Studies: investigating the universal Processing underlying Jewish Rituals*, Segni e comprensioni.

Phelps, J. (2017), *Developing Guidelines and Competencies for the Training of Psychedelic Therapists*, "Journal of Humanistic Psychology", 57, 5, 2017, pp. 450-487.

Petrement, M.S. (2023), *Psychedelic therapy as reality transformation: A phenomenological approach, "*Journal of Psychedelics studies", 7, 1, 2023, pp. 36-47.

Pokropsky, M. (2019), *Phenomenology and mechanisms of consciousness: Considering the theoretical integration of phenomenology with a mechanistic framework*, "Theory & Psychology", 29, 5, 2019, pp. 601-619.

Pokropsky, M. (2021), *Mechanisms and consciousness: integrating phenomenology with cognitive science*, Routledge London.

Roseman, L., Preller, K.H., Fotiou, E., Winkelman, M.J. (2022), *Editorial: Psychedelic sociality: Pharmacological and extrapharmacological perspectives*, "Frontiers in Pharmacology", 13, 2022, 979764.

Ross, S., Agin-Liebes, G., Lo, S., Zeifman, R.J., Ghazal, L., Benville, J., Franco-Corso, S., Real, C.B., Guss, J., Bossis, A., Mennenga, S. (2021), *Acute and sustained reductions in loss of meaning and suicidal ideation following psilocybin-assisted*

psychotherapy for psychiatric and existential distress in life-threatening cancer, "ACS Pharmacology & Translational Science", 4, 2, 2021, pp. 553-562.

Shannon, B. (2002), *The Antipodes of the Mind: Charting the Phenomenology of the Ayahuasca Experience*, Oxford University Press.

Smith, F.G. (2019), *Experiencing of Musical Sound: A Prelude to a Phenomenology of Music*, Routledge, London.

Strickland, J., Garcia-Romeu, A., Johnson, M. (2021), *Set and Setting: A Randomized Study of Different Musical Genres in Supporting Psychedelic Therapy*, "ACS Pharmacology & Translational Science", 4, 2, 2021, pp. 472-478.

Timmermann C., Roseman L., *et al.* (2023), *Human brain effects of DMT assessed via EEG-fMRI*, "Proclamation of National Academy of Science", 120, 13, 2023, e2218949120.

Tomasello, M. (2022), *The Evolution of Agency: Behavioral Organization from Lizards to Humans*, MIT Press, Cambridge (MA).

ShaVan Elk M., Yaden, D.B. (2022), *Pharmacological, neural, and psychological mechanisms underlying psychedelics: A critical review*, "Neuroscience Biobehaviour", 140, 2022, 104793.

Vargas, M. *et al.* (2023), *Psychedelics promote neuroplasticity through the activation of intracellular 5-HT2A receptors*, "Science", 379, 2023, pp. 700-706.

Yade, D.B., Griffiths, R.R. (2021), *The Subjective Effects of Psychedelics Are Necessary for Their Enduring Therapeutic Effects*, "ACS Pharmacology & Translational Science", 4, 2, 2021, pp. 568-572.

Yoshimi, J. (2021), *Phenomenological psychology as philosophy of mind*, in Jacobs, H. (ed.), *The Husserlian Mind*, Routledge, London, pp. 446-458.

Yoshimi, J. (2020), *Phenomenology and cognitive sciences*, in Yoshimi, J., *The Routledge Handbook of Phenomenology and Phenomenological Philosophy*, Routledge, London.

Yoshimi, J., Kallens, P.C. (2020), *Bibliometric analysis of the phenomenology literature* in "Horizons of Phenomenology: Essays on the State of the Field and Its Applications", pp. 17-47.

Watts, R., Luoma, J. (2020), *The use of the psychological flexibility model to support psychedelic assisted therapy, "*Journal of Contextual Behavioral Science", 15, 2020, pp. 92-102.

Winkelman, M. (2007), *Therapeutic bases of psychedelic medicines: Psychointegrative effects*, "Psychedelic Medicine: new evidence for hallucinogenic substances as treatments", 1, 2007, pp. 1-19.

Winkelman, M. (2010), *Shamanism: A Biopsychosocial Paradigm of Consciousness and Healing*, Praeger Pub Text, New York.

Winkelman, M. (2015), *Shamanism as a biogenetic structural paradigm for humans evolved social psychology*, "Psychology Religious Spiritual", 7, 4, 2015, pp. 267-277.

Winkelman, M.J. (2021), *The Evolved Psychology of Psychedelic Set and Setting: Inferences Regarding the Roles of Shamanism and Entheogenic Ecopsychology, "*Frontiers in pharmacology*",* 12, 2021, *619890.*

Zahavi, D. (2007), *Killing the straw man: Dennett and phenomenology*, "Phenomenology and Cognitive Science", 6, 2007, pp. 21-43.

Zahavi, D. (2013), *Naturalized Phenomenology: A Desideratum or a Category Mistake?*, "Royal Institute of Philosophy Supplements", 72, 2013, pp. 23-42.

Zahavi, D. (2014), *Self and other: Exploring subjectivity, empathy, and shame*, Oxford University Press, Oxford.

Zahavi, D. (2017), *Husserl's legacy: Phenomenology, metaphysics, and transcendental philosophy,* Oxford University Press, Oxford.

Zahavi, D. (2019), *Phenomenology: The Basics*, Routledge, London.

Zahavi, D. (2021a), *Applied phenomenology: why it is safe to ignore the epoché,* "Continental Philosophy Review", 54, 2021, pp. 259-273.

Zahavi, D., Stone, O. (2021b), *Phenomenology and mindfulness*, "Journal of Consciousness Studies", 28, 2021, pp. 3-4.

Zafar R, Siegel M, Harding R, Barba T, Agnorelli C., Suseelan S., Roseman L., Wall M., Nutt, D.J., Erritzoe D. (2023), *Psychedelic therapy in the treatment of addiction: the past, present and future*, "Frontiers of Psychiatry", 14, 2023, 1183740.

Zeifman, R.J., Wagner, A.C., Monson, C.M., Carhart-Harris R.L. (2023), *How does psilocybin therapy work? An exploration of experiential avoidance as a putative mechanism of change*, "Journal of Affective Disorders", 334, 2023, pp. 100-112.

Beyond *Phantastica*. Analyzing and reframing the debate on subjective and beneficial effects of psychedelics

Denis Forest*

Abstract: The question of the relationship between the subjective and beneficial effects of psychedelics is one of the most hotly debated in current research on these substances. This question concerns both the mechanism of action of psychedelics and the kind of therapy we should be focusing on in the future. While proponents and opponents of the necessity of subjective effects clash over questions of value as much as over questions of fact, the characterization of "subjective" effects and that of "hallucinogens" remain imprecise. I suggest that the current debate ignores the possibility of therapies in which subjective effects independent of those usually considered would play a role, and that a better knowledge of subjective effects is needed if the various options are to be properly evaluated.

Keywords: psychedelics, subjective effects, psychoplastogens

1. *Introduction*

It is beyond doubt that we are currently facing a renewal of medical research on psychedelics (psilocybin mostly, but also LSD and DMT), a set of substances credited with a significant therapeutic potential (Pollan, 2018; Nutt *et al.*, 2020) although some observers recommend a cautious approach and point out a risk of disillusionment (van Elk & Fried, 2023). Among all the issues currently discussed in this burgeoning field, the role of "subjective effects" in the therapeutic process is probably one of the most intensely debated (Atik *et al.*, 2024). For many researchers, it would be under the description "hallucinogens" or "eliciting mystical experiences" (whatever these

* denis.Forest@univ-paris1.fr
Université Paris 1 Panthéon-Sorbonne and IHPST.

I want to thank Héloïse Athéa for her many valuable suggestions, and also Fabrizio Turoldo and the audience of a conference at Ca' Foscari University, Venice for their feedback on a presentation related to this paper.

may be) that psychedelics count as therapeutic tools, not simply as molecules that produce myriads of effects within the brain. For others, in the therapeutic process, psychedelics act mainly as a source of neuroplasticity and related neurobiological changes, and subjective effects do not have the importance that is usually ascribed to them.

In this paper, I shall examine this debate, make explicit what is at stake, but also suggest a possible alternative to the options that are currently under scrutiny. The debate on the relationship between subjective and beneficial effects, which concerns facts and explanation, is also a debate on which type of treatment or molecules we should favor in the future, which concerns preferences and possible choices between alternative options. It is difficult to settle these questions for two types of reasons. First, determining which type of psychedelic-assisted therapy is our best option involves, in principle, a description of the mechanisms (Machamer *et al.*, 2000; Craver, 2007) responsible for the occurrence of long term, beneficial effects of psychedelics– as it is rational to choose what preserves or maximizes such effects. But the least we can say is that how exactly psychedelics act on the brain is far from being completely elucidated (Van Elk and Yaden, 2022), which means that there is currently no consensual list of the relevant factors of a beneficial psychedelic therapy. Secondly, it is safe to assume that what constitutes a better explanation of psychedelic action depends on background epistemic values, just as what constitutes a better choice in matter of therapy depends on non-epistemic values. Different values (and different hierarchies between them) guide different choices (Kuhn, 1979), and it is important to acknowledge that even if our knowledge of the action of psychedelics becomes more complete, differences in perspectives and preferences may well subsist.

In section 1, I analyze the arguments presented by two key players in the debate, Griffiths and Olson, in favor or against what I shall call hereafter the Necessity Thesis - according to which subjective effects are a necessary antecedent of the occurrence of full beneficial effects (1.1). I point out that the difference between these authors cannot be reduced to a difference in the appraisal of the therapeutic potential of psychedelics without acute subjective effects. I insist rather on the importance of values in this debate, like fairness -in regards to the question of access to treatment, and parsimony - in regards to the explanation of the beneficial effects (1.2). In section 2, my proposal is to replace the question: "do we need subjective effects to obtain beneficial effects with psychedelic-like substances?" by another question: « could it be the case that *some* subjective effects of psychedelics do contribute to the explanation of their beneficial effects, while other subjective effects – the most conspicuous, the ones current research focuses on most of the time – are truly epiphenomenal?". In this case, the characterization of psychedelics as

Phantastica (Lewin, 1964), that is, sources of sensory illusions and visions, would not identify correctly what explains their therapeutic potential. First, I underline the ambiguity of the notions of "subjective effects" and of "hallucinogenic substances" and I sketch a typology of subjective effects (2.1). Second, I consider two types of psychological effects that could matter in the explanation of beneficial effects, mind-wandering and emotional change (2.2). It could be that Olson's goal – safer psychedelics for a larger population of patients, could be achieved, not (only) with psychedelics without subjective effects, but simply with psychedelics with more limited subjective effects. In the conclusion, I stress the importance of renewed tools for analyzing subjective effects, a prerequisite for progress in the field. I also offer comments on the common resistance to Olson's project, which prevents a more serene examination of alternatives in the field.

