Article

Narrating the Unspeakable
Making Sense of Psychedelic Experiences in Drug Treatment

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Abstract
The use of psychedelic substances has been described as an ‘unspeakable primary experience,’ one that is personal and ultimately indescribable. The ineffable quality of such an experience, however, does not prohibit or invalidate attempts to explain it. The struggle to narrate one’s experience is instead an important endeavor. But, how does narration work if the psychedelic experience is truly unspeakable? What kind of narratives are possible? What kinds of narrative work do psychedelics foreclose? This article addresses these questions by analyzing narratives generated about the use of psychedelics for drug treatment. Drawing on 16 months of ethnographic research at drug treatment centers in Baja California, Mexico, this article examines what narration looks like in the context of a psychedelic-based drug treatment modality. It pays particular attention to how people in treatment retell – or struggle to retell – their experiences with psychedelics to make sense of them and then articulate them for the researcher. I argue that psychedelic experiences pose a unique challenge for the anthropological study of these substances, particularly their therapeutic use. I show how these experiences resist narrativization in multiple ways, presenting both ethnographic and epistemological obstacles to the production of anthropological knowledge.

Keywords
addiction, drug treatment, narrative, psychedelics, Mexico

Introduction
Ethnobotanist and psychedelic advocate Terence McKenna describes the use of psychedelic substances as an ‘unspeakable primary experience,’ one that is ‘private, personal … and ultimately unspeakable’ (McKenna 1991, 257). According to McKenna, the inexpressible quality of such an experience, however, does not fully prohibit nor invalidate attempts to explain it. The struggle to narrate one’s experience is instead a necessary endeavor: ‘The more you know the quieter you get. The explanation is another matter and can be attempted. In fact, it must be
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told’ (McKenna 1991, 257). But, how does narration work if the psychedelic experience is truly unspeakable? What kind of narratives are possible? What kinds of narrative work do psychedelics foreclose?

This article addresses these questions by analyzing the narratives generated about a particular kind of psychedelic use: therapeutic use for drug treatment. Drawing on ethnographic research in Mexico, I examine what narration looks like in the context of a psychedelic-based drug treatment modality. I pay specific attention to the ways in which people in treatment retell — or struggle to retell — their psychedelic experiences in an effort to make sense of them. In other words, the psychedelic experience is re-created narratively for potentially therapeutic ends. In the ethnographic moment, this narrative process is also an attempt to articulate the experience for the listening researcher.

This kind of narrative work has long been a central part of ethnographic research. Narrative is ‘a mode of thinking, a way of making sense of experience’ (Garro and Mattingly 2000, 23). Medical anthropologists, for instance, have analyzed ‘illness narratives’ (Frank 1995; Good 1994; Kleinman 1988) in order to understand how people make sense of their experiences with illness, ranging from HIV/AIDS (Ezzy 2000) and anorexia (Shohet 2007) to psychosis (Thornill, Clare, and May 2004). However, anthropologists have also drawn attention to the ways in which the production of narrative can prove difficult. Gay Becker (1997, 26) argues that ‘narrative is our primary means of accessing the world of bodily experience and is essential to our understanding of that experience.’ But, this may not always be the case, as illustrated by the work of gender scholar Jenni Millbank (2017, 97), which illustrates how women struggle to express their relationship to their stored in vitro fertilization embryos; they are ‘something of-the-body but not within the body, neither self nor other, person nor thing.’ This relationship, she argues, is inevitably ineffable. Moreover, the production of narrative and the experiences they are meant to convey can also be confounding for the ethnographer. E. Valentine Daniels (1996), for instance, poignantly discusses the difficulty of writing ethnographically about the violence he encountered in Sri Lanka during the country’s civil war in the 1980s. He writes of the ‘enormous difficulty entailed in mediating or communicating [an experience of violence] … and the impotency one feels in trying to do so’ (Daniels 1996, 4).

Drawing on this research and the problems that narrative analysis can entail, I argue that psychedelic experiences pose a unique challenge for the anthropological study of these substances, particularly the analysis of their therapeutic uses. I show how the ‘unspeakable’ quality of the psychedelic experience resists narrativization in multiple ways, presenting both ethnographic and epistemological obstacles to the production of anthropological knowledge. Consequently, this article urges us to consider whether the ineffability of psychedelic experiences limits our ability to ethnographically study these substances, particularly in therapeutic contexts, or if it simply creates new research opportunities that deserve consideration and exploration.
Methods
This article is based on 16 months of ethnographic fieldwork at ibogaine centers in Baja California, Mexico, between 2015 and 2019. I conducted fieldwork in Mexico because the U.S. Food and Drug Administration criminalized ibogaine by classifying it as a Schedule I drug in 1967 (Alper and Lotsof 2007). This scheduling means that the U.S. government considers ibogaine to be unsafe, and to have a high potential for abuse and no recognized therapeutic use. The prohibition of ibogaine in the U.S. has not obstructed its use for drug treatment in neighboring countries; in fact, it has been a main driver. Centers offering ibogaine have been established, particularly in Mexico, where it is an unregulated substance. These centers have proliferated across Mexico over the last decade and capitalize on their close proximity to the U.S. in order to attract a primarily American clientele that wants to undergo drug treatment with ibogaine legally. As a result, my field sites are ibogaine centers that cater primarily to Americans along the Gold Coast of Baja California, an area of Mexico known for its cross-border healthcare industry (Guendelman and Jasis 1992; Oberle and Arreola 2004).

