Re-opening the Body Schema to a Shared Temporality: A Phenomenological Investigation into the Therapeutic Potential of Psilocybin-Assisted Therapy for Depression

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A
Major Research Paper
in the
Department of Philosophy

Presented in Partial Fulfillment of the Requirements
For the Degree of Master of Arts (Philosophy) at Concordia University
Montreal, Quebec, Canada

September 2020

Abstract: Psilocybin's remarkable efficacy in treating depression poses important questions about how such therapy works. I explore this issue through a phenomenological study that shows how embodiment and temporality are central to the efficacy of psilocybin-assisted therapy. Thomas Fuchs has argued that the experience of depression involves a disordered implicit temporal structure that takes its shape through an explicit disturbance of shared time. This form of social asynchrony is experienced through what Fuchs refers to as a "corporealization" of the lived body. I add to this literature by drawing on Maurice Merleau-Ponty's conception of the body schema, to show how corporealization is conditioned by the body schema's capacity to be "open" or "closed" to the possibility of acquiring new habits that allow for the realization of new situations. Corporealization arises when the body schema's closedness interferes with a subject's socially shared temporality and capacity for engagement. I maintain that psilocybin-assisted therapy dishabituates depressed subjects from ways of being that habitually close the body schema, thereby re-opening the subject to the potential of inhabiting situations that change with the social flow of time that underlies intersubjective experience. I argue that the therapeutic potential of psilocybin is contingent on its capacity to induce experiences that afford subjects an opportunity to take up their situation differently – an opportunity often robbed from experience in depression.

Introduction

Contemporary research into the therapeutic potential of psychedelic-assisted therapy raises interesting questions regarding its efficacy. While the domain of psychopharmacology maintains that a change in neurochemistry effects a change in mood or personality, psychedelic researchers understand that environment and context play an essential role in the therapeutic process (Kaelen, et al. 2017; Carhart-Harris, et al. 2018). One notable use of a particular psychedelic – psilocybin, found in 'magic mushrooms' – is for the treatment of depression. Psychologists believe that psilocybin alleviates depression by promoting greater acceptance of emotions and an increased connection with oneself and the world (Watts et al. 2018). However, we do not yet understand how these changes emerge from within the depressed person's lived experience: How exactly does one come to *feel* an increase in acceptance and connection through psilocybin-assisted therapy?

Phenomenology offers ways of addressing this question by illuminating how temporality and embodiment play a crucial role in facilitating experiences of heightened connectivity and emotional acceptance. The fact that patients with severe depression can experience significant relief for a considerable amount of time, from only a few psilocybin-assisted therapy sessions, strongly suggests that there is something about the lived psychedelic *experience* itself that is therapeutic. That is, the drug's therapeutic potential[1] may rest in the kind of experience it enables for the patient, rather than in its direct effects on neuronal activity. Specifically, I maintain that psilocybin-assisted therapy allows for the opening of what I refer to as a "closed" body schema,

[1] When I speak of the drug's therapeutic potential here and throughout the paper, I am concerned with how psilocybin produces therapeutic effects, when therapy is effective. Psilocybin is seen by clinicians to have a greater degree of therapeutic efficacy when it is administered in a clinical setting alongside preparatory and integrative sessions, than it does when consumed otherwise (by oneself or recreationally with friends). This means psilocybin has a therapeutic potential that may or may not be actualized. It is my goal to illuminate this potential, specifically its potential in the clinical setting.

through the "normalization," or "optimization" of a depressed subject's personal time-structure. Phenomenological considerations regarding the temporality of depression, alongside Merleau-Ponty's notion of the body schema, suggest a picture of psilocybin's therapeutic potential that strongly resonates with first-person descriptions without conflicting with naturalistic explanations. (In pursuing this argument, the paper is informed by methodologies developed by figures such as Thomas Fuchs and Matthew Ratcliffe for deploying phenomenological description in analyses of conceptual issues in clinical psychology and psychiatry.)[2]

Understanding how psilocybin is therapeutic first requires a description of what the psychedelic experience is like for an embodied subject who is, in other words, a being in and towards the world. This is no easy task, nor can it be carried to completion within this paper, for experiences characterized as psychedelic include a possibility space that greatly exceeds the boundaries set by ordinary forms of intentional consciousness. Moreover, while it is sometimes naively assumed that all substances designated as 'psychedelics' are so classified because all produce one definitive 'psychedelic effect,' different psychedelics can, in fact, influence perception differently. Individual psychedelics can also produce profound differences in consciousness at different doses: effects do not simply intensify with an increase in dose, high doses allow for qualitatively different experiences.