1.1. *Griffiths* versus *Olson: what is it all about?*

In 2021, the journal *ACS Pharmacology and Translational Science* has published an instructive exchange of views between the late Roland Griffiths, one of the researchers that have played a major role in the re-appraisal of psychedelics in scientific medicine, and David E. Olson a chemist particularly committed to the search for new therapeutic strategies derived from classic psychedelics. The quite dogmatic title of the paper co-published by Yaden and Griffiths is "The Subjective Effects of Psychedelics Are Necessary for Their Enduring Therapeutic Effects" (Yaden and Griffiths, 2021) while the more cautious title chosen by Olson is "The Subjective Effects of Psychedelics May Not Be Necessary for Their Enduring Therapeutic Effect" (Olson, 2021). Griffiths expresses an orthodox and widely shared view, while Olson on the other hand challenges this view and considers an alternative possibility. Although there are other significant publications along the same lines as Olson's (e.g. Hessegrave *et al.*, 2021; Moliner *et al.*, 2023), it seems appropriate to focus on the direct exchange between Griffiths and Olson in order to present the debate on the relationship between subjective and beneficial effects of psychedelics. To defend the Necessity Thesis, Yaden and Griffiths use two main arguments. According to the first argument, the correlation between the occurrence of subjective effects and long-term beneficial or curative effects is sufficiently robust to suggest a causal link between the two. In particular, the intensity of mystical experiences under psychedelics would be the best predictor of positive changes afterwards. According to the second argument, we have reason to interpret the correlation between subjective and beneficial effects in a causal sense, because this relationship is intelligible: the nature of psychedelic experiences and the changes they bring about are likely

to explain why long-term benefits are observed. There is undoubtedly more than one description of subjective effects in the literature, and more than one conception of their role. One can emphasize the role of mystical experiences themselves (as Yaden and Griffiths) or primarily the importance of insight and belief change that accompany them (Letheby, 2021). But in any case, it seems impossible to Yaden and Griffiths to eliminate the contribution of the occurrence and content of the psychedelic experience (as a source of change of perspective on oneself and the world) from the explanation of the therapeutic effects of psychedelics. For them, to hold that subjective effects are not a mere epiphenomenal byproduct of the curative action of psychedelics leads to a crucial prediction: if these substances were administered in a state of unconsciousness due to deep sleep, they would not produce their full effect. Symmetrically, the occurrence of long-lasting beneficial effects in such a case would be the only direct proof the absence of a causal role for subjective effects (although, as noted by Atik *et al.*, 2024, we should consider the possible positive effect of anesthetic agents on neuroplasticity as a confounding factor).

For his part, Olson is convinced that the explanation of the beneficial effects of psychedelics is of a different nature, and that their future can be thought of in a different way. According to him: 1. psychedelic therapies without massive subjective effects are desirable; 2. psychedelic therapies without massive subjective effects are conceivable; 3. finally, preliminary results suggest that developing new psychedelic therapies in which subjective effects are not a prerequisite for beneficial effects is a promising avenue of research.

When it comes to desirability, Olson implicitly endorses a utilitarian point of view. Basically, the reasoning goes as follows: it is preferable to have psychedelic therapies that can be offered to the greatest possible number of patients; however, because of their subjective effects, psychedelic therapies cannot be offered to many patients who could nevertheless benefit from them; consequently, it is rational to seek to develop non-hallucinogenic psychedelics. According to Olson, there are three main causes that concur to prevent a wider use of psychedelics (Peters and Olson, 2021). The first has to do with apprehensiveness about the psychedelic experience: patients may be reluctant to take psychedelics because of the risk of a bad trip, or simply because of the perceptual distortions involved in the psychedelic experience and its emotionally disturbing nature. The second restriction stems from exclusion criteria linked to co-morbidities: in many cases (like heart disease, or schizophrenia), the patient's condition leads us to consider that he or she is not eligible for therapy based on hallucinogenic substances. The third restriction derives from the cost of therapies which require a relatively expensive substance and a suitable environment with a qualified staff to monitor the experience. To sum up, not everyone is simultaneously intrepid, lucky and

wealthy, and psychiatry must be at least as concerned about the ones that are not as it is about those who are. And it is plausible that non-subjective psychedelics would be less frightening, that they would pose fewer problems for patients with co-morbidities, and that their medical use would be less costly because of fewer requirements. What reasons do we have then to consider that what is desirable is also possible? Olson has proposed to use a new concept, that of psychoplastogen (Olson, 2018), to characterize the effects of classic psychedelics on the brain. A psychoplastogen is a substance that promotes neuronal and cerebral plasticity and does so in such a way that there may be a psychological benefit. While this concept does not apply exclusively to psychedelics, both *in vivo* and *in vitro* studies have highlighted the fact that psychedelics promote both dendrite growth and synapse formation (Ly *et al.*, 2018). In relation to this, Olson also points out that some psychiatric illnesses such as depression are associated with structural changes in brain regions like the prefrontal cortex (retraction of dendrites, loss of dendritic spines and synapses), changes that can be understood as having harmful consequences on affective regulation (Olson, 2018; Olson, 2022). It is therefore possible to conceive the beneficial effect of psychedelics as a consequence of their power as psychoplastogens, as they would restore structures and activity within regions that are damaged and impaired by pathological processes. In this case, the subjective effects of psychedelics should be conceived as non-essential, merely epiphenomenal correlates of their therapeutical action. And it becomes conceivable that in the future, newly designed psychedelic drugs might retain their core beneficial effects as psychoplastogens while lacking the subjective effects of classic psychedelics. At this point, Olson faces a methodological problem: when it comes to predicting the efficacy and safety of a new pharmacological agent, preclinical studies play a crucial role. But measuring the absence of subjective effects of a given substance in a non-human organism is a particularly difficult challenge. One solution is the definition of behavioral criteria of psychedelic experience. Even if they are largely forgotten, proposals for criteria of this type have been around since the first wave of psychedelic medicine (Athéa, 2024). For instance, Barry Jacobs, a researcher based in Harvard, suggested studying visual tracking of unseen objects as a form of "hallucinatory-like behavior" (Jacobs *et al.*, 1977). In the recent literature, however, it is the Head Twitch response (HTR) that has become the commonly used index of psychedelic experience in non-human animals due to a fairly robust correlation between the ability of psychedelics to produce acute subjective effects in human subjects and their ability to produce HT responses in animals, responses that are considered as specific i.e. not observed when other molecules are administered (Halberstadt *et al.*,

2020)[1]. On the basis of this criterion (presence or absence of HTR), Olson believes it is possible to tell whether a substance combines the two properties of being non-hallucinogenic and having the capacity to produce beneficial effects. In order to establish that it is possible to develop new non-hallucinogenic psychedelics with therapeutic potential, Olson started with ibogaine, a molecule structurally similar to DMT, which is thought to have anti-addictive properties - reduction of cravings and prevention of relapse (Cameron *et al.*, 2018). However, ibogaine's cardiotoxicity and hallucinogenic properties have prevented the development of its therapeutic use. Olson's team has designed and synthesized an ibogaine-like substance close to the alkaloid tabernanthine, which they named Tabernanthalog (TBG). Olson and colleagues have shown that TBG has no deleterious effects on zebrafish development, while it promotes neuroplasticity in rats, and does not cause HTRs. Using a mouse model of addiction (with a self-administration protocol), they have also shown that tabernanthalog reduces heroin-seeking behavior (Cameron *et al.*, 2018). Olson believes he has thus demonstrated the therapeutic potential of tabernanthalog and, more generally, in direct opposition to Griffith's view, the possibility of developing psychedelics whose therapeutic effects do not depend on their subjective effects.

1.2. *Sources of disagreement*

First of all, let's emphasize what the debate is *not* about. Yaden and Griffiths do not deny that *some* beneficial effects can be obtained with future psychedelic therapies independently of their subjective effects. They only argue that subjective effects are the condition for longer-term, more important beneficial effects (Yaden and Griffiths, 2021). In other words, for them, it is not the mere possibility, but rather the *maximization* of beneficial effects that is at stake. Symmetrically, Olson does not deny that a "profound subjective experience" can add something to a "pharmacologically induced state of heightened neural plasticity", i.e. that there is an additional specific effect of this subjective experience and that the beneficial effect of ordinary psychedelic therapies may be the result of the combination of the two (Olson, 2021 p. 565-66). Griffiths has emphasized that in the eventuality of the development of therapies based on non- hallucinogenic substances, patients should retain the option of choosing a therapy with subjective effects (Yaden Earp and Griffiths, 2022). But there is no reason to think that Olson's long-term

[1] The HTR is defined as a "high-frequency paroxysmal head rotation that occurs in rats and mice after 5-HT2A receptor activation" (Halberstadt *et al.*, 2020). Blocking 5-HT2A receptors with an antagonist like ketanserin has the effect of attenuating or suppressing the HTR in rodents, as it is known to prevent the occurrence of thepsychedelic state in humans.

aim is to rule out entirely therapies that involve subjective effects; his project is to provide a credible alternative to these therapies, for all the reasons mentioned above. As we can see, the difference between the two points of view, once clarified, might seem minimal and simply concern the degree of therapeutic efficacy that can be predicted with non-hallucinogenic psychedelics (a low degree if we follow Yaden and Griffiths, a more significant and enduring one if Olson is right). Yet the issue is more complex and the difference more profound. We can identify a deeper disagreement on at least three levels: the definition of the best therapeutic option; the background conception of what psychedelic medicine is and should be; and, finally, the epistemic norms according to which we can build an explanation of the power of psychedelics. First of all, the opposition concerns what the default option for therapy should be, and the main values that govern this choice. For Griffiths and colleagues, the best therapeutic option is the one that combines the greatest plausibility of a good outcome with the highest degree of beneficial effects. If we ascribe a low degree to the risk of unpleasant or threatening experiences in the case of therapies relying on classic psychedelics and a "very high likelihood of positive experiences that are weighted as being of exceptional magnitude", the consequentialist reasoning leads to attribute a higher value to therapies that offer the added benefits of subjective effects (Yaden, Earp and Griffiths, 2022). What I am now focusing on is not the empirical question of whether Griffiths and colleagues are in fact minimizing the risks of adverse effects associated with classic psychedelics, like headaches, nauseas, or even suicidal ideation. (Goodwin and al., 2022; van Elk and Fried, 2023). My point is rather to note that Yaden and Griffiths do not give central importance to the value of accessibility (to the greatest number) which is central for Olson. The different answer Griffiths and Olson give to the question of what should be the default option in terms of proposed therapy if we compare strategies with and without subjective effects is not primarily guided by a different assessment of existing therapies, but by a different definition of what constitutes the best option: greater benefits for each patient that receives treatment, including extra-therapeutic ones (Griffiths), benefits that are more widely and fairly distributed in the general population (Olson).

Secondly, it can be argued that there is an important difference in the conception of psychedelic medicine that underlies each account of the role of subjective effects in the therapeutic process. For instance, it is probably impossible to reconstruct the context of the (re)discovery of psychedelics in academic research without mentioning Robert (Bob) Jesse, one of the co- authors of the 2006 study whose rigorous methodology and findings were instrumental in the revival of psychedelic medicine (Griffiths et al, 2006). Robert Jesse is both the founder of the Council on spiritual practices and a person who played a key

role in the evolution of Griffiths' research interests -an evolution that led him to focus on psychedelics (Pollan, 2018). On the one hand, it is worth noting that the mission of this organization is quite explicitly to make the «direct experience of the sacred more available to more people»[2]. On the other hand, laboratory ethnography suggests that psychedelic research at the Johns Hopkins Center for Psychedelic and Consciousness studies is not completely isolated from an underground community of psychonauts (Noorani, 2021). Comparable studies have yet to be carried out in other research centers, and I do not claim that all researchers interested in classic psychedelics and their subjective effects share the same credo, or a covert attraction for the supernatural. However, in some cases at least, therapeutic research on psychedelics is more concerned with taking advantage of the entheogenic properties of psychedelics than with breaking with the spiritual traditions that have used them, a fact which has not failed to elicit concerns among some clinicians who are, for instance, reluctant to see religious icons invade the clinical space (Johnson, 2021). It is quite obvious that the project of Griffiths is rather to add the rigor and respectability of double-blind, randomized, placebo-controlled studies to the use of psychedelics than to establish a watertight barrier between spiritual and curative uses.