I collected data using several methods. First, I carried out extensive participant observation at two ibogaine centers in Baja California, which included observing treatment sessions, spending time with clients and providers of pre- and post-treatment, accompanying clients and staff to and from the U.S.-Mexico border, and assisting staff with everyday tasks at the treatment centers. These centers were small; one treated up to four clients at a time while the other treated up to six. The smaller center was located in a house in a residential neighborhood about one hour south of the border. It was owned and operated by self-proclaimed ‘hippies,’ one of whom used ibogaine in the past to treat their own heroin addiction and used a combination of biomedical and ‘alternative’ healing modalities to offer treatment. The larger center had two facilities, a medical detox clinic in Tijuana where clients receive treatment and a recovery house in a residential area about one hour south where clients stayed pre- and post-treatment to recuperate. Owned by a doctor living in the U.S. and operated by a team of American and Mexican staff members, the center could be described as a more biomedical facility than its smaller counterpart.

Second, I conducted 30 interviews with people receiving or providing psychedelics for drug treatment. Interviews with clients focused on their drug use history, experiences with mainstream drug treatments, knowledge of and experiences with the psychedelics they traveled to Mexico to receive, and their post-treatment experiences. Interviews with providers focused on their experiences offering drug treatment as well as their views on the psychedelic substances they administer and their therapeutic value. This research received Institutional Review Board approval prior to initiation.

1 The providers and staff at my fieldsites use ‘clients’ or ‘guests’ – as opposed to ‘patients’ – to refer to the people who receive treatment at their centers. In this article, I have opted to follow this linguistic choice by using ‘client.’
I analyzed verbatim interview transcripts and fieldnotes from participant observation for key themes using open coding. This inductive data analysis process involved ‘breaking data apart and delineating concepts to stand for blocks of raw data’ (Corbin and Anselm 2008, 195). Using this coding system, I further refined the data by identifying sub-themes and patterns (DeWalt and DeWalt 2011; Fetterman 2010). This coding strategy helped establish the structural and theoretical framework for the analysis discussed in this article. As discussed below, one prominent theme that emerged was that ineffability appeared to be central feature of most of my participants’ experiences with psychedelics during the course of their drug treatment.

**Treating Addiction with Psychedelics**

The therapeutic use of psychedelic substances is not a new phenomenon. In the global north, researchers and ‘psychonauts’ – those who use psychedelics as a means to explore the psyche – have explored the therapeutic potential of such substances, such as lysergic acid diethylamide (LSD) and mescaline, since at least the early 20th century (Dyck 2008; Grof 1975; Unger 1963). The use of psychedelics, of course, has a much longer history, with many indigenous and spiritual groups working with them for millennia (Dobkin de Rios 1984; Furst 1972; Labate and Cavnar 2016). Numerous legal and institutional restrictions hindered the study of psychedelics in the global north for over 50 years. However, some restrictions have eased somewhat in the U.S. as well as other countries, leading to new and renewed interest in psychedelics within academic, scientific, medical, and other healing circles. For instance, recent work has examined the role of psilocybin mushrooms in treating cancer-related anxiety and depression (Ross et al. 2016) as well as the use of MDMA to treat post-traumatic stress disorder (Mithoefer et al. 2013). This ‘psychedelic renaissance’ (Sessa 2012) has contributed to the increased study and utilization of these substances for specific therapeutic ends. The use of psychedelics for drug treatment – the focus of this article – is one notable example. Various psychedelics, such as ayahuasca, peyote, and psilocybin, are increasingly employed to treat addiction in ceremonial or clinical settings (Halpern 2007; Johnson, Garcia-Romeu, and Griffiths 2017; Labate et al. 2010; Webb 2011; Winkelman 2014). The most prevalent of these is ibogaine, a naturally occurring psychoactive substance found in various plants, including the Tabernanthe iboga plant native to Central Africa. Those who ingest it experience a dream state

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2 There are different opinions regarding the term used for these substances. Depending on their context of use and how is using them, they may be referred to as psychedelics, sacred medicines, plant teachers, or sacraments.