After briefly depicting the psychedelic experience by describing what I call psychedelic space, I review the phenomenological conditions motivating a depressed subjectivity. Two strong accounts of depression, by Fuchs and Ratcliffe, recognize the fundamental role of a sub-optimal temporality which closes the subject off from participation in the world as an

[2] Examples of how phenomenological discourse can enrich our understanding of clinical concepts can be found in Fuchs (2005), Ratcliffe (2015), and throughout *The Oxford Handbook of Phenomenological Psychiatry* (Stangellini et al., 2019).

intersubjective field of possibility. Depression is thus taken up as an embodied perspective desynchronized from the temporality that underlies one's participation in a social world. Following Husserl's example of how a subject normalizes a perspective distorted by a new pair of prescription eye glasses (Heinämaa & Taipale 2019), it is my contention that psychedelics work, as a therapeutic tool, in an analogous way: By distorting the depressed perspective, psychedelics can liberate the subject from a reified view of the world and may provide the opportunity for a perspectival readjustment in which prior perspectives are situated back within a temporal flow through which intersubjective synchrony becomes possible. The depressed perspective is like seeing through an old prescription lens that can no longer enable the subject's optimal vision. By inducing a mode of dishabituation from a body schema's closedness, psychedelic experiences provide the opportunity for a re-habituation to one's environment. Such a shift in the way one inhabits their lived environment gives way to a difference in how one understands oneself and their situation, thereby allowing the depressed subject to tune back into the intersubjective world from which their perspective has become detached. By tuning into an intersubjective field of time, the depressed perceptive may be normalized as one that optimally reflects one's capacity to be with others.

Moving Through the Psychedelic Space

In a review of the clinical research on psychedelic-assisted therapy, Garcia-Romeu and Richards (2018, 301-304) identified six forms of psychedelic experiences reported by participants: (1) *sensory-aesthetic experiences* "characterized by perceptual changes such as increased vividness of colours, appearance of movement of static objects, fractal and kaleidoscopic imagery, enhanced sensitivity to music, altered sense of touch and texture, altered body awareness, and synesthesia"; (2) *psychodynamic-autobiographical experiences*

"predominated by emotional recollections and reflections on significant previous or current life events and relationships"; (3) *cognitive-intellectual experiences* that "entail changes in normal patterns of thinking, in which usual constraints and blockages in abstract processes can be transcended or overcome"; (4) *symbolic-archetypal experiences*, which are sometimes referred to as 'visionary' experiences, and "involve the emergence of mythical or symbolic content such as deities […], gemstones, imagery associated with other civilizations or historical periods, as well as encounters with universal qualities such as truth, beauty, or love"; (5) *challenging experiences* involving "intense feelings of anxiety, panic, grief, fear, paranoia, disorientation, confusion, isolation, or physical discomfort"; and (6) *mystical experiences* which are also referred to as *peak experiences* (Watts et al. 2017) and "have long been proposed as a major factor mediating the efficacy of psychedelic therapy, seemingly facilitating a recalibration of mood, behaviour, and attitudes that can be reinforced through subsequent integration." However, because these six kinds of experiences are likely to overlap during higher doses, we can consider them to be various dimensions of "the psychedelic experience," taken in its broadest sense.