Nothing could be further from Olson's concerns. The redefinition of psychedelics as psychoplastogens characterizes them through their ability to initiate low-level material processes within the brain of patients, processes that can receive, in principle, a complete account from a third-person perspective. This difference in perspective also affects the way in which the available evidence is taken int account. Griffiths relies essentially on the results of clinical research, whereas in a project like Olson's, animal models are of crucial importance. It is hardly surprising that Griffiths should use the reference to narrative medicine to criticize the search for new-generation psychedelics with no subjective effects, on the grounds that this research remains locked into an exclusively biological conception of illness (Yaden, Earp and Griffiths, 2022). The disagreement, then, concerns the relation between psychedelic medicine and spiritual practices: should psychedelic medicine be conceived as a secularized equivalent of such practices (an encounter with the sublime, or a journey within oneself), or should the link between the two be severed once for all.

Finally, there is the question of the epistemic values that determine the type of explanation of beneficial effects that is preferred. In the perspective adopted by Olson, one crucial value is parsimony. Regarding the relationship between subjective and beneficial effects, for Olson and other researchers the default strategy is to try to suppress the subjective effects and to challenge Griffith's necessity thesis. This is the inspiration, for example, behind studies

[2] https://csp.org/docs/home.

in which 5-HT2A receptors are blocked in animal models of the therapeutic action of psychedelics (Hesselgrave *et al.*, 2021). On the one hand, that the activation of 5-HT2A receptors is crucial in the production of subjective effects (hallucinations, etc.) is one of the best established results in psychedelic research (Vollenweider *et al.*, 1998). On the other hand, the fact that the beneficial effects of psilocybin (anti-anhedonic effect, for example) are nonetheless maintained when 5- HT2A receptors are blocked (Hesselgrave *et al.*, 2021) creates a problem for all those who place the psychedelic experience at the heart of therapy (Athéa, 2023). What interests me at present is not the evidential value of these studies but their common approach, an approach well known in other areas of scientific investigation. For instance, when he proposed his doctrine of uniformitarianism in geology, Lyell used an argument of this type: it is preferable to begin by trying to explain the present profile of the earth's relief with familiar causes (erosion and so on) and to see where this leads us, before postulating the intervention of extraordinary causes (such as catastrophes) in the past (Lyell, 1832; Gould, 1987). Olson and others apply a similar strategy when they suggest starting by trying to account for the beneficial effects of psychedelics through low-level structural and functional changes in the brain, rather than through mystical experiences and their content. Invoking the role of subjective effects before exhausting the resources of explanations that involve exclusively better-understood factors would be like appealing to catastrophes before exhausting the resources of explanations involving ordinary causal factors in geology. Griffiths and Olson have different ideas as to what constitutes the best therapeutic strategy (depending on whether the value of accessibility to the greatest number of people is emphasized to a greater or lesser extent), different conceptions of the relationship between spiritual and medical uses of psychedelics, and they do not give parsimony the same role in the choice of the right explanatory strategy. For all these reasons, the difference between Griffiths and Olson appears to be far more important than a simple difference in prediction regarding the potential of Tabernanthalog and other psychedelics without subjective effects in tomorrow's medicine.

1.3. *Which subjective effects are we speaking of?*

To sum up, the Necessity thesis (NT) is difficult to reconcile with several findings. Besides Olson's research, as we have seen, some studies suggest that beneficial effects of psychedelics are compatible with the blockade of 5-HT2A receptors in animal models of mental disorders (Hesselgrave *et al.*, 2021). Moreover, we have to take into account the beneficial effects of non-hallucinogenic doses of LSD and psilocybin (Anderson *et al.*, 2018) even if

in this case expectation bias may play a significant role. And we have to take into account human cases where the therapeutic effects – for instance the antidepressant effects of psilocybin, are not accompanied by "psychedelic effects" (Rosenblat *et al.*, 2023). However, these elements do not provide an easy victory for Olson. First, there is the problem of the lack of specificity of the "psychoplastogen" view. Positive effects on neuroplasticity is a common feature of many substances and it is difficult to reduce the distinctive therapeutic power of psychedelics to their characterization as psychoplastogens (Van Elk & Yaden, 2022). Secondly, there is a persistent lack of integration between known effects of psychedelics on BDNF production and neural plasticity, and modifications of the brain caused by psychedelics at a higher level of integration like the activity of the Default Mode Network. Thirdly, from a methodological point of view, the inference in animal studies from the absence of HTR to the non-hallucinogenic power of a given substance is less secure than it is sometimes assumed – false negatives and false positives have been both reported (for a review, Athéa, 2024). The debate is also plagued by the underdetermination of key concepts, a phenomenon that hinders further progress in the field, or, to be more specific, that prevents the formulation and examination of alternative hypothesis, some of them not currently considered. First, we could distinguish between several types of "subjective effects" – some of them potentially separable from others. Second, it is not difficult to establish that in the existing literature, the term "hallucinogenic" is equivocal and as a consequence, what is meant by a "non-hallucinogenic substance" is equivocal too. All of this raises the interesting possibility that Griffiths' Necessity Thesis could be false if we speak of "subjective effects" in general, but true (or nearly true) if we consider, if not the necessity, at least the significance of *some* of these effects in the therapeutic process and its enduring benefits. And it would be also possible that "non-hallucinogenic" means in some contexts "deprived of *some* subjective effects". In particular, what Olson calls "safer psychedelics" would not be psychedelics without (any kind of) subjective effects, but psychedelics that do not raise the probability of the occurrence of visions, ego dissolution and other features of mystical experience. And instead of Griffith's Necessity Thesis, we would have a more modest hypothesis where some subjective effects would be a welcomed ingredient of the beneficial effects – for instance because therapy is about the possibility of change, and effects that are subjective, i.e. that can be introspectively accessed, make the very possibility of change known to the patient. Because of this, specific kinds of subjective effects will play an important role in the process of the cure. I develop these ideas in section II.

2. *Kinds of effects and the vagueness of the category of "hallucinogens"*

I shall begin this section with a very basic distinction between three possible *kinds* of subjective effects. The first kind is what I shall call content-related effects (CRE). Psychedelics are known to provide unusual experiences, that is, especially, experiences whose intentional content is itself unusual, or exceptional: because of the distortion of space perception, for instance, because of the uncommon vividness of sensory impressions, because of the modification of the bodily image, or because of a new sense of unity with the external world. Hallucinations are only one kind of such CRE. The second kind is what I shall call affect-related effects (ARE). The intensity of emotions during psychedelic episodes, the fluctuation from one state with a positive valence to another with a negative one (both extreme), as well as the emotions linked to the content of the episodes (for instance the feeling of awe in a mystical experience) all qualify as ARE. But there is also a more subtle kind of subjective effect, that I shall call process- related effects (PRE). We could illustrate this with the classic description of the varieties of the psychedelic experience offered by Robert Masters and Jean Houston, first published in 1966 (Masters and Houston, 2020). Among the "psychological effects" of LSD and peyote, these authors count changes not only in the content of thought but also in its "rate". In the first, first- person account of psychedelic experience presented in the book, it is said that "within consciousness, MORE simultaneous mental processes operate without any one of them interfering with the awareness of others" (ibid., p.11). One the key chapters on the book is called "the voyage inward", inviting us to pay attention to the central dimension of the mental modifications induced by psychedelics: the progressive exploration of a mental landscape that is caused by "mind manifesting" drugs. Process-related effects are subjective effects related to the dynamics of thought. Another way of characterizing PRE would be to consider them as the subjective counterpart of acquired behavioral flexibility, one important characterization of the effects of psychedelics on nonhuman organisms (Hibicke *et al.*, 2020). PRE, or fluidified mental processes (with a distinct phenomenology) would supervene on the neural basis of extended behavioral flexibility. They would provide access of new contents of thought, for sure, but they would not alter basic perceptual and self-knowledge like CRE. If we accept the distinction between these three kinds of subjective effects, one hypothesis is that even if CRE, ARE and PRE occur frequently together, or are frequently reinforcing each other, they are not necessarily inseparable, and they are not necessarily related in the same manner to therapeutics or more generally to beneficial effects. For instance, in the therapeutic use of MDMA, it is its ability to boost

empathy and social feelings (a specific kind of ARE) that is emphasized, without any reference to CRE, that is, unusual contents of conscious experience (Danforth *et al.*, 2018). One possibility, then, is that psychedelic-like substances that are believed to induce no subjective effects (like TBG) would be psychedelics without CRE (or minimal CRE), but not without subjective effects in general. This possibility, if true, would call into question the relevance to therapeutics of the most salient, most often described features of psychedelics (so-called "acute effects", the ones that have been central to their description as entheogens) but this would not mean that the power of psychedelics has to be described in a purely biological vocabulary. In this context, we should remember that the meaning of "hallucinogen" is far from constant, which means that the list of effects that are both necessary and sufficient to justify that a drug D is called "hallucinogenic' is not fixed. For Louis Lewin (Lewin, 1924) within his influential taxonomy of modifiers of cerebral activity, hallucinogens are classified as *Phantastica* in opposition to *Euphorica* (products that reduce mental activity and induce subjective well- being), *Inebriantia* (sources of intoxication), *Hypnotica* (sedatives and soporific agents), and *Excitantia* (psychostimulants). The main effects of *Phantastica* are sensation distorsion, the presence of hallucinations, illusions and visions, which means that Lewins puts very clearly the emphasis on CRE in the definition of hallucinogens. Very often, the meaning of "hallucinogen" encompasses a larger range of phenomena: for instance, in its online edition, the *Encyclopedia Britannica* associates hallucinogens both with spiritual, dream-like and psychotic experience: "Hallucinogen, substance that produces psychological effects that tend to be associated with phenomena such as dreams or religious exaltation or with mental disorders such as schizophrenia", before adding that "hallucinogens produce changes in perception, thought, and feeling[3]"[4] (CRE, ARE and maybe PRE). According to Halberstadt and Geyer, "hallucinogens are a class of pharmacological agents that increase the intensity and lability of affective responses and produce profound distortions of perceptual processes encompassing the visual, auditory and tactile modalities" (Halberstadt and Geyer, 2011), a combination of ARE and CRE with no special reference to hallucination *per se*. Finally, some researchers have pointed out that "the term *hallucinogen* derives from the late latin *alucinari*, meaning to wander in mind, talk idly or prate" (Abraham and al., 1996). In this last case, to be "hallucinogenic" would have much more to do with PRE (switching from one topic to another, making mental digressions) than with CRE. This variation is itself innocuous, as long as the definition of "hallucinogen" and "hallucinogenic" that we have in mind is made explicit. But in the literature on psychedelics, it seems that the presence or absence of "subjec-

[3] https://www.britannica.com/science/hallucinogen

tive effects" or the hallucinogenic (or non- hallucinogenic) power of a given substance have not to do with perceptible, conscious effects in general but with what we have called CRE, or content-related effects – a radical change in the representation of the world, and/or of the self. In this sense, for a given substance to be classified as "non-hallucinogenic" it would be sufficient that it does not cause distortions in external and bodily perception, and that it does not give rise to a mystical experience. This would not preclude that ARE (that are not themselves dependent on CRE) and PRE do occur with "non hallucinogenic-C" substances; and this would not preclude that these effects would contribute (in some measure) to the beneficial effects. In the next section the question I would like to answer is what kind of subjective effects could play such a role, and under what conditions.