3 ‘Addiction’ is not a straightforward or self-explanatory term. There is a growing literature that demonstrates the concept’s multiplicity and variability across and within fields (Fraser, Moore, and Keane 2014; Keane 2002; Raikhel and Gariotti 2013). Anthropologists and critical drug scholars have shown that the term ‘addiction’ is increasingly applied to a wide array of substances and conditions (Campbell 2007; Glasser 2012; Schüll 2014) and variously identified as either a disease, moral failing, lack of free will, or a result of political-economic forces (Garcia 2010; Raikhel 2013; Reith 2004; Vreko 2010). Although contested, I have nonetheless chosen to use ‘addiction’ in this article because it is the word my participants employ to discuss the issues that they are addressing through drug treatment.
while awake and often have visions that can last up to 24 hours (Popik, Layer, and Skolnick 1995). In Gabon and Cameroon, practitioners of the Bwiti religion use preparations containing ibogaine for ritual and healing purposes (Fernandez 1982). Scientists and health practitioners have also worked with ibogaine to examine its potential for drug treatment (Schenberg et al. 2014; Mash et al. 1998; Popik et al. 1995). This work, including observational studies (Brown and Alper 2018; Noller et al. 2018) and case studies (Alper et al. 1999; Lotsof and Alexander 2001; Sheppard 1994), note ibogaine’s capacity as a so-called ‘addiction interrupter’ because of its potential to reduce physical cravings for and withdrawal symptoms from opiates and other drugs after one dose. Research also suggests that ibogaine can be used as a tool for introspection that allows for self-reflection about one’s addiction and path out of it (Cloutier-Gill et al. 2016; Frenken 2001). Thus, ibogaine purportedly works by addressing both the physical and ‘psycho-spiritual’ dimensions of addiction, treating both its sources and its symptoms.

Ibogaine is sometimes offered in conjunction with other psychedelics as part of the drug treatment protocol. One such substance is 5-methoxy-N,N-dimethyltryptamine (5-meO-DMT), which is found in high concentrations in the venom produced by the Sonoran Desert Toad or Colorado River Toad (Bufo alvarius) native to northern Mexico and the southwestern U.S. Some work suggests that this substance, known colloquially as ‘toad’ or ‘toad medicine,’ may have historically been used by indigenous groups native to the region (Weil and Davis 1994). Current research, however, claims that its widespread use is a more recent development, especially within the drug treatment community (Cortina 2018). Toad is a potent and fast-acting psychedelic; it takes effect within 10 seconds of inhalation and lasts approximately 20 minutes. Toad is often administered in order to elevate mood, alleviate residual physical or emotional discomfort, and help with insomnia a few days after receiving ibogaine.

Both of my fieldsites in Mexico utilized both ibogaine and toad in their drug treatment program. As discussed below, the effects of these substances contrast greatly according my research participants; one called them ‘different animals from different kingdoms.’ Nevertheless, providers couple ibogaine with the toad because they see them as complementary medicines that are both effective in treating addiction.

**Partial Accounts**

When asked about their experiences with ibogaine or toad, all of my participants provided some sort of narrative description. Some people vividly recounted what they felt and saw, but most offered vague depictions, as some did not remember much or had difficulty relaying their experiences. Still people attempted to describe their accounts with these psychedelics when asked about them, no matter how partial.
A common narrative trend among my participants’ accounts with ibogaine was the unpleasantness of the experience. First, almost all of them mentioned either physical or emotional discomfort after swallowing the ibogaine capsules. They described nausea, motion sickness, and ataxia, common physiological responses to high doses of ibogaine like those administered at the treatment centers where I conducted my fieldwork. As a woman who had an intense physical reaction explained, ‘Oh my god, it was rough! It was really rough. It was hard, it was really hard. I vomited a lot. I wasn’t prepared for it to be that harsh.’ Many of my participants also recalled dark imagery or emotions, using such words as ‘creepy,’ ‘bad,’ and ‘scary’ to convey the effect. One client, for example, described the ‘really eerie, haunting feeling’ she experienced while on ibogaine:

It just got really creepy really fast … For me it was less visual, it was more of a feeling. It just was very gloomy and dark. I felt like I was kind sinking down underneath the ground into something kind of like hell, you know like walls and darkness, kind of like spirits flying around in all directions … It’s very like dungeon like. I had a feeling that it was like hell realms.

Another woman described her disquieting ibogaine experience in the following way:

At one point I just felt like just immense grief and like sadness and I, I just started crying. I couldn’t stop crying and I had some pretty scary visuals too, you know? One was like I was running through grass and the grass was razor blades cutting up my body piece by piece and I could feel everything, like I felt it, my body felt it. Each slice going through my body and just like blood everywhere.

Sometimes the visuals that clients remember were troubling because they involved friends or family members. For one client, this meant fictional but distressing images. He said, ‘I didn’t expect for it to be that disturbing for me. It was really, really bad…I would just see like fire and burning and be like … I don’t know. It was just really, really messed up. And I would see like my mom’s funeral, like my mom crying over like my addiction, like just really, really bad stuff.’