This section of the paper will focus on the mystical dimension because I am primarily interested in how it is possible for psilocybin to provide psychiatric relief for an *enduring* period of time, and research demonstrates that mystical or peak experiences play a mediating role in the efficacy of this therapeutic process (Griffiths et al. 2008; Schmid & Liechti 2018). Moreover, mystical/peak experiences are reported to involve peculiar sensations such as 'ego-dissolution' (Letheby & Gerrans 2018) and 'timelessness' (Barrett & Griffiths 2018) – which, once understood phenomenologically, implicate the role of a subject's body during psychedelic transformations. While neuroreductionist frameworks allow for aspects of experience that remain below the level of consciousness to be revealed as conditions for the possibility of experience,

they fail to address the lived dimensions of consciousness. That said, it is entirely plausible for neuroscientific models of brain activity to be enriched by phenomenological considerations while in turn enriching the phenomenological considerations themselves. I especially believe this to be true with models of the therapeutic effects of psychedelics and phenomenological insights regarding the way one's body appears for oneself through lived experience. As such, I will be considering Robin Carhart-Harris and Karl Friston's (2019) *relaxed beliefs under psychedelics and the anarchic brain* model, alongside a Merleau-Pontian understanding of the lived body.

On its own, phenomenology is unable to reveal the biochemical processes involved in cognition and/or perception because the activation or inhibition of neural circuits is not something that can be found anywhere in one's lived experience. For example, I don't feel an active amygdala when I am fearful, regardless of the fact that frightening experiences are heavily associated with heightened amygdala activity. The neurosciences, alternatively, cannot describe the feeling of fear by documenting the neural circuitry necessary for its manifestation. Nor could we begin locating these neural circuits without first having some understanding of what it means to be afraid and an assumption that we cannot be afraid without a distinctive neuronal event. Fear, however, is not some objective thing with a localized position in the brain: it is an embodied experience, meaning that I am aware of my fear through the way in which my body is schematically oriented towards something in the world as frightening. A phenomenological view of what it is like to be immersed in the world as an embodied subjectivity allows for a description of the body as something that is lived, without discounting the fact that a living body is an object-body with a subjectivity that transcends objectivity. Put differently, phenomenology allows for the view that I am the body that I have (Wehrle 2019).

However, the body that I have is not merely an object passively positioned in a world. The body I have differs from a mere object-body because I play an active role in constructing the world I am part of, via the continual (re)adjustment of the way my body engages with an environment influenced by my presence. The body schema, which, for Merleau-Ponty, is irreducible to one's neural activity or to one's self-conscious *body-image* (Gallagher 2005; Halák 2018), operates as a pre-reflective system affording subjects with the potential to participate in an intersubjectively inhabited environment. "Psychologists often say that the body schema is *dynamic.* Reduced to a precise sense, this term means that my body appears to me as a posture toward a certain task, actual or possible. And in fact my body's spatiality is not, like the spatiality of external objects or of 'spatial sensations,' a *positional* spatiality; rather, it is a *situational spatiality.*" (Merleau-Ponty 2012, 102) I take this to be one of the foundational features of Merleau-Ponty's phenomenology of the body: The lived body (*Leib*) takes up space differently than a mere object-body (*Körper*) because the body schema – which develops as one's capacity for self-motivated movement – infuses a perceivable, objective, space with a personal history and potential projects (in order to then make sense of and engage with the immediacy of one's situation). The fact that experience takes place within the embodied space of a lived situation, rather than from an objective position extended in space, is important to note because it is within the situational space of a lived body that the psychedelic world comes to life. That said, let us now consider how a phenomenological view of the body can enrich naturalistic frameworks.

The *relaxed beliefs under psychedelics and the anarchic brain* model (REBUS, henceforth) provides a naturalistic picture of what is happening to a subject under the influence of a classic psychedelic. Their model is structured around a well-established understanding of the