2.1 . *Two potential factors of change*

In this section I want to consider two examples of psychological effects of psychedelics that could possibly contribute to their beneficial effects. One is *mind-wandering* and the other is *positive emotions and moods*. Before examining them more closely, I want to make explicit under which conditions these effects may deserve our attention in the present context. First, they should have a genuine subjective (experiential) dimension. Second, it must be plausible that they can occur without the presence of CRE, and acute subjective effects associated to them (and possibly, that they could have some kind of equivalent in a nonhuman animal). Thirdly, it must be plausible that they could by themselves boost the therapeutic process. Fourthly, it must be possible to explain their occurrence by the known effects of psychedelics on the brain. If they meet all of these conditions, such effects could be combined with the purely neurobiological effects of molecules that do not produce acute subjective effects. Within Olson's larger project (safer psychedelics for a larger population) we should then look for molecules that are not hallucinogenic-C, but we could welcome other molecules that are hallucinogenic-P (or hallucinogenic-A, or both). Let's consider first mind wandering. Mind-wandering has been defined as "a mental state where thoughts arise spontaneously, relatively free from constraints and intentions" (Christoff *et al.*, 2016). As recalled by Christoff and colleagues, William James compared our thought to a bird' life, an alternation of "flights", the transition from one mental state to another, and "perchings" – the fixation of thought on a given content (James, 1890). Mind-wandering would correspond to a combination of spontaneous, unhindered phases of "flights", and "perchings" that are linked to the consideration of different, rather than recurring contents – which makes mind-wandering the antidote to rumination. Several stud-

ies exist on the effect of classic psychedelics on mind-wandering (Wiesser *et al.*, 2021), or on the relation between mind- wandering and neuromodulation in general (O'Callaghan *et al.*, 2020). According to our definitions, a hallucinogen-P would be a promoter or enhancer of mind-wandering. It would not give rise to out-of-the ordinary experiences, but it would increase and facilitate mental fluidity, and the consideration of new and unexpected thoughts[4]. I want to propose that an increase of mind-wandering meets the above requirements for a promising, *sui generis* subjective effect of psychedelic-like substances different from acute subjective effects. First, it is plausible that increased mind-wandering has a distinctive phenomenology – the feeling of being unconstrained for instance in the process of association of thoughts, possibly with an affective component like surprise. Second, it is plausible that mind-wandering can be beneficial, for instance in the context of depression and obsessive thoughts, but also of addiction. For instance, the occurrence of unexpected thoughts about alternative rewards and possible expectations about the future would promote changes in patterns of behavior. It is true that some kinds of mind-wandering have been associated with negative affect (Stawarczyk et al, 2012), but in itself, this is no reason to think that mind wandering is always detrimental. Thirdly, outside the field of psychedelic research, mind-wandering is known to be independent of perceptual distortions or mystical thinking and it is compatible with a robust sense of the (minimal) self. Fourthly, we can think of different alterations of the brain under psychedelics – from low-level neuroplasticity to the destabilization of network hubs (Nichols, 2017) that can promote mind-wandering in addition to other subjective effects. It remains to be seen if new molecules, or the combination of 5-HT2A receptor antagonists and classic psychedelics can result in a dissociation of mind wandering and well-known acute subjective effects of psychedelics.

Another possible case of promising subjective effect of psychedelics is their influence on one's affective life. First, even the researchers that defend the Necessity Thesis about the role of mystical experiences recognize that emotional change, or the ability to overcome challenging emotions ("emotional breakthrough") could be a possible "primary determinant of long-term psychological outcomes" (Roseman *et al.*, 2019). For instance, some patients have reported the "evaporation" of negative emotions, like rage and anger,

4 The ideas presented about mind-wandering in this section have certainly a family resemblance with the widely discussed REBUS Model of Carthart-Harris and Friston (Carthart-Harris and Friston, 2019). A detailed comparison would exceed the scope of the present paper, but I see no reason to focus exclusively on changes related to beliefs and not to consider other changes, related to other kinds of mental states.

under psychedelics (*ibid.*). A good predictor of a positive change in well-being, the presence of an emotional breakthrough could be considered as a distinct component of the psychedelic experience" (*ibid.*). Second, among the enduring effects of psilocybin, the diminution of negative emotions and anxiety, and the presence of elevated levels of positive affect have both been reported, with corresponding modification in the patterns of brain activation (Barrett *et al.*, 2020). To the best of my knowledge, it is not currently known if in the case of the administration of psychedelics combined with the blockade of 5-HT2A receptors, the above-mentioned effects on negative or positive affect do persist in the absence of hallucinogenic-C effects, and in what measure. And it is not known if substances derived from classic psychedelics, besides their known effects on neurogenesis and neuroplasticity, could include these effects on subjective well-being not simply as a later outcome of the therapeutic process, but as a primary source of the long-term benefits of such a process. If it were the case, these subjective effects -probably combined with adequate set and setting, to prevent negative emotions and anxiety would probably not act simply as "mood brighteners". A similar suggestion can be found in a paper by Peter Hendricks (Hendricks, 2018). Hendricks builds on the definition of awe given by Kelter and Haidt (2003) which adds to the reference of "vastness" as a formal object of the emotion of awe, a reference to what they call the "need for accommodation" – the adjustment of one's mental structure and habits to an experience that is new and disconcerting. In a similar manner, positive affective changes, even not related to an awe-inspiring experience, would by their very occurrence open a new space of mental possibilities of which the therapeutic process will benefit.

Conclusion

We still don't know to what extent the beneficial effects of psychedelics depend on their subjective effects. One reason for this is that in preclinical studies, the criteria for defining a substance as "non-hallucinogenic" are vague. As a consequence, evidence of dissociation between the two types of effects remains weak. Another reason is that in human studies, very few data are available to determine whether the action of psychedelics on the brain, in the absence of 5-HT2A receptor activation has, besides their known neurobiological effects, more subtle subjective effects, independent of well-studied acute subjective effects, and what would be their nature and possible role. To make some progress on this question, it would be profitable in animal studies to supplement HTR measures with other operational criteria of being "hallucinogenic" or "non-hallucinogenic" (Athéa, 2024) – for instance, a revised

version of the study of visual tracking of unseen objects (see above, 1.1.). Research would need also to investigate what happens with human patients under psychedelic influence when 5-HT2A receptors are blocked, or, in the case analogs of TBG were used in clinical trials – to focus less exclusively on acute subjective effects and scales of mysticism - for instance, by using measures of mind-wandering like the Amsterdam Resting State Questionnaire (ARSQ, Wiessner et al, 2021) combined with measures of emotional effects like the Emotional Breakthrough Inventory (Roseman et al 2019), or derived tools. This could allow us to distinguish substances without subjective effects and hallucinogens-P or hallucinogens-A, and to compare their respective therapeutic potential, a potential susceptible to vary from one mental disorder to another (the same subjective effect may not matter in the same manner in the case of addiction and major depression). Making such methodological suggestions is just one application of what Reichenbach called the advisory task of epistemology (Reichenbach, 1938). If it proved possible to develop psychedelic therapies with less subjective effects, this prospect would undoubtedly meet the same resistance that proponents of non-subjective psychedelics have already encountered. The question would be asked again: if classic psychedelics provide experiences that many patients consider to be among the "most positive and meaningful" of their entire lives (Yaden *et al.*, 2022), why should we want to deprive them of such exceptional episodes of their life? To this question, it is probably not sufficient to answer that usual forms of psychedelic therapy would remain a possible choice for the patients each time they are sufficiently safe for them, and also that we have seen that there is no consensus in favor of the Necessity Thesis. What can be added is that there are different possible understandings of the principle of beneficence in medical ethics, linked to different conceptions of health. If for instance we adopt a view of health according to which health is associated with minimal happiness and autonomy of the agent (Nordenfelt, 2000), there is nothing to object to a therapy that promotes effectively minimal happiness, rather than states of bliss, especially if minimal happiness is for the greater number and bliss for the happy few. With this background in mind, we can think of the minimally happy agent as healthy, even if he finds life absurd rather than meaningful. While differences of opinion regarding well-being and normative medical ethics are there to stay, the assimilation of psychedelics to *Phantastika* is not inevitable and other paths may be open to psychedelic medicine than the one traced by Griffiths, paths not necessarily similar to the one suggested by Olson.

References

Abraham, H. D., Aldridge, A.M., Gogia, P. (1996), *The psychopharmacology of hallucinogens*, "Neuropsychopharmacology", 14, 4, 1996, pp. 285-298.

Anderson, T., Petranker, R. *et al. (*2019), *Microdosing psychedelics: Personality, mental health, and creativity differences in microdosers*, "Psychopharmacology", 236, 2, 2019, pp. 731-740.

Athéa, H. (2024), *Une enquête philosophique sur les modèles animaux*, Unpublished dissertation.

Athéa, H. (2023), *How does psychedelic therapy work?*, "Philosophical Psychology", 2023, pp. 1-5.

Atik, M., *et al.* (2024), *Disentangling the acute subjective effects of classic psychedelics from their enduring therapeutic properties*, "Psychopharmacology", DOI: 10.1007/s00213-024-06599-5, 2024.

Barrett, F.S., Doss, M.K., Sepeda, N.D., Pekar, J.J., Griffith, R.R. (2020), *Emotions and brain function are altered up to one month after a single high dose of psilocybin*, "Scientific Reports", 10, 2020, p. 20214.

Cameron, L. P., *et al.* (2018), *A non-hallucinogenic psychedelic analogue with therapeutic potential*. "Nature", 589, 2018, pp. 474-479.

Carhart-Harris, R.L., Friston, K.J. (2019), *REBUS and the anarchic brain: Toward a unified model of the brain action of psychedelics*, "Pharmacological Reviews", 71, 2019, pp. 316-344.

Christoff, K., Irving, Z.C., Fox, K.C.R., Spreng, R.N., Andrews-Hanna, J.R. (2016), *Mind-wandering as spontaneous thought: A dynamic framework*, "Nature Reviews", 17, 2016, pp. 718-731.

Craver, C. (2007), *Explaining the brain*, Oxford University Press, Oxford.

Danforth, A., *et al.* (2018), *Reduction of social anxiety after MDMA-assisted therapy with autistic adults: A randomized, double-blind, placebo-controlled pilot study*, "Psychopharmacology", 235, 2018, pp. 3137-3148.

Earp, B., Griffiths, R. (2022), *Ethical issues regarding nonsubjective psychedelics as standard of care*, "Cambridge Quarterly of Healthcare Ethics", 31, 4, 2022, pp. 464-471.

Gould, S.J. (1987), *Time's Arrow, Time's Cycle: Myth and Metaphor in the Discovery of Geological Time*, Harvard University Press, Cambridge.

Goodwin, G.M., *et al. (*2022), *Single-dose psilocybin for a treatment-resistant episode of major depression*, "The New England Journal of Medicine", 387, 2022, pp. 1637-1648.

Jacobs, M.E., Trulston, M.E., and Stern, W.C. (1977), *Behavioral effects of LSD in the cat: Proposal of an animal behavior model for studying the actions of hallucinogenic drugs*, "Brain Research", 132/2, pp. 301-314.

James, W. (1890), *The Principles of Psychology*, Henry Holt and Company.

Halberstadt, A.L., and Geyer, M.A. (2011), *Multiple receptors contribute to the*

behavioral effects of indoleamine hallucinogens. "Psychopharmacology", 61, 3, 2011, pp. 364-381.