Many clients’ narratives also included memories, some of which were unpleasant or depressing. One client recalled a lot from his past during his time on ibogaine:

You know how they say people say that they watch life stories and things in their life happen? To the T that happened. That happened on a bunch of occasions. I mean, I went through my whole life at different times … I just remember different times and different things and different people I was close with, and
different friends and different things I wanted to do with different friends.

Some of these memories, though, were upsetting, including when he and his friends had an altercation that led to someone’s death. He continued by admitting, ‘I relived that murder. I relived that, I mean, to the exact of it happening. The whole scenario.’ Another man also described a sad childhood memory he relived during his ibogaine experience. He explained, ‘Dad got pulled over one time when I was a little kid. I was probably like 4 years old, and he had a bunch of guns in the car and I remember standing on the side of the road and I was crying like, “Please don’t take my dad to jail.”’

The way my participants spoke of their experiences with ibogaine contrasted with the manner in which they described those with toad. They often spoke of love, radiance, and unity, all of which are frequently reported characteristics of smoking toad (Davis et al. 2018). When asked about her experience, a client simply said, ‘Just light and hope and just a lot of light.’ Another client likewise was very brief in his description: ‘It was very, I don’t know, it was blissful.’ One man just called it ‘an explosion of joy.’
Some clients were able to offer more detailed accounts, which included similar descriptions, but also discussed a level of intensity while on toad. For instance, one client called her toad experience ‘super intense’:

> It was like a very, very vibrant like mandalas and spirals and fractals, very colorful, expanding, and contracting. And it felt I had a feeling that that was like a glimpse of where you wanna go when you die, like bliss realm like nirvana like heaven connecting with everything like being one.

Another client highlighted the intensity of his experience as such:

> I felt like this tingling coming all over my body and I started to see just lights. It was like not too intense, it was like orange and yellow light and it became super intense, super intense. It became so intense I thought I was dying. Like there’s no way I’m going to make it through this; it’s hard to breathe. I keep telling myself, slow down your breathing. So, I’m trying to breathe through it, and I was thinking, ‘I hope this doesn’t last too long.’ It’s unexplainable.

Physical and emotional release was also a common feature of many accounts. After smoking toad, for example, a client recalled:

> I remember writhing, literally writhing on the ground, moaning, half-screaming. And there was this visceral mass that was just trying to contain me. You know, I wasn’t trying. It was just trying to contain me. It was an internal mass, um, just below my rib cage above my belly button maybe. And I was just writhing. It was just making me convulse on the ground. And then after doing that for about five or ten minutes, I just remember, you know, my mom saying, ‘Let go. Just let go. Just let go. You’re holding stuff in. Just let go, like, surrender.’ So, I laid back … It was, I don’t know, just unreal. They’re all just saying, ‘Let go and just feel the energy, feel the love, and don’t think, you know, don’t think. Just feel it.’

Another client provided a similar description:

> I was shot into another dimension, and I was terrified. Here wasn’t here anymore. I was surprised I was here. But then I felt a peace, love feeling. Just let go. Everything is OK. You’re loved. I felt connection. I wanted to cry. I never felt like that before.
The emotional side of the toad experience was also discussed by a different client. She explained, ‘I had tears … I’d seen my old self and my new self and then I kind of talked with my old self and my new self about who I wanted to be, being positive and do new things … Just letting it go, just getting it out.’

As evidenced by these excerpts, there are some similar components of my participants’ narratives about undergoing treatment with ibogaine and toad. Some recall or share more details than others, yet everyone’s experiences are different and wholly their own. However, one observable commonality was the difficulty of articulating their experiences. They were unable to fully convey in narrative form what it was like to use these substances that had powerful effects on them in various ways.

The Limits of Language

One of the biggest challenges of understanding my participants’ psychedelic experiences is linguistic in nature. For most people who have psychedelic experiences, they cannot easily or fully be put those experiences into words. As one client clearly explained, ‘It’s hard to really put words to something that is un-describable.’ Another confirmed this point, stating, ‘It was weird. I don’t even know how to describe it.’ These admissions relate to the ‘unspeakable’ character of psychedelic experiences. If the ‘unspeakable’ is, as McKenna (1994) claims, ‘that which lies beyond the domain of language,’ then the language in which we use to describe psychedelic experiences is likely highly flawed. An ibogaine provider spoke of this when he explained, ‘We don’t have a vocabulary to articulate the experience … Language is a symbolic representation of a felt sense of perception, so words don’t accurately or adequately describe what you experience.’ You cannot, therefore, do justice to your experience by describing it in words.