effects that 5-hp2a receptor agonism has on global neural activity and makes use of a synthesis between the free energy principle and the entropic brain hypothesis while emphasising the former's association with predictive processing frameworks. Greatly simplified,[3] REBUS proposes that psychedelics work by triggering a deactivation of the default mode network (DMN), which thus reduces one's felt convictions in global belief systems, thereby leading to an increase in prediction errors which are associated with a disruption in perceptual and cognitive processes. An increase in prediction errors – erroneous pre-conscious assumptions regarding what is imminent – challenges the organism, pushing it out of a state of familiarity and into one of adaptability, thereby allowing for immediate sensorial information to be flooded with a greater degree of significance. If the brain can no longer accurately predict what is about to happen, it must be more attentive to what is immediately happening and allow for what *does* happen to affect the organism as a whole, rather than allowing for prediction errors to be 'smoothed over' or 'quieted' by the DMN's top-down influence over the way one is attuned to the world. The DMN is a highly active neural network relied upon daily for human-specific behaviours and self-referential thoughts, such as "mental time travel (Ostby et al., 2012), moral decision making (Kaplan et al. 2017), counter-factual thinking (Van Hoeck et al., 2013), and self-consciousness (Fingelkurts et al., 2012). […] In simpler, more mechanistic terms, however, the human DMN can be considered to sit at the top end – or center – of a uniquely deep hierarchical system, i.e., the human brain, *instantiating a uniquely deep and domain-general model of the embodied agent* his- or herself" (Carhart-Harris & Friston 2019, 322-323; italics added).

[3] Because the REBUS model cannot be explored entirely here, the purpose of this outline is to introduce a naturalistic model of psychedelic experiences that can be enriched with phenomenological considerations regarding the body.

The REBUS model purports that the neural mechanisms responsible for maintaining highly-weighted beliefs become "relaxed," thereby allowing for a greater degree of bottom-up processing to be unaffected by the top-down influences typically structuring everyday perception. For example, "the assumption 'walls don't breathe' is so heavily weighted that it is rendered implicit (and therefore effectively silent) by a confident (highly-weighted) summarizing prior or compressive model" (Carhart-Harris & Friston 2019, 323). The possibility of witnessing walls "breathing" is therefore contingent on a dishabituation from a perceptual schema in which walls are not encountered as something that breathes. Moreover, it is worth noting that the integrity of this belief – that "walls don't breathe" – is strengthened via the habitual, circumspective perception of a wall's nature over the course of one's life. Interestingly, while the high- and intermediate-levels of the brain's hierarchical system (responsible for global belief systems and cognitive tasks respectively) are greatly impaired by a deactivated DMN, the brain's "most rudimentary, domain-specific levels (e.g., those concerned with motor and autonomic functions) remain largely immune from the influence of psychedelics […] For example, under the effects of a high dose of a psychedelic, an individual may report feeling as if they cannot move, vocalize, or even breath properly, but, in practice, they can typically perform these functions almost as normal" (Carhart-Harris & Friston 2019, 323). If we interpret the fact that the motor and autonomic regions of the brain remain largely unaffected by the ingestion of psilocybin, "presumably because there is relatively low 5-HT2AR expression in [the autonomic and motor regions of the brain]" (Carhart-Harris & Friston 2019, 327), with an understanding that an active human brain is always embedded in a *lived* body, we can see how the body schema maintains it primal function during psychedelic experiences as an irreducible condition for perception. This is important to note because, from a neurophenomenological perspective, it

implies that one can lose all sense of oneself as the egoistic, autobiographical '*I'* associated with one's body-image – without losing the bodily functions associated with the '*I'* of one's body schema: the *'I'* that breathes, that feels, that moves and perceives… the '*I'* that is alive.

Here we can return to Merleau-Ponty's (2012, 213) point that, "The theory of the body schema is implicitly a theory of perception. We have learned to again sense our bodies; we have discovered, beneath objective and detached knowledge of the body, this other knowledge that we have of it because it is always with us and because we are bodies." That is, the body schema, according to Merleau-Ponty, affords the subject a certain kind of knowledge, acquired through the sedimentation of habit, that allows for an understanding of what is being perceived—and, despite losing one's autobiographical 'I,' this sort of habitual understanding is at work in deep psychedelic states so long as a body schema is retained. That said, habit itself is not a *form* of knowledge; habit is a *way* of knowing what one knows through a carrying out of that which is known. "The subject knows where the letters are on the keyboard just as we know where one of our limbs is – a knowledge of familiarity that does not provide us with a position in objective space. The movement of his fingers is not presented to the typist as a spatial trajectory that can be described, but merely as a certain modulation of motricity" (Merleau-Ponty 2012, 145). To type this sentence, I need not direct my attention to the location of the keys on the keyboard, nor do I need to explicitly direct individual fingers towards individual keys in their correct order as to produce full words sequenced by the rules of grammar. This is the case because, as a body habituated to the keyboard as a tool for expression, the positional space of the keys on the keyboard fade into the situational background hollowed out by my previous experience writing essays and my current intention to write this one.