Halberstadt, A.L., *et al.* (2020), *Correlation between the potency of hallucinogens in the mouse head-twitch response assay and their behavioral and subjective effects in other species*. "Neuropharmacology", 167, 2020, e107933.

Hendricks, P.S. (2018), *Awe: A putative mechanism underlying the effects of classic psychedelic-assisted psychotherapy*, "International Review of Psychiatry", 30, 4, 2018, pp. 331-342.

Hesselgrave, N., *et al.* (2021), *Harnessing psilocybin: Antidepressant-like behavioral and synaptic actions of psilocybin are independent of 5-HT2R activation in mice*, "PNAS", 118, 17, 2021, e2022489118.

Hibicke, M., *et al.* (2020), *Psychedelics, but not ketamine, produce persistent antidepressant-like effects in a rodent experimental system for the study of depression*, "ACS Chemical Neuroscience", 11, 2020, pp. 864-871.

Johnson, M.W. (2021), *Consciousness, religion, and gurus: Pitfalls of psychedelic medicine*, "ACS Pharmacology and Translational Science", 4, 2021, pp. 578-581.

Keltner, D., Haidt, J. (2003), *Approaching awe: A moral, aesthetic, and cognitive emotion*, "Cognition and Emotion", 17, 2, 2003, pp. 297-314.

Kuhn, T.S. (1979), *Objectivity, value judgment, and theory choice*, in T.S. Kuhn, *The Essential Tension: Selected Studies in Scientific Tradition and Change*, University of Chicago Press, Chicago, pp. 329-339.

Letheby, C. (2021), *Philosophy of psychedelics*, Oxford University Press, Oxford.

Lewin, L. (1964), *Phantastica: Narcotic and stimulating drugs. Their use and abuse*, Dutton & Company, New York.

Ly, C., *et al.* (2018), *Psychedelics promote structural and functional neural plasticity*, "Cell Reports", 23, 11, 2018, pp. 3170-3182.

Lyell, C. (1832), *The principles of geology*, J. Murray, London.

Machamer, P., Darden, L., Craver, C. (2000), *Thinking of mechanisms*, "Philosophy of Science", 67, 1, 2000, pp. 1-25.

Masters, R., Houston, J. (2000), *The varieties of psychedelic experience*, Rochester, Park Street Press.

Moliner, R., *et al.* (2023), *Psychedelics promote plasticity by directly binding to BDNF receptor TrkB*. "Nature Neuroscience", 26, 2023, pp. 1032-1041.

Nichols, D.E., *et al.* (2017), *Psychedelics as medicines: An emerging new paradigm*, "Clinical Pharmacology and Therapeutics", 101, 2, 2017, pp. 209-219.

Noorani, T. (2021), *Containment matters: Set and setting in contemporary psychedelic psychiatry*. "Philosophy, Psychiatry, and Psychology", 28, 3, 2021, pp. 201-216.

Nordenfelt, L. (2000), *Action, ability, and health*, Springer, Berlin.

Nutt, D., Errizoe, M., Carhart-Harris, R. (2020), *Psychedelic psychiatry's brave new world*, "Cell", 81, 2020, p. 24-28.

O'Callaghan, C., Walpole, I.C., Shine, J.M. (2021), *Neuromodulation of the mind-wandering brain state: The interaction between neuromodulatory tone, sharp wave ripples, and spontaneous thought*, "Philosophical Transactions B", 376, 1817, 2021, 20190699.

Olson, D.E. (2018), *Psychoplastogens: A promising class of plasticity-promoting neurotherapeutics*, "Journal of Experimental Neuroscience", 12, 2018, pp. 1-4.

Olson, D.E. (2021), *The subjective effects of psychedelics may not be necessary for their enduring therapeutic effects*, "ACS Pharmacology and Translational Science", 4, 2021, pp. 563-567.

Olson, D.E. (2022), *Biochemical mechanisms underlying psychedelic-induced neuroplasticity*. "Biochemistry", 61, 3, 2022, pp. 127–136.

Peters, J., Olson, D. (2021), *Engineering safer psychedelics for treating addiction*, "Neuroscience Insights", 16, 2021, pp. 1-4.

Pollan, M. (2018), *How to change your mind: The new science of psychedelics*, Penguin, London.

Reichenbach, H. (2006), *Experience and prediction*, Notre Dame University Press, Notre Dame.

Roseman, L., Haijen, E., *et al.* (2019), *Emotional breakthrough and psychedelics: Validation of the Emotional Breakthrough Inventory*, "Psychopharmacology", 33, 9, 2019, pp. 1076-1087.

Rosenblat, J.D., *et al.* (2023), *Antidepressant effects of psilocybin in the absence of psychedelic effects*, "American Journal of Psychiatry", 180, 5, 2023, pp. 395-396.

Stawarczyk, D., Majerus, S., Van der Linden, M., D'Argembeau, A. (2012), *Using the daydreaming frequency scale to investigate the relationships between mind-wandering, psychological well-being, and present-moment awareness*, "Frontiers in Psychology", 3, A363, 2012, pp. 1-15.

Van Elk, M., Fried, E.I. (2023), *History repeating: Guidelines to address common problems in psychedelic science*, "Therapeutic Advances in Psychopharmacology", 14, 2023, pp. 1-20.

Vollenweider, F.X. (1998), *et al.*, *Psilocybin induces schizophrenia-like psychosis in humans via a serotonin-2 agonist action*, "NeuroReport", 9, 17, 1998, pp. 3897-3902.

Wiessner, I., Falchi, M. *et al.* (2021), *Low-dose LSD and the stream of thought: Increased discontinuity of mind, deep thoughts, and abstract flow*, "Psychopharmacology", 2021, pp. 1-13.

Yaden, D.B., Griffiths, R. (2021), *The subjective effects of psychedelics are necessary for their enduring therapeutic effects*, "ACS Pharmacology and Translational Science", 4, 2021, pp. 568-572.

Yaden, D.B. (2022), *Pharmacological, neural, and psychological mechanisms underlying psychedelics: A critical review*, "Neuroscience and Biobehavioral Reviews", 140, 2022, e104793.

Recensioni/Reviews

Stefano Canali, *Conoscere la medicina. Strumenti filosofici*, Roma, Carocci, 2023.

Il volume di Stefano Canali, *Conoscere la medicina. Strumenti filosofici* (Roma, Carocci, 2023), esplora con uno sguardo critico e interdisciplinare le principali problematiche epistemologiche e metodologiche della medicina contemporanea, con l'obiettivo di chiarire la complessità della ricerca biomedica e delle pratiche cliniche. Nella prefazione, Giovanni Boniolo e Raffaella Campaner riconoscono subito un grande pregio dell'autore, ovvero la sua capacità di coniugare due prospettive spesso distinte, quella filosofica e quella medica, offrendo "uno sguardo filosofico informato dai progressi della medicina" e "uno sguardo medico informato dal pensiero filosofico" (p. 12). Tale approccio interdisciplinare, che a mio avviso rappresenta il vero punto di forza del volume, conferisce all'opera un valore unico sia per filosofi della medicina sia per medici e professionisti del settore sanitario.

Per conoscere la medicina, come afferma esplicitamente Canali, sono infatti necessari non solo "strumenti teorici per comprendere il corpo umano e suo funzionamento, strumenti pratici per capire come intervenire e iniziare un processo di cura, strumenti tecnologici per decidere come supportare la salute del paziente, strumenti politici e culturali per riconoscere le conseguenze di un intervento" (p. 15), ma anche strumenti filosofici, che occorre non solo possedere ma anche saper usare.

Il volume si articola in cinque capitoli che, nel loro insieme, offrono una panoramica ampia, sebbene necessariamente non esaustiva, dei principali dibattiti epistemologici e metodologici della filosofia della medicina, evidenziandone peraltro la rilevanza per la scienza medica e la pratica clinica. Questa struttura chiara e progressiva permette al lettore di immergersi gradualmente in temi complessi e interdisciplinari, ma proprio per questo cruciali per costruire un dialogo fecondo tra sapere filosofico e scienze mediche: i dati e le evidenze, i concetti di salute e malattia, la diagnosi, la causalità e,

Vol. 8, 2, 2024, pp. 155-167
ISSN (print) 2532-8255 – ETS

infine, l'errore medico. Ogni capitolo, inoltre, si avvale anche della discussione di casi ed esempi medici concreti, che consentono un'analisi filosofica radicata nelle problematiche reali. Questo non solo facilita la comprensione di tematiche che, di per sé, potrebbero sembrare astratte e complicate, ma invita anche a un'esplorazione più approfondita delle questioni fondamentali della medicina, evitando di trattare superficialmente gli argomenti al centro dei dibattiti filosofici e medici odierni.

Il primo capitolo analizza criticamente le nozioni di dato ed evidenza usate in medicina. Che cosa conta come dato medico? Come vengono raccolti i diversi dati? Quali evidenze possono essere prodotte e usate in medicina? Ci sono delle evidenze migliori di altre? Per quanto riguarda la riflessione sui dati, Canali discute due approcci: la visione rappresentativa, secondo cui i dati sono rappresentazioni della realtà generate dalle interazioni tra noi e il mondo, e la visione relazionale, secondo cui, invece, i dati sono qualsiasi oggetto accessibile intersoggettivamente che sia usato come possibile fonte di evidenze, rappresentazioni e conoscenza empirica. La discussione sulle evidenze si concentra poi sul paradigma dell'*Evidence Based Medicine* (EBM), mettendone in luce le caratteristiche essenziali e le criticità. Se mettiamo da parte gli studi secondari di statistica comparativa, come le meta-analisi e le revisioni sistematiche, la cosiddetta "piramide dell'evidenza" pone al vertice gli studi clinici (*trials*) randomizzati e controllati (RCT) in quanto il tipo di studio a cui si possono meglio applicare la randomizzazione e il *blinding*, teoricamente capaci di garantire la validità interna delle evidenze. Canali, a partire dalla discussione dei principali limiti dell'EBM – tra cui la difficoltà di rendere conto dell'individualità dei singoli pazienti – sottolinea come altri modi di raccogliere i dati e usare le evidenze dovrebbero comunque essere considerati e promossi. Un caso concreto di discussione riguarda le evidenze utilizzate per stabilire le strategie di contenimento del Covid-19

Nel secondo capitolo, Canali esplora i concetti di salute e malattia, sollevando questioni teoriche rilevanti che hanno però importanza concreta nella pratica medica. Per cominciare, viene introdotta la distinzione tra approcci naturalisti e normativisti. Se i primi concepiscono la nozione di malattia perlopiù nei termini di una disfunzione, determinabile sulla base di com'è fatto il mondo, senza riferimento a giudizi di valore, i secondi ritengono invece che la nozione di malattia racchiuda necessariamente una valutazione negativa, perché comporta disabilità, sofferenza o danno. Similmente, viene definito anche il concetto di salute. La discussione sui limiti di salute e malattia porta Canali a riflettere sul problema della medicalizzazione, ovvero sul processo, di tipo scientifico, politico e sociale, tramite cui alcune condizioni o comportamenti diventano, da un certo punto in poi, di interesse medico. I problemi sollevati dal movimento *too much medicine,*

too little care sono poi illustrati attraverso il caso studio degli screening per il tumore al seno.