Various researchers have discussed this linguistic limitation in relation to mystical states of consciousness. Over a century ago, psychologist William James claimed that ineffability is one key component of mystical experience. He writes that such experience ‘defies expression…no adequate report of its contents can be given in words… [I]t cannot be imparted or transferred to others’ (James 1902, 830). He goes on to claim that direct experience is the only way to truly understand another’s mystical encounter: ‘No one can make clear to another who has never had a certain feeling, in what the quality or worth of it consists. One must have musical ears to know the value of a symphony; one must have been in love one’s self to understand a lover’s state of mind’ (James 1902, 830). Mystical experiences produced specifically by psychedelics have also been described in such a way. Psychiatrist Walter Pahnke (1969, 151) argues that a part of mystical psychedelic experience is alleged ineffability: ‘[T]he experience is felt to be beyond words, nonverbal, and impossible to describe.’ He and his colleague, psychologist William Richards, elaborate more on this inexpressible quality of the psychedelic-induced ‘mystical consciousness’:
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When a subject attempts to communicate mystical consciousness verbally to another person, he usually claims that the available linguistic symbols – if not the structure of language itself – are inadequate to contain or even accurately reflect such experience. Perhaps the reason such experience is felt to be beyond words is to be found in a frustration with language, which, in turn, arises out of the paradoxical nature of the essential phenomenon and the incomparable uniqueness of the experience itself. [Pahnke and Richards 1966, 181-182]

While this inadequacy of language to convey mystical states – whether induced by psychedelics or not – is widely acknowledged, research shows that they can be described in meaningful ways (Doyle 2011; Pollan 2018; Sells 1994). For instance, David B. Yaden et al. (2016) find that people who provide detailed descriptions of their mystical experiences often do so in ordered ways. Using quantitative linguistic analyses of written accounts of mystical experiences, they identify possible underlying linguistic features of these supposedly unspeakable experiences. Understanding these features, they argue, can ‘make headway into “effing” the ineffable’ (Yaden et al. 2016, 250).

I would be remiss if I did not acknowledge as well that some researchers have effectively collected and analyzed narratives related specifically to ibogaine-induced experiences. In his classic ethnography of Bwiti religious practices among the Fang in Gabon, anthropologist James Fernandez (1982) includes elaborate descriptions of visions and spiritual experiences that were the result of Bwiti practitioners ingesting the sacrament of iboga, a plant whose root bark contains ibogaine. The frequent expression and detailed nature of these descriptions are arguably a result of the ritual structure and culture in which Bwiti practitioners operate. As Fernandez shows, both their experiences with iboga and their subsequent narratives are shaped and bounded by cultural and ceremonial expectations that leave little room for variation. In other words, it is not difficult for them to describe what they underwent. More recent research on ibogaine has also gathered narrative data about the experience of using the psychedelics for drug treatment (Camlin et al. 2018; Schenberg et al. 2017). Thomas Kingsley Brown, Goeff Noller, and Julie Denenberg (2019), for example, examine how ibogaine’s psychotropic effects are described by those who used it to treat opioid use disorder. Notably, their research participants spoke of visual and auditory phenomena, feelings of remorse and regret, and spiritual transformation in some detail.4 Psychiatrist James Rodger (2018) likewise was able to gather the testimonies of ‘addicts’ who used ibogaine through interviews, surveys, and online forums and message boards. His extensive analysis outlines the cultural formation and interpretations of their ‘visionary ex-

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4 It is worth noting that only 20 of their 44 participants generated enough written material to be included in their textual analysis. Of the 24 who were excluded, 11 provided drawings, 11 provided nothing, and two provided limited text (Brown, Noller, and Denenberg 2019, 157). Although not discussed in the article, it is possible that many of their participants – like mine – found it difficult to put their psychedelic experiences into narrative form.
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periences’ with the psychedelic to demonstrate what considers its healing potential (Rodger 2018, 105).

Such research demonstrates that it is possible to convey a mystical or psychedelic experience. Nonetheless, many of my participants admittedly struggled when asked about their experiences with ibogaine and toad. I can only speculate as to why they grappled more than others with narration. Many of my participants had a history of trauma – be it physical, familial, sexual, or structural – and perhaps the effects of trauma made narration even more complicated (Kirmayer 1996). Or, as I discuss briefly below, there may have been factors related to the treatment context that affected my participants’ narrative abilities. But, rather than venture too much about possible reasons or potential causes, what is evident is that the linguistic tools available to my participants inhibited them in part from fully articulating what they went through with these psychedelics.

Another factor that can contribute to my participants’ inability to speak of their experiences is ego death. Ego death – the loss or distortion of one’s self, or ‘ego’ – is considered a common feature of many individuals’ experiences with various psychedelics (Grof 1975; Leary, Metzner, and Alpert 1964; Lebedev et al. 2015; Savage 1955). Ego death is characterized by the dissolution of one’s self and unification with one’s surroundings. Several of my participants mentioned feeling their ego dissolve, particularly while taking toad. One person explained:

Mentally I was dying. And once I let go of myself, of dying — I was kind of fighting it in the beginning because I didn’t want to die, right? I was kneeling. I was shaking, fighting until [the provider] came and he was holding me back and laying me down and that’s when I had, like, I let myself go. I was able to, like, I felt my skin, my entire body became one with the dirt. I was becoming the circle of life.