Regardless of whether we are aware of them, habits establish a background through which the foreground of perception takes shape. It is in this sense that the background processes of experience can be understood as a lens one becomes habituated to: the world is perceived through habits of perception. With the help of certain disciplines, like meditation, one can adjust this perceptual lens, thereby provoking a change in what is possible for experience. With roughly 20,000 hours of practice in the Satipathana and Theravada Vipassana traditions, one devoted meditator claims "that in the 'selfless' altered state of consciousness voluntarily achieved through meditation, bodily sensations [are] 'almost invisible' and reduced to a subtle and indistinct background presence: 'there is a sense of something happening, it is very hard to tell if there is a sense of body, it is more in the background… a sense of body-ness, but it's so spread'" (Ataria et al., 2015; quoted by Millière 2018, 9). While the lived body usually operates as a transparent, background lens of experience, this bodily background can make itself known by obtruding into the light of experience as an obstacle for experience. This is often the case, for example, when experiencing physical pain. In contrast, while in a deep meditative state, this bodily background can be illuminated and appear in experience itself as its own background; it is as if one turns around to see what usually operates behind oneself, as a shadow in the background of experience. Psychedelics also provoke experiences in which one's explicit, material, body fades into the background of perception against the felt expansion of consciousness, but to an even greater degree than what is described by meditators (Millière 2018). During trials conducted on the efficacy of psilocybin for treating end of life destress, the "dissolution of normal boundaries of the self sometimes led to a sense of identity separate from the body: [One participant said] 'I didn't have a body . . . I was just like this soul, this entity.'

[Another] participant described 'my consciousness, or my soul, or whatever, was flying out of my body'" (Besler et al. 2017, 368).

However, if one's experience is always something *embodied*, how is it possible for one to experience such a seeming transcendence of one's own body? By appealing to REBUS, we may be inclined to say that the heavily weighted belief that I have a physical body is relaxed to such a degree that the physicality of my body dissolves from the situational space of experience. This might be an acceptable explanation *if* the body were the result of a global belief system and not an irreducible condition of lived experience. I suggest instead a body schematic, descriptive interpretation: those who experience the mystical dimension of psychedelic space, who describe 'awe-full' experience(s) of 'ego dissolution' and/or 'timelessness,' are trying to express, in words, a particular mode of dishabituation through which the boundaries of perception previously shaping one's familiarity with everyday reality temporarily cease limiting potential experiences. These boundaries that ordinarily place limits on the unfolding of perception are themselves shaped by a background of habits from which perception springs forth. In the experience of ego-dissolution, while the boundaries dissolve and thereby vanish, the receding boundaries of perception allow for a realm of possibilities previously concealed by habitual modes of perception to emerge within the foreground of experience. This dishabituation leading to a liberation from the burden of a terrestrial body may therefore be referred to as an *embodied disembodiment*. In my everyday reflections on myself, I consider myself to be embodied according to the terms of a body-image accessible to self-consciousness. In other words, my body as I know it through the faculty self-consciousness is merely a representation for-myself of how my body is for-others. With the deactivation of the DMN comes a loss in the compulsion to

be who I think I am for-others and an increased capacity to simply be-there, to feel myself from the inside through the movements of my being, as shaped by my body schema.