La diagnosi è il tema del terzo capitolo, dove l'autore analizza il processo diagnostico, inteso come un complesso insieme di processi epistemologici, che si basano non solo su dati evidenze e conoscenze teoriche pregresse, ma anche su un'efficace interazione medico-paziente. La diagnosi viene discussa a livello generale sia come un ragionamento induttivo – un ragionamento in cui, a partire da una serie di osservazioni e dati empirici, si giunge a conclusioni di carattere classificatorio – sia in termini probabilistici e abduttivi, cioè di inferenza alla miglior spiegazione. Il caso studio è qui la diagnosi psichiatrica. Vengono poi analizzati alcuni passaggi essenziali della diagnosi, come l'anamnesi e l'esame obiettivo del paziente, dove l'obiettività può essere intesa in termini procedurali oppure interattivi. Per concludere, è esaminato il ruolo dei test diagnostici e le varie tecnologie di ausilio diagnostico, ad oggi sempre più diffuse. Canali invita quindi a considerare la diagnosi come un processo complesso e articolato, dove il ragionamento e le azioni individuali si intersecano con la conoscenza medica e le nuove tecnologie sviluppate a livello comunitario.

Nel quarto capitolo, dedicato alla causalità, Canali offre una panoramica delle teorie causali in medicina, partendo dalla distinzione tra modelli monocausali, multifattoriali e probabilistici fino ad arrivare ai più recenti sviluppi teorici e tecnologici legati ai big data e all'intelligenza artificiale. Mentre i modelli monocausali si adattano meglio alle malattie infettive (come per esempio il vaiolo), in cui la causa della malattia sembra essere una sola (nel nostro caso il virus *Variola*), la maggior parte delle malattie (Alzheimer, diabete, cancro, eccetera) ha invece cause multiple ed è per questo che un modello multifattoriale o probabilistico appare più adatto. Il caso studio riguarda proprio una malattia multifattoriale, ovvero l'ulcera peptica. La causalità viene inoltre considerata in termini meccanicisti, sottolineando l'importanza di identificare il meccanismo patofisiologico che collega cause ed effetto di una malattia, manipolazionisti, cercando di individuare le variabili che, se manipolate, produrrebbero un qualche cambiamento nell'effetto patologico, oppure, come sottolinea Canali, integrativi, cercando di conciliare alcuni aspetti delle due visioni precedenti. Sebbene la spiegazione causale sia centrale in medicina, non è detto che per spiegare un fenomeno si debbano individuarne le cause. Questa idea si riflette nell'utilizzo sempre più diffuso delle tecnologie basate sui big data, che caratterizzano una medicina interessata non tanto alla spiegazione causale dei fenomeni, bensì alla possibilità di prevederli in modo accurato e affidabile. L'analisi dei *big data* attraverso l'intelligenza artificiale e il *machine learning* ha però sollevato problemi relativi alla poca trasparenza e alla difficoltà di comprendere le correlazioni generate.

Infine, il quinto capitolo tratta il tema dell'errore medico, analizzato non solo in termini epistemologici, ma anche in relazione alle loro conseguenze etiche e pratiche. In generale, l'errore medico può essere definito come "un fallimento del completamento corretto di un'azione pianificata oppure un uso di un piano scorretto" o come "una deviazione non voluta del procedere medico corretto" (p. 144). Detto questo, si possono poi creare tassonomie a grana più fine degli errori medici. Un tipo specifico e particolarmente rilevante di errore medico si sviluppa però in relazione ai cosiddetti *bias* cognitivi, che conducono a deviazioni sistematiche e inconsce rispetto agli standard del ragionamento logico o probabilistico. I *bias* cognitivi si presentano non solo al livello della ricerca medica, ma soprattutto a quello della diagnosi e della pratica clinica, portando con sé conseguenze negative per la salute dei pazienti. Strettamente legata alla nozione di errore vi è poi quella di rischio, epistemico e induttivo, la cui gestione non può prescindere da considerazioni di tipo valoriale, che valutino, per esempio, la giustizia sociale, l'inclusività e l'autonomia dei pazienti.

Coerentemente con l'approccio del volume, che è quello della *Philosophy of science in practice* e della collaborazione tra filosofia e medicina, inoltre, Canali arricchisce il proprio lavoro con riquadri di approfondimento redatti da importanti studiosi dell'ambito medico (medici, epidemiologi, ingegneri biomedici) come per esempio Alessandra Angelucci, Francesco Barone Adesi, Dante Baroncinani, Alessandra Coscia, Laura Dallolio, Angelo Fioritti e Paolo Vineis. Questo contributo collettivo, coniugato all'approccio transdisciplinare del volume, permette di approfondire alcuni aspetti teorici e pratici della medicina attraverso una pluralità di voci, offrendo uno strumento prezioso per medici, filosofi e per un pubblico più ampio, interessato a comprendere nella loro complessità i principali problemi epistemologici e metodologici della medicina.

M. Cristina Amoretti

Luca Carra e Paolo Vineis, *Il Capitale Biologico. Le conseguenze sulla salute delle disuguaglianze sociali*, Codice edizioni, Torino 2022, pp. 159.

La questione fondamentale posta al centro dell'ottimo lavoro di Carra e Vineis è se e in quali modi "la povertà e più in generale le origini sociali e ambientali di una persona ne guidino lo sviluppo, la scelta del lavoro, le vicissitudini familiari, le abitudini e lo stato generale di salute" (p. 13). Per rispondere a questa domanda gli autori prendono in considerazione numerose ricerche

epidemiologiche condotte negli ultimi anni, iniziando da *EPIC* (*European Prospective Investigation into Cancer and Nutrition*), uno studio longitudinale su oltre 500.000 cittadini europei di tutte le classi sociali. Nello svolgimento della ricerca sono state raccolte informazioni circa i loro comportamenti (per esempio le abitudini alimentari), caratteristiche socioeconomiche e campioni di sangue, mostrando inequivocabilmente una grande discrepanza nella mortalità a seconda della classe sociale di appartenenza.

L'obiettivo è, essenzialmente, costruire un quadro teorico robusto, informato da numerose ricerche epidemiologiche, attraverso cui spiegare le disuguaglianze della salute a partire dalle intricate intersezioni tra biografia e biologia. Carra e Vineis propongono innanzitutto un concetto di capitale biologico da affiancare agli altri tipi di capitale individuati dal sociologo francese Pierre Bourdieu, per poi spiegare come vengono incorporati nell'individuo gli effetti del capitale economico, sociale e culturale, nonché dell'habitus acquisito nel proprio *milieu* socioeconomico di appartenenza.

A tale proposta se ne affiancano altre tre che si susseguono nel testo: la prima, relativa alla metodologia in epidemiologia, suggerisce che sia necessario considerare l'intera traiettoria di vita dell'individuo per individuare i meccanismi responsabili dell'incorporazione del biografico nel biologico. La seconda, relativa all'epistemologia della medicina, è finalizzata a riconoscere pienamente una nozione multifattoriale e probabilistica di causalità in medicina. La terza, ancora di carattere epistemologico ma di portata ben più ampia, suggerisce di prendere spunti dai metodi dell'epidemiologia per ricucire la divisione tra scienze naturali e sociali.

Gli obbiettivi sono ambiziosi, ma la trattazione degli autori si mantiene accessibile per i non addetti ai lavori, facendo leva su molteplici esempi dall'epidemiologia, nonché su cenni alla storia della medicina e considerazioni filosofiche di estremo interesse. Il capitolo primo, forse il più denso insieme al settimo, si apre con due considerazioni critiche sulla medicina: la prima riguarda la ricerca medica sui determinanti sociali della salute che è stata spesso limitata dal ricorso alla nozione troppo vaga di "status socioeconomico", che non è capace di esprimere i complessi e variegati aspetti dei determinanti socio-ambientali della salute; la seconda, conseguente alla prima, afferma che ciò è in parte dovuto all'origine storica delle ricerche sulla correlazione tra salute e status socioeconomico. Le prime ricerche condotte su questo tema (in Inghilterra, il riferimento va al Registrar General, usato tra il 1920 e il 1991 per studiare le disuguaglianze di salute) mettevano in correlazione solo la salute con la professione, ed erano pesantemente influenzate dall'ideologia classista, razzista, sessista e in fondo eugenetica che caratterizzava il darwinismo sociale del secondo Ottocento, per cui essenzialmente si riteneva che ci fosse una gerarchia di abilità ereditarie che si rifletteva nelle professioni

occupate, nonché nelle abitudini di vita; da qui, il ruolo sociale occupato e la capacità di condurre una vita in salute erano essenzialmente ricondotte al valore genetico dell'individuo (pp. 23-25). Oggi ci siamo liberati da questa visione ma, lamentano gli autori, l'occupazione professionale è spesso rimasta il principale, se non il solo, fattore indagato in relazione allo stato di salute, e quando non è così si fa invece ricorso al concetto troppo vago di "status socioeconomico".

Tale constatazione motiva in Vineis e Carra la scelta di prendere in considerazione il lavoro di Bourdieu e porre, al fianco dei suoi capitali sociale, economico, e culturale, una nozione di capitale biologico che in parte è genetico e in parte risulta dall'incorporazione nell'organismo degli altri tipi di capitale e dell'habitus attraverso l'adattamento all'ambiente, l'epigenetica e il carico allostatico. Gli autori mostrano che il capitale economico da solo non è né sufficiente, né strettamente necessario per una buona salute: da una parte, averne in eccesso può essere dannoso; dall'altra, il capitale sociale e quello culturale sono ugualmente rilevanti per le condizioni di salute. Introducono così il concetto di "carico allostatico", misurabile tramite alcuni marcatori biologici che esprimono la funzionalità fisica dell'individuo, e ad esso affiancano altri indicatori della condizione di salute, come lo stato infiammatorio generalizzato, lo stress psicologico e la misurazione dell'età epigenetica basata sullo studio della metilazione del DNA. All'interno del volume, prendendo in considerazione numerose ricerche, questi marcatori biologici sono messi in correlazione con parametri che registrano la condizione socioeconomica di appartenenza di individui e gruppi, come reddito, livello di istruzione, appartenenza a un contesto urbano più o meno degradato, ecc.

Come si diceva più sopra, gli autori analizzano varie ricerche epidemiologiche sui determinanti socio-ambientali della salute. Nella prima parte dell'opera, oltre alla già citata *EPIC,* considerano vari studi condotti in molteplici paesi europei sulla relazione tra abitudini e contesto urbano, sulle *smart cities* e i loro effetti sulla salute individuale e sul cambiamento climatico. Nella seconda parte, si concentrano sulle disuguaglianze, analizzando ricerche sul *Global Distribution Income*, ricerche sulla fame nel mondo condotte dalla FAO e dal WFP, sui trend di salute in Europa, sulla relazione tra livello di istruzione e mortalità in Europa e in Italia, e considerano attentamente gli esiti del progetto *Whitehall II*, iniziato nel 1985 in UK. Alla luce di queste ricerche, sempre nella seconda parte, riprendono ipotesi sufficientemente accreditate in letteratura sull'insorgenza di patologie dovute all'ambiente lavorativo, ritenendo che le principali cause possano essere ricondotte o alla mancanza di controllo sul proprio lavoro congiuntamente all'alta pressione performativa, o alla mancanza di adeguate ricompense, o all'instabilità lavorativa, o alla perdita del senso di comunità con gli altri lavoratori.