Struggling for words, another client said, ‘It’s unexplainable. It’s like it had control of my body and just locked everything up. At the tip of that intensity is when I started to release. I started to yell uncontrollably. It’s like demon sounds, and I felt like I was releasing my ego.’

Author Michael Pollan (2018) reflects on his own ego death when writing about his experience with LSD. He states:

‘I’ now turned into a sheaf of little papers, no bigger than Post-its, and they were being scattered to the wind. But the ‘I’ taking in this seeming catastrophe has no desire to chase after the slips and pile my old self back together. No desires of any kind, in fact. Whoever I now was was fine with whatever happened. No more ego? [Pollan 2018, 263].
The phenomenon of ego death poses an interesting linguistic challenge for my participants: How does one talk about oneself and the effect of a psychedelic experience when the ‘self’ dissolves? Pollan (2018, 263-264) himself asks a similar question: ‘[W]ho was this “I” that was able to take in the scene of its own dissolution? Good question. It wasn’t me, exactly...In order to completely make sense of the divide that had opened up in my perspective, I would need a whole new first-person pronoun.’ Once again, as Pollan points out, the very words available to use to speak of such a diffusive experience may not do that experience justice. Perhaps then the psychedelic experience is fundamentally beyond our grasp in terms of communication, posing rhetorical challenges to the client as well as the ethnographer.

The Therapeutic Value of Narrative
If the ‘unspeakable’ character of psychedelic experiences also refers to, as McKenna (1994) claims, ‘things that we would rather not speak about,’ then there is likely an emotional element to these experiences that may inhibit talking about them. This point makes sense having worked with people seeking to overcome addiction. As mentioned above, their descriptions of their ibogaine experiences are usually characterized by dark or negative images or memories, whether its demons, hellscapes, the death of a loved one, or even their own funeral. Relaying these difficult, frightening, or even shameful visions and feelings – freshly faced or relived – can also contribute to the difficulty in communicating what they experienced. These may be encounters that they are not willing or eager to share.

For self-described ‘addicts,’ the possible difficulty and even inability to talk in-depth about their experiences with ibogaine and toad contrasts – sometimes starkly – with their past encounters with mainstream drug treatment modalities. It is important to note that nearly all of the clients at my fieldsites have tried to ‘get clean’ with mainstream treatments – such as medication-assisted treatment like methadone or buprenorphine and 12-step programs – at least once before coming to Mexico. With treatment modalities like 12-step or outpatient or residential programs, there is a narrative imperative to ‘tell your story’ (Carr 2010). Usually these personalized narratives follow a particular sequence involving trauma, ‘hitting rock bottom,’ and the like in order to disclose one’s past shortcomings. As sociologist Allison McKim (2017, 117) explains, this ritual of telling’s one’s story – this narrative of ‘inevitable decline’ – is a central technique to producing the ‘addict identity.’ Many researchers also discuss the importance of narrative in the process of addiction recovery (Hänninen and Koski-Jännes 1999; Larkin and Griffiths 2002; McIntosh and McKegany 2000; Rafalovich 1999) and point to the therapeutic value that narrative can play in drug treatment and beyond.5 For those undertaking ibogaine treatment, unlike with some mainstream modalities, such nar-

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5 The therapeutic importance of processing experiences through narrative is by no means exclusive to addiction recovery. In the field of psychology, for example, narration plays an important role in many approaches, such as psychoanalysis (Schafer 1980) and various trauma therapies (Kirmayer 1996).
narratives are not offered in order to access services or as a way to evaluate someone’s progression in treatment. They are certainly told by clients as reasons for why they traveled to Mexico to try this alternative treatment; for many, it is their last resort. Yet this narrative form – especially a linear one – breaks down once they take the psychedelics.

I noticed during my fieldwork that clients spoke about their experiences with ibogaine and toad primarily as a means to process those experiences. It is one of the multiple ways to make meaning out of what they endured physically, emotionally, and often times spiritually. I argue that this process of meaning making through the attempted re-creation of the experiences is part of the therapeutic value of these psychedelics.