A clear distinction between body schema and body-image helps illustrate what it is like to undergo experiences of ego-dissolution and timelessness associated with the mystical dimension of psychedelic space. While my body schema gives way to a sense of familiarity with the world, it does not do so through self-consciousness. I can thus say that my *circumspective* familiarity with my body is not dependent on a reflective idea I have of myself. "Based on his interpretation of Schilder (1950), Merleau-Ponty asserted that the visual layer of the body schema – the image we have of our own body from the exterior – results from a fixation or objectification of our practical-motor body schema" (Halák 2018, 42). My body-image – the thoughts, feelings, likes and dislikes I have of myself – can be differentiated from the body schema due to its reliance on self-consciousness for its influence over perception.

While it is from a body's schematic engagement with the world that consciousness understands itself as a participant in an intersubjective space (thereby allowing for the development of a body image), we can also say that one's body image influences the body schema's engagement with an environment and, thus, how one's situation is understood. For example, I can look at a barbell loaded with a certain amount of weight and intuitively know that I am able to safely deadlift it. There is a felt familiarity in my perception of the loaded barbell such that it invites my engagement with it. The way I perceive the barbell, which maintains its sense of familiarity up until a certain weight has been loaded onto it, is the result of my habitually lifting barbells in a schematic way. With the development/repetition of this habit, the bar is rendered transparent in its movement so long as there exists an absence of novelty that emerges during the lift. My explicit awareness of the barbell as an object is substituted for an

implicit awareness of the bar's path through space in relation to my body. Moreover, the implicit awareness I ordinarily have of my body is substituted for an explicit awareness of the muscles being activated to move the bar, especially when lifting heavier weights as to avoid overstressing the body and accumulating injury. A successful repetition of this habit further sediments the deadlift movement within my lived body's repertoire of ability, thereby giving way to a reification of a body image that can move a particular amount of weight. Now, the way I approach the bar to set up for the deadlift (which is also a matter of familiarity via habit), is subject to variance if I am uncertain of my capacity to successfully complete the lift. In other words, when my conscious awareness is directed towards the bar's potential for movement, the bar itself is approached with confidence and purpose; whereas, if attending to an idea I have of my physical body's (in)ability to lift the bar, the bar is approached with hesitancy and caution. Awareness of my body-image thus affects the way my body schematically organizes itself towards a goal.

While Merleau-Ponty certainly refused the notion that the body schema is reducible to neural circuits, the wealth of information surrounding the role of the DMN in everyday life allows for the consideration that the DMN acts as an important physiological feature of the body that plays a crucial role in the sedimentation of habits within the lived body, by supporting the reification of one's body-image – a self-conscious image of how one fits with one's habituated idea of who one is for others. When the DMN is deactivated, this self-conscious understanding of the body correspondingly dissipates, thereby allowing for the transcendence of an objectified body-image and an absorption in the schemata of a world unadulterated by fixed perspectives. The transcendence of the body-image is therefore a transcendence of one's body as it appears for self-consciousness. This disembodied image of oneself, however, is not a disembodiment of the

body schema; since it is through the body schema's intimate involvement with a personal temporal trajectory that one is able to experience a transcendence of the body-image without losing awareness of this experience as having happened within a personal time-line and, thus, as having happened 'to me.' "Time does not happen to a self; rather, it happens *as* a self because it is a dehiscence that manifests itself only by, as it were, interrupting itself, or doubling-back on itself" (Scott 2012, 126). The experience of timelessness may thus be said to occur when the body schema continues to unfold back unto itself, without the interruption of a body-image that makes time explicit. Experiences of timelessness are experiences that emerge from a complete dishabituation from the congealing temporality of a body-image and an absorption in the implicit temporal flow of a body schema's openness to difference.