A ciò aggiungono, nella terza parte, ricerche sulle condizioni di salute mentale negli adolescenti a seguito della crisi economica del 2008 in alcuni paesi europei, nonché l'imponente progetto di ricerca europeo *Lifepath*, a cui ha preso parte lo stesso Vineis, e altre ricerche che ci testimoniano come eventi avversi nella prima infanzia abbiano un effetto sulle condizioni di salute dell'individuo per tutta la durata della sua vita, enfatizzandosi col progredire della stessa. A tal riguardo, gli autori argomentano efficacemente a favore della necessità di condurre studi epidemiologici sull'intera traiettoria di vita degli individui e delle popolazioni, quando si vogliano propriamente prendere in considerazione i determinanti socio-ambientali della salute, e non fermarsi quindi all'analisi degli stadi finali della vita, né a cause esclusivamente comportamentali o microbiologiche della malattia, analizzandone anche le cause distali, siano queste di carattere economico, sociale, ambientale, e così via.

Preliminarmente a queste considerazioni, gli autori si concentrano, nel settimo capitolo, sulla nozione di causalità, in cui svolgono alcune riflessioni di interesse più ampio. Dopo una ricostruzione storica dell'epistemologia medica in merito alla causalità, per cui essa era concepita, per esempio nel caso dei postulati di Henle-Koch, come deterministica e caratterizzabile tramite condizioni necessarie e sufficienti per l'insorgere di una malattia, le successive scoperte della microbiologia e gli studi epidemiologici sulle malattie degenerative ci hanno portati a una concezione multifattoriale e probabilistica della causalità in medicina. Conseguentemente, gli autori argomentano che eziologia, diagnosi e prevenzione siano andate distanziandosi, in quanto è primariamente per fattori contestuali e pragmatici che si individua, relativamente a certi effetti patologici, una singola causa, come ad esempio il micobatterio per la tubercolosi in un contesto clinico, o una rete di cause, come l'igiene e le abitudini nutrizionali, in ambito di ricerca. Gli autori sostengono una visione del rapporto causa-effetto secondo la quale l'individuazione di una causa rilevante per un effetto *è* un atto linguistico, che serve a individuare una cesura nella rete causale responsabile della malattia, e a concentrarsi su una o più specifiche connessioni causali. Sempre nel settimo capitolo, viene avanzata la proposta di trarre alcuni spunti dall'epidemiologia per andare oltre la distinzione tra scienze naturali e sociali. L'epidemiologia ha a che fare con dati osservativi e non sperimentali, che dunque non rispettano gli stretti criteri epistemologici galileiani; al contempo si è dotata di strumenti di idealizzazione e matematizzazione per studiare i fenomeni da un punto di vista quantitativo, rimanendo tuttavia consapevole che alcuni aspetti di questi resteranno ai margini e dovranno essere integrati con metodologie qualitative e narrative.

Nel resto della terza parte, gli autori mettono in correlazione certi marcatori biologici, le traiettorie di vita, e vari fattori socio-ambientali: utilizzano

i concetti di programmazione biologica e di fenotipo parsimonioso oltre ai già citati carico allostatico ed età epigenetica, per evidenziare come le condizioni di salute correlino con quelle socioeconomiche e ambientali, *in primis* il livello di istruzione. Emerge come particolarmente rilevante il fatto che le condizioni di vita nella vita intrauterina, nell'infanzia, nell'adolescenza e nella giovane età adulta sono particolarmente predittivi della condizione di salute più avanti nel percorso di vita, e che vi sia un effetto cumulativo di portata tale che la somma dei danni provocati da un'infanzia in povertà e da un basso livello di istruzione è comparabile con quelli del fumo.

Infine, a partire dal capitolo 13 (terza parte) e poi per tutta la quarta parte, Vineis e Carra esplorano i modi in cui le politiche prendono, o dovrebbero prendere in considerazione, le scoperte scientifiche su questi temi: passata la stagione thatcheriana e reaganiana, gli autori suggeriscono che, con la fine della congiuntura storica neoliberista, la politica debba farsi carico delle istanze che arrivano dalle scienze, andando oltre un atteggiamento di "laissez-faire" in ambito economico e, quindi, sociale. Gli autori esplorano varie possibilità per mitigare le disuguaglianze di salute, a partire da investimenti sulla maggior stabilità lavorativa e sulla creazione di maggiore coesione tra i lavoratori, o ancora dall'incremento dell'età dell'obbligo scolastico, dal reddito di base universale, dal sostegno alle associazioni sul territorio e alle reti di solidarietà informali.

Tuttavia, la quarta sezione appare quella più debole del libro. Sono contenute indicazioni chiave per i decisori politici, anche se avrebbero dovuto essere affiancate e sorrette da riflessioni di filosofia e storia politica. Infatti, anche se si può sostenere che la stagione pienamente neoliberista sia giunta a termine - posizione tutt'altro che acclarata e pienamente condivisa nel dibattito pubblico - ciò non implica che le attuali tendenze politiche e quelle dei primi anni duemila siano naturalmente propense a interventi strutturali in favore della riduzione delle disuguaglianze. Solo per restare in ambito europeo e americano, il neoconservatorismo, i recenti sovranismi, ma anche la "terza via" à la Blair, dovrebbero farci pensare che, nonostante le molte evidenze scientifiche sugli effetti delle disuguaglianze e le indicazioni chiare su come ridurle, sia tutt'altro che banale la costruzione di un percorso politico duraturo che affronti strutturalmente le disuguaglianze di salute. Un'altra considerazione critica riguarda il fatto che il focus sulle condizioni del lavoro e i determinanti della salute sia rimasto circoscritto al caso europeo e nordamericano: se da un lato questo è perfettamente legittimo, sarebbe stato utile allargare lo sguardo con qualche generico cenno ad altre aree geografiche.

In ultimo, la suggestione proposta nel capitolo 7 di andare oltre la distinzione tra scienze naturali e sociali è indubbiamente molto interessante, ma di certo non è stato il primo tentativo nel panorama della filosofia della scienza.

Partiamo dalla considerazione che i due punti centrali di questa distinzione possono essere individuati da una parte nelle differenti metodologie, dall'altra nella presenza o assenza di valori non-epistemici (sociali, morali e politici) nelle scienze naturali e sociali. Da un punto di vista metodologico, come scrivono gli stessi Vineis e Carra, le scienze sociali non possono aderire a stretti criteri sperimentali, al contrario delle scienze naturali. Per quanto riguarda i valori non-epistemici, la vulgata asserisce che le scienze dovrebbero aderire al *value-free ideal*, ovvero dovrebbero essere libere da considerazioni non strettamente epistemiche; mentre quelle naturali perlopiù riescono ad essere fedeli a questo principio, le scienze sociali faticano sotto questo rispetto.

A tal riguardo, nelle ultime decadi, alcune filosofe della scienza hanno argomentato che anche le scienze naturali, o perlomeno quelle scienze naturali che sono maggiormente in contatto con temi di interesse sociale, come le scienze della vita, e in particolare la salute pubblica, o le scienze del clima, sono influenzate da valori non-epistemici (Pinto and Hinks, 2019). Tuttavia, molte filosofe sottolineano che questo non è necessariamente un male, e che l'oggettività scientifica può essere mantenuta anche in assenza del *value-free ideal* (Douglas, 2000; 2004): ciò che è necessario, piuttosto, è l'esplicitazione e discussione razionale dei valori coinvolti e una delimitazione della loro sfera di legittimità (Elliot, 2022), all'interno di un quadro in cui l'oggettività non è assicurata dall'espulsione dei valori da inferenze, spiegazioni, modelli e teorie, ma piuttosto dalla qualità del dibattito scientifico. Esso, per assicurare quanta più oggettività possibile all'impresa scientifica, deve essere basato su alcuni desiderata come: l'esistenza di linguaggi e standard condivisi per la valutazione delle teorie; l'apertura alle critiche e la capacità di prenderle in carico; la capacità di limitare l'influenza di bias personali e interessi economici; la possibilità di condividere e sottoporre a revisione i dati (Longino 1990; 1995); possono essere proposti inoltre altri criteri, come l'integrazione delle ricerche all'interno di un paradigma di condivisione di dati e processi di ricerca tipico della scienza aperta, pur con tutte le problematicità di questa (Leonelli, 2023).

Le considerazioni su cosa assicuri l'oggettività sia nelle scienze naturali che in quelle sociali sono compatibili con l'idea che le metodologie delle scienze sociali non devono essere necessariamente ricondotte a quelle delle scienze naturali per essere oggettive. Conseguentemente, le metodologie delle scienze sociali, oltre a non aderire agli standard sperimentali galileiani, che le accomuna all'epidemiologia nella visione di Vineis e Carra, non devono neppure necessariamente includere matematizzazione e idealizzazione per essere oggettive, come invece potrebbe risultare dalla proposta degli autori. La scissione tra scienze naturali e sociali, nell'ottica qui esposta, si supera piuttosto considerando che tanto nelle une quanto nelle altre, che pure hanno metodologie anche radicalmente diverse, è la qualità del dibattito e la capacità di

prendere criticamente in considerazione i valori, includendo una discussione su come quelli non-epistemici interagiscano con i valori epistemici all'interno delle pratiche di ricerca (Valles and Katikireddi, 2014; Valles et al., 2019), a garantire un certo livello di oggettività. Per ricucire la scissione, dunque, non è necessario aderire alla proposta avanzata da Vineis e Carra al capitolo 7 del loro lavoro, anche se questa rimane una suggestione filosoficamente molto stimolante: essa colloca, infatti, l'epidemiologia a metà strada tra le scienze naturali e quelle sociali, e ci fornisce dunque un ulteriore elemento per sostenere una visione delle scienze in cui la distinzione netta tra quelle naturali e quelle sociali vada sempre più sfumandosi.

Il libro resta ben scritto e di indubbio interesse ai fini del dibattito filosofico e politico: Carra e Vineis sono stati in grado di adattare in maniera invidiabile uno stile divulgativo ai risultati di complesse ricerche epidemiologiche coniugandoli con riflessioni filosofiche e storiche sulla medicina, il tutto all'interno di un quadro teorico molto convincente. Grazie alla nozione di capitale biologico, coadiuvata da quelle di carico allostatico e di orologio biologico, nonché all'attenzione alle traiettorie di vita e all'attenzione nell'individuare e distinguere diversi fattori sociali, economici ed ambientali, questo libro raggiunge egregiamente lo scopo di mettere in contatto diverse discipline – filosofia, storia delle scienze, medicina, sociologia e scienze politiche – e comunicarne alcune delle recenti acquisizioni al grande pubblico e, auspicabilmente, ai decisori politici.

Juri Panicucci

Opere citate

Douglas, Heather, *Inductive risk and values in science,* "Philosophy of Science", 67, 4, 2000, pp. 559-579.

Douglas, Heather, *The Irreducible Complexity of Objectivity,* "Synthese", 138, 3, 2004, pp. 453-473.

Elliott, Kevin C., *Values in Science*, Cambridge University Press, 2022.

Leonelli, Sabina, *Philosophy of Open Science,* Cambridge University Press, 2023.

Longino, Helen E., *Science as social knowledge. Values and objectivity in scientific enquiry,* Princeton University Press, 1990.

Longino, Helen E., *Gender, politics, and theoretical virtues,* "Synthese", 104, 1995, pp. 383–397.

Pinto, Manuela F., Daniel Hicks, *Legitimizing Values in Regulatory Science*, "Environmental Health Perspectives", 127, 3, 2019, pp. 1-8.

Valles, Sean A., Srinivasa V. Katikireddi, *Coupled ethical-epistemic analysis*

of public health research and practice: categorizing variables to improve population health and equity, "American journal of public health", 105, 1, 2014, pp. 36-42.

Valles, Sean A., Micheal O'Rourke, Zachary Piso, *Coupled ethical-epistemic analysis as a tool for environmental science,* "Ethics, policy, and environment"*,* 22, 3, 2019, pp. 267-286.