According to James (1902), mystical experiences have a ‘noetic quality,’ the ability to reveal hidden knowledge or insights otherwise inaccessible. He asserts that mystical states are ‘states of insight into depths of truth unplumbed by the discursive intellect. They are illuminations, revelations, full of significance and importance, all inarticulate though they remain; and as a rule they carry with them a curious sense of authority for after-time’ (James 1902, 380-381). Psychedelic experiences can also possess this noetic quality; they can evoke ‘truth’ and meaning for those who go through them. Clients’ experiences with ibogaine and toad certainly speak to this point. What these substances reveal or illustrate to each client – and even what going that experience can teach them – can be incredibly powerful. For several clients, this came in the form of a warning or wake-up call. One client, for example, said:

It just really made me see what’s at stake, what I have to lose. You know, other places can tell you that, but if you don’t wipe your brain clean, I feel like you’re just gonna go back to your old way of thinking, you know? And now like, it’s like I have like, it was like a very heavy trip so I have like a little fear barrier. But, it’s a good fear barrier...It made me know where I stand at life and why I can’t fuck up. And, you know, just like I said, I just… I always knew what was at stake and people always told me what I could lose, but it never really sunk in.

Another client spoke of a similar message she received:

I think it was a real eye opener without a doubt, like this is a reality, like this is what’s going to happen. This is what’s going to happen if you’re like a bad person, if you continue in your addiction. I’m an alcoholic. And then it was a glimpse of like, you know, I have something really to strive for, that there’s like perfect, like bliss and peace out there.
The knowledge acquired from these kinds of experiences is part of what makes people promote these psychedelics as a form of drug treatment. A common claim of many providers I worked with is that ibogaine in particular helps ‘break the cycle of addiction’ in ways that other treatments cannot. I heard more than one provider assert, ‘It’s like 20 years of psychotherapy in one night.’ This is a source of ibogaine’s reputation as an ‘addiction interrupter.’ Supporting this position, one client called it a tool to ‘get to the root of why you’re in pain.’ After his treatment, he believed the power of these substances was the self-awareness they enabled. He explained:

Just to have the awareness of things that have happened, and a lot of people didn’t even realize the things that they saw had any serious meaning until they were seeing it in the context, in the way ibogaine showed it. And then again, just as a way of making you feel a certain way and then you understand. Even if you don’t necessarily agree, you just understand it and so … It’s pretty crazy on how many levels the treatment can benefit somebody’s life.

Gaining such insights can be significant and therapeutic, and this is arguably possible through the narrative process. At the ibogaine centers where I conducted my research, providers encouraged their clients to talk about what they saw, heard, and felt while on ibogaine and toad. Whether speaking to another person or writing in a private journal, narrative can help derive meaning from an experience and to engage in self-reflection, a step the providers deemed important in addressing the ‘psycho-spiritual’ dimensions of addiction based on their psychedelic experiences. The way in which they can engage in such introspection, however, is complicated by several factors.

In addition to linguistic barriers, the treatment environment itself may have limited how narration could occur at these centers. First, clients were urged but not required to re-tell their experiences with the psychedelics. There was no consequence if a client engaged minimally, shared information selectively, or remained silent. It was ultimately up to each individual client to determine how much effort they wished to exert post-treatment. Second, the centers provided opportunities, including space and time, for clients to participate in the narrative process, whether verbally or written. But, staffing issues at both centers made the availability of therapists and counselors with whom clients could work inconsistent. This lack of personnel, therefore, may have inhibited some clients from processing their psychedelic experiences through a more structured and therapeutic narrative exchange. Lastly, the centers offered a 7-day drug treatment program, which meant that clients had only just begun to process their experiences before leaving the center. Given their programs’ short duration, providers and staff members at either center did not expect clients to narrate their experiences for therapeutic integration, the practice of translating experiences that occur during a psychedelic experience into actual changes in one’s life, during a 7-day program. In fact, both cen-
ters referred their clients to coaching services or ‘aftercare’ facilities specializing in addiction recovery and psychedelic integration precisely because they were unable to provide these long-term services after their clients left Mexico.

These complications do not necessarily diminish my participants’ attempts to articulate and re-create their psychedelic experiences nor do they obviate the therapeutic value of that narrative process. What they do provide is more food for thought.

**Epistemological and Ethnographic Challenges**

Given such high therapeutic potential, it seems necessary for ethnographers to try to overcome the various narrative limitations of speaking about experiences with psychedelics. This is particularly so given the fact that ethnographers traffic primarily in narratives. The challenge then is how to reconcile the ineffability of psychedelic experiences with the practical necessity of re-creating such experiences in the form of narratives for analysis and then dissemination.

There may be multiple ways to confront such a challenge. One potential starting place is to consult and analyze online forums and websites that publish so-called ‘trip reports,’ what rhetorician Richard Doyle (2011, 47) describes as ‘scripts for the better or worse ingestion of psychedelic compounds and plants.’ They are ‘rhetorical programs’ produced by individual users in order to re-create their psychedelic experience so that others can learn from it (Doyle 2011). What these reports can possibly provide for ethnographers is a way to represent – in the language available to us – what our participants describe during fieldwork. They may serve as models for how to write about these experiences, as windows into how one begins to articulate them in a written, narrative form. In Doyle’s own words, ‘We must read them as if they are less failed signs of the ineffable than symptoms of, and subsequent frames for, psychedelic states’ (Doyle 2011, 54). Trip reports, therefore, can possibly teach us something about what an ineffable or unspeakable experience can look like when translated into narrative prose by using the users’ own narrative construction as a point of departure.