To say that I have a body schema is to recognize that my perception of the world is contingent on my body's capacity for carrying along an evolving personal history–meaning that perception of an environment is always tethered to the way I pre-reflectively understand my past and future possibilities in it. "In addition to being a true history, perception also confirms and renews in us a 'pre-history.' And this is again essential to time, for there would be no present – namely, the sensible with its thickness and its inexhaustible richness – if perception did not, to speak like Hegel, preserve a past in its present depth, and did not condense that past into the present" (Merleau-Ponty 2012, 250). The reason I can enter a building confidently is because I perceive, through the history of my living body (as it is understood by my movement towards the building), that it is safe to do so. "Such practical knowledge has its locus in our body and its parts; it is not thematic as such, but is automatically retrieved in the situation. Acquired habits, practical know-how and bodily abilities provide us with orientation and skills that do not need constant attention or intellectual interference" (Wehrle 2019, 508). If we approach every building

we are about to enter with the suspicious awareness that it could collapse at any moment, it would be incredibly difficult to carry ourselves towards any goal that involves the entering of buildings. The mundanity of this example shows how we constantly rely on our body's intuitive understanding of the world for our engagement with it. The significance of this taken-for-granted reliance on pre-reflective bodily understanding reveals itself when we encounter individuals who are constantly primed to be in a situation that has not yet been understood by the body, as having changed.

Embodied Time and Depression: Open and Closed Body Schemas

Alongside classical thinkers such as Eugène Minkowski and Erwin Strauss, Fuchs and Ratcliffe have emphasized the importance of temporal shifts when contemplating the hold depression has over its subject. For Fuchs (2001; 2005; 2019), depression is a paradigmatic case of a disordered temporality in which a disturbance to the structure of implicit time manifests through an intersubjective desynchrony and a materialization of the lived body. It is as if the body becomes disengaged from the flow of time, leading to an experience of the body as a corpse-like object incapable of engaging with what is happening. Fuchs refers to this as a corporealized body, in contrast with our usual experience of the lived body as a medium through which experience is made possible. As that through which lived experience transpires, the objectivity of the body goes unnoticed as a background for accessing objects of perception. However, "there are major mental disorders in which the mediacy of the body is affected as a whole, leading to different forms of opacity. Instead of being transparent, the body may, as it were, regain its materiality and turn into an obstacle; this is the case in severe depression or melancholia, which may be described as a corporealization of the lived body" (Fuchs 2005, 96). More precisely, we can say that because the body is the background of all experience, a

disruption to an implicit function of the body schema – namely, its capacity to gear into the temporality of the world – has a ripple effect on the whole of experience, changing what we experience around us and allowing for the transformation of the body, from a transparent background of experience into an opaque obstacle.

Fuchs' analysis of lived time rightfully distinguishes between implicit and explicit time while recognizing that a clear-cut distinction cannot be made. For Fuchs, implicit time integrates two complementary dimensions of lived experience within one's own personal temporality. The first is a cognitive dimension involving what Husserl conceives of as a *passive* synthesis incorporating three structures of lived time within a unified temporal flow. Retention, presentation (or *primal impression*), and protention are Husserlian terms that help address '*the cognitive paradox*' of time consciousness. The cognitive paradox is concerned with the naïve understanding of time as containing three *distinct* moments and poses the following problem: "If time has three different moments – i.e. past, present and future – but we live in a constant present, how can we then explain the fact that the three of these moments coexist simultaneously in our consciousness?" (Dimitriu 2013, 212) Husserl remedies this paradox by recognizing how one's perception of any now-moment is conditioned by three codependent dimensions of time: retention, primal impression, and protention.

At any given moment, one's consciousness is being impressed upon by the immediacy of one's environment. However, nothing can be recognized in the immediate givenness of the world without perception being influenced by prior perspectives and anticipated possibilities. It is for this reason that Fuchs (2005) associates the know-how acquired via the sedimentation of habit with Husserl's passive synthesis. The influence prior now-moments hold on the present is contingent on my capacity to retain each now-moment, as it passes, in my perception of an

enduring space of presence. As such, each impression that the 'now' has on consciousness becomes a retention 'haunting' the proceeding impressions that subsequently become new retentions. As Heidegger (2008, 176) states, "the world which has already been disclosed beforehand permits what is within-the-world to be encountered. […] Letting something be encountered is primarily *circumspective*; it is not just sensing something, or staring at it. It implies circumspective concern, and has the character of becoming affected in some way." Therefore, to be influenced by the immediacy of an unfolding perception, there must be something besides the general awareness of time's covert movement.