Luca Fontanini, Emanuela Sozio (a cura di), *Orizzonti di cura. Un viaggio tra salute, medicina e filosofia*, Forum, Udine 2024, pp. 172.

Filosofia e medicina intrattengono stretti legami sin dall'antichità; per comprendere questo fatto è sufficiente fare riferimento alle opere di Ippocrate e Galeno, in cui riflessioni di stampo teoretico si intersecano ad analisi di carattere medico. Altrettanto evidente è la connessione tra il benessere fisico e quello mentale, già espressa da Platone nel III libro della *Repubblica* e successivamente sintetizzata da Giovenale nella formula *mens sana in corpore sano*.

Il volume curato da Luca Fontanini (fisioterapista, chinesiologo e filosofo) ed Emanuela Sozio (medico specializzato in emergenza-urgenza) rispecchia esattamente questi presupposti; come scrivono i due curatori nella *Prefazione* del libro: "Il fare filosofico – insieme al fondamentale studio della teoria – rappresenta una strategia, un modo di essere e comunicare, di apprendere ed esplorare, necessari per alimentare un dialogo creativo che può divenire fonte di arricchimento per l'agire tecnico-scientifico, caratteristico del mondo sanitario" (pp. 11-12). È questo lo spirito del progetto "Ritorno all'Essere Umani", promosso da Fontanini, Sozio e altre personalità del mondo medico e filosofico, i cui contributi sono raccolti nel presente libro. L'opera è divisa in due parti: nella prima, intitolata *Orizzonti di cura*, si trovano i saggi di Sozio, Krishna Del Toso, Stefano Galioto, Francesca Marin, Giovanni Di Giusto, Luca Grion, Giorgia Lazzarini, Alessia Cargnelli, Salvatore Lavecchia, Silvia Paolini e Fontanini; la seconda parte, dal titolo *Poetica della cura*, contiene i contributi di Cristina Carignani e dello stesso Fontanini.

La prima parte si focalizza su quelli che dovrebbero essere i fattori per creare un rapporto fecondo tra medico e paziente e, più in generale, tra paziente e sanità. È utile cominciare questa riflessione dalla figura del medico; come scrive Sozio, sarebbe preferibile definire tale professione non come un lavoro ma come un mestiere: "Mestiere deriva dal latino *ministerium* e significa 'aiuto', 'servizio': esercito prestando il mio servizio alla collettività, in alcuni dei momenti più cruciali della vita degli altri esseri umani, come la malattia, la sofferenza o la morte" (p. 27). L'affermazione di Sozio rimanda al concetto di relazione, fondamentale nel mondo della medicina ma anche

in quello della filosofia: a cominciare da Eraclito, passando per Platone, fino a Emmanuel Lévinas, la relazione – intesa come rapporto utile e necessario – pervade la riflessione filosofica. Nel saggio *Il tessuto dell'essere umano: riabilitare il vuoto di sé*, Fontanini – proponendo un'interessante analisi sulla filosofia orientale – scrive:

> Nel simbolo del *Tao*, un germe bianco si trova all'interno del colore nero, mentre un germe nero all'interno dello spazio bianco. Originariamente questo simbolo rappresentava il lato in ombra (lato scuro, vuoto, *Yin*) e in luce (lato chiaro, pieno, *Yang*) di una montagna, una condizione naturale, originaria, spontanea. Questa filosofia, come la filosofia in generale, rappresenta qualcosa di empirico ed esprimibile ogni giorno nel nostro quotidiano; […] *filosofarci* significa aprirci a innumerevoli possibilità di manifestazione e connessione […] (p. 138).

Collegato al concetto di relazione ne emerge un altro, quello di corpo, che, nelle sue molteplici connotazioni, è un argomento fondamentale sia in ambito medico che filosofico. Nella pratica medica si tende a considerare il corpo secondo una prospettiva cartesiana, volta a valutarlo esclusivamente nella sua dimensione fisico-biologica. Più proficua si rivela la visione proposta dal fenomenologo Maurice Merleau-Ponty, secondo il quale il corpo non è un mero ammasso biologico, bensì un'entità in grado di sperimentare e comunicare specifici significati. Fontanini si rifà alla filosofia merleaupontiana, richiamando, nel saggio sopraccitato, l'argomento della *carne* affrontato dal filosofo francese, secondo cui il corpo rappresenta la zona d'incontro, non solo tra me e l'altro, ma anche tra la mia interiorità e la mia esteriorità. Un autentico rapporto tra medico e paziente, dunque, si potrà avere soltanto se entrambi i soggetti coglieranno il genuino significato della relazione e del corpo, soltanto se entrambi considereranno l'essere umano e le sue esperienze come *tessuto*. Qui "il termine 'tessuto' ha una duplice valenza: da un lato, può essere inteso come sostantivo, ossia una struttura palpabile, modificabile e pluristratificata; dall'alto lato si fa verbo tessere, ossia diviene il substrato ontologico che ricama i vari mattoncini, come frammenti di un tutto, in un modo altamente soggettivo" (p. 129).

Nella seconda sezione si abbandona lo stile saggistico in favore di scritti più brevi, che non superano le due/tre pagine. Grazie a rimandi e citazioni tratti da film, opere letterarie e artistiche, Carignani e Fontanini evidenziano in modo evocativo e penetrante molti dei temi trattati nella prima parte del libro. Ognuno di questi contributi si conclude con una o più poesie, poiché – come afferma Carignani in *Cercare fiori nella spazzatura: lo sguardo d'angolo del poeta*:

> Esiste un'analogia tra il buon terapeuta che conosce e usa regole e protocolli, ma sa rovesciarli e scardinarli per trovare una cura efficace e creativa, e il poeta. Entrambi sperimentano vie traverse, camminano su sentieri secondari e sconosciuti, non si lasciano addomesticare da schemi interpretativi. A ben vedere ciascuno di noi può diventare un

poeta, se sa trovare un 'osservatorio emotivo' diverso, perché lo sguardo d'angolo poetico è il punto d'inizio della cura di noi stessi e del mondo che ci circonda (pp. 145-146).

Solitamente, al termine della lettura di un libro, ci si chiede che cosa esso ci lasci, sia a livello intellettuale che pratico. *Orizzonti di cura. Un viaggio tra salute, medicina e filosofia* si rivela un prezioso strumento in entrambi gli ambiti: sul piano intellettuale l'opera denota la complessità e la trasversalità del mondo medico, affrontando una vasta quantità di argomenti che vanno da questioni strettamente sanitarie ad analisi di carattere filosofico e antropologico; a livello pratico il libro ci regala una nuova consapevolezza sulle azioni da svolgere per mantenere in buona salute noi stessi e avere cura degli altri, siano essi medici o pazienti. La lettura di questo volume ci dimostra le peculiarità della filosofia interculturale (uno dei maggiori campi di interesse di Fontanini) e l'importanza della medicina narrativa (ambito in cui si sta formando Sozio), pratica sviluppata da Arthur Kleinman, psichiatra e antropologo medico americano, che introduce l'uso dei racconti come strumento per comprendere la situazione clinica del paziente. Si diceva, in apertura, che filosofia e medicina sono legate sin dall'antichità; *Orizzonti di cura* è un altro ottimo esempio di questa inter-connessione.

Efrem Trevisan

Autori di questo numero/contributors to this issue

Jacopo Colelli is a PhD candidate in Analytical Philosophy and Empirical Sciences at the University of Roma Tre this year. His research focuses on the epistemological and theoretical foundations of cognitive neuroscience. His most recent publications include *Le dimensioni del significato tra fenomenologia e neuroscienze un approccio interdisciplinare* (2023), *Embodying the unconscious: A new paradigm for the study of consciousness* (2024), and *Embodied Freedom: the role of the person for decision-making* (in press).

Dennis Forest was born in 1963, he is currently Professor at the University Paris 1 Panthéon Sorbonne and Member of the IHPST, Paris. His work explores issues in the philosophy and history of neuroscience, the philosophy of medicine and the philosophy of mind. He has recently published Neuroscepticime: Les sciences du cerveau sous le scalpel de l'épistémologue (Paris, Ithaque, 2014).

Renato Foschi, a specialist in Clinical Psychology and a PhD in the History of Science. He is Full Professor in History of Science and teaches the History of Psychological Sciences at Sapienza University of Rome. Among his publications is *Storia dei razzismi* (Mondadori Università, 2022), *A Critical History of Psychotherapy* (2 volumi, con Marco Innamorati; Routledge, 2022), *Storia della Psicologia e della Mente* (Mondadori Università, 2020), *Maria Montessori* (Ediesse, 2012), *La Libertà sospesa*, *Il Trattamento sanitario obbligatorio. Psicologia, Psichiatria, Diritti* (curatela, Fefè editore, 2012).

Marco Innamorati, psychologist and psychotherapist, is a Full Professor of the History of Science and Techniques at the University of Rome Tor Vergata. He currently teaches at the SPAIG Psychotherapy School in Rome and the AION School in Bologna. Among his publications are *Jung* (Carocci, 2013), *Freud* (Carocci, 2015), *A Critical History of Psychotherapy* (2 volumi, con Renato Foschi; Routledge, 2022), *Dieci bambini che hanno cambiato la storia della psicoanalisi* (Raffaello Cortina, 2023), *Ten Follies: A Journey Around the World in Ten Forms of Madness* (Routledge, in corso di stampa).

Paolo Pecere is a philosopher and writer, currently an Associate Professor of the History of Philosophy at Roma Tre University. Among his academic works are *La filosofia della natura in Kant* (2009) and *Dalla parte di Alice. La coscienza e l'immaginario* (2015). His short stories have appeared in "Nazione Indiana" and "Nuovi Argomenti". He has authored two novels, *La vita lontana* (2018) and *Risorgere* (2019), as well as the school textbook *Filosofia. La ricerca della conoscenza* (2018, co-authored with R. Chiaradonna). His latest books are *Il dio che danza. Viaggi, trance e trasformazioni* (2021), and *Il senso della natura. Sette sentieri per la Terra* (2024).

Davide Perrotta holds degrees in Philosophy and Psychology from Roma Tre University and a Ph.D. in Cognitive Neuroscience from Ecampus. Currently engaged in scientific research through the publication of books and articles, he is a research fellow at UniPegaso. He has published Coscienza e ragione (2021, TAB Edizioni) and Natura e cultura (2022, Mimesis). Among his articles, he authored Consciousness and Brain Mechanisms: Epistemological Investigations Between Phenomenology and Clinical Neuroscience, published in 2021 in Rivista Internazionale di Filosofia e Psicologia (RIFP).

Giulia Russo held a degree in Logic, Philosophy, and History of Science with a thesis titled *"Non ce lo dicono": un'analisi storico-concettuale delle teorie del complotto, con riferimento al caso della pandemia da COVID-19*, and is a PhD candidate in Health Science, Technology, and Management at the Sant'Anna School of Advanced Studies. She is currently conducting research on psychiatric self-diagnosis through the lenses of the Philosophy of Psychiatry and Disability, as well as Critical Disability, Autism, and Neurodiversity Studies. She is also co-editor of the forthcoming volume *Politics of Autism: Ethics, Epistemology, Activism*, to be published by DeriveApprodi in 2025.

Edizioni ETS
Palazzo Roncioni - Lungarno Mediceo, 16, I-56127 Pisa
info@edizioniets.com - www.edizioniets.com
Finito di stampare nel mese di febbraio 2025