Another method that psychedelic researchers have long engaged in is self-experimentation. Historians Laura Stark and Nancy Campbell (2018) examine how mind-body researchers in the mid-20th century used multiple methods to understand another person’s ineffable, interior experiences. One technique, which they call ‘methods of ingression,’ was a means to ‘know another consciousness by climbing inside that experience’ (Stark and Campbell 2018, 791). Self-experimentation with psychedelic substances was one such method to create ‘in the researcher’s own body and mind the experience of another person’ in a drug-induced altered state of consciousness (Stark and Campbell 2018, 791). Psychedelic researcher Kenneth Tupper and anthropologist Beatriz Labate (2014, 77) also discuss how self-experimentation was ‘self-evidently and uncontroversially standard practice’ to gain knowledge about psychedelics. Quoting well-known researchers...
who engage in self-experimentation, they argue that it is important to have first-hand experiences with the substances one is studying. They claim this offers significant ‘epistemic insights’ and ask, ‘[W]ho is in a more advantageous epistemic position: the astronomer who looks through a telescope, or the one who does not’ (Tupper and Labate 2014, 77)?

In principle, I agree that self-experimentation can provide substantial insight into the effects of psychedelic substances. However, I am less convinced that doing so is a required part of ethnographic research. Stark and Campbell (2018) correctly assert that ethnographers use their own methods of ingress in the form of participant observation. Learning through experience, ethnographers ‘actively deploy [techniques] to access the interior experience of other beings through their own interiority’ (Stark and Campbell 2018, 810). However, participant observation and the texts produced as a result of it are understood as inherently partial, ‘committed and incomplete’ (Clifford 1986, 7). Thus, if an individual’s psychedelic experiences are subjective, personal, and non-generalizable, is self-experimentation necessary for working with people whose own experiences and motivations for using psychedelics are wholly different from the ethnographer? Would having your own psychedelic experience provide a level of ethnographic understanding unachievable through other means? The questions provide fodder for future debate. But I contend that first-hand experience does not eliminate the narrative challenges posed by psychedelics.

As an ethnographer, I am tasked with not just collecting data from my participants, but also the narrative re-creation of their very intimate, personal experiences for anthropological audiences. As Garro and Mattingly (2000, 22) attest, ‘Narratives never simply mirror lived experience or an ideational cosmos, nor is a story a clear window through which the world, or some chunk of it, may be seen. Telling a story, enacting one, or listening to one is a constructive process.’ Thus, this is a project of representation, which presents its own challenges around not misrepresenting or speaking for the ‘Other’ from a position of authority, ethnocentrism, or judgment. As such, the focus must remain on the descriptive and phenomenological, not on truth-claims made by the ethnographer. Rather, it is important to stay true to the perplexing character of psychedelic experiences and instead focus attention on what those experiences mean for those that use psychedelics therapeutically, and, in case of the research I present in this article, what they mean for drug recovery.

**Conclusion**

During the course of my research, my interactions with ibogaine clients and providers forced me to ask myself how much I can understand and then represent psychedelic experiences ethnographically. The questions and issues I have raised in this article with respect to these concerns are important to the study of psychedelics in general, but more specifically psychedelic-based drug treatment. I also
believe that they are becoming increasingly consequential given the growing interest in many fields in the therapeutic potential of psychedelics.

The psychedelic renaissance in which we currently find ourselves has occurred in anthropology and is gaining steam (Doyle 2012; Fotiou 2012; Langlitz 2012; Letcher 2007). Ethnographic studies are making important contributions to our understanding of policies, practices, socialities, knowledges, and experiences associated with the contemporary use of psychedelics, recreationally, religiously, and therapeutically around the world. I believe this is crucial to the amassing and production of knowledge about these substances. The knowledge created by clinical trials and quantitative surveys, while incredibly important, is not enough to appreciate the full effects that psychedelics have on people’s lives or — in the case of my research — drug recovery. Ethnographic research offers something that other methods do not, namely a way of examining the lived experiences and meanings associated with the use of psychedelics, not just what someone experiences but what they make of that experience. This involves engaging with narrative in some form and thus the challenges presented by narration. This is a worthy endeavor, but one that will take work and likely some creativity to overcome if we mean to seriously engage in knowledge production in this psychedelic renaissance.

The conclusions I draw in this article are not definitive; they are part of an ongoing search for tools and techniques for engaging in the anthropological study of psychedelics. What this article offers is a foundation for thinking about how we may need novel ways to conduct ethnographic research when the experiences we are attempting to understand, document, and analyze resist narrativization.

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