The second element of implicit time is an "affective-conative" dimension *driving* one's intentionality towards the pursuit of meaningful goals. Building off of Spinoza's conception of *conatus,* which implies a "living being's striving for self-preservation," Fuchs uses the term *conation* to demarcate a kind of bodily drive that "functions as the root for spontaneity, affective directedness, attention, and the pursuit of goals" (Fuchs 2018, 71; 2019, 432). For one to be affected by the impact time has on one's situation, time must not only be something that can be cognized, but one must also feel swept along by a temporal flow rushed forth by an anarchic, pre-historic (and, thus, pre-personal) momentum that precedes and exceeds the life of a subject. In other words, *one must be affectively driven by the temporal momentum responsible for ushering one's living body out of the womb and towards death, for it is within this flow of time that one can engage meaningfully with the world*. "Normally it is this [conative] dimension that opens up the peripersonal space as a realm of possibilities, 'affordances,' and goals for action. In depressive patients, however, drive, impulse, appetite, and libido are reduced or lost, no more capable of disclosing potential sources of pleasure and satisfaction" (Fuchs 2005, 99). One does not feel pleasure when depressed because of a loss in significance attributed to things as

pleasurable and, therefore, due to a shift in the way one implicitly understands how to engage with what is available for perception.

It is important to note that, for Fuchs (2019), the two dimensions of implicit time work in tandem to establish what Merleau-Ponty refers to as an *intentional arc,* which is the lived body's active role in one's perception of the world. The intentional arc is therefore inextricable from the implicit temporality backgrounding personal experience. The intentional arc "projects around us our past, our future, our human milieu, our physical situation, our ideological situation, and our moral situation, or rather, that ensures that we are situated within all of these relationships" (Merleau-Ponty 2012, 137). Put in its simplest terms, the intentional arc of consciousness guarantees that we are fundamentally situated-beings, meaning that one's perception is always contextualized by a personal past and potential futures. We can thus say that one experiences time by perceiving the world through an intentional arc and, therefore, that the disordered temporality experienced in depression ultimately involves a disruption to the way an intentional arc presents the subject with a world that invites participation.

In contrast to the implicit temporality of the lived body, explicit time correlates with the opacity of the body as an object that one ascribes with a past, present, and future constituents (Fuchs 2005; 2019). A subject's capacity to be aware of the past and future in relation to a present-moment also requires a synthesis, but unlike the passive synthesis required for the transparency of the lived body, which takes place at the pre-reflective level of bodily experience, this is an active synthesis carried out at the reflective level of self-consciousness. "It is the personal, extended, or *narrative self* that binds the [past, present, and future] together, namely through constantly creating and modifying a more or less coherent autobiographical story" (Fuchs 2019, 433). I am able to understand the body I have as being different from the body I

had during childhood because of a reflexive awareness, developed over time, regarding a sequence of differences in the way the body I am is expressed as something that exists in and towards the world.

Because implicit and explicit time are interrelated features of one's personal time-structure, it is from a pre-reflective flow of time that I am able to reflect upon some events as taking place before or after others. It is on the grounds of an implicit temporality that I can look at a watch and understand from its lack of movement that the battery needs to be replaced, rather than thinking that the flow of time itself has stopped. However, I would lose trust in a watch's display of an objective 'point' in time without the capacity to situate my own temporality within a unifying field of *intersubjective* time. "Intersubjective time can be considered a relational arrangement of individual and social processes which are characterized by synchronizations and desynchronizations. While lived or implicit time is basically associated with synchrony, the experience of explicit time arises particularly in desynchronized states" (Fuchs 2019, 435). Therefore, whether time is experienced implicitly or explicitly is a function of the relationship between the personal temporality of the subject's body and the generalized time of the other.

When in synchrony with the temporality of others, I am attuned to the implicit temporal rhythms regulating my embodied capacity to engage with an intersubjective world. This is why the transparency of implicit time is thought to correlate with one's lived body. As Ratcliffe (2015, 177) clarifies, "The corporeal body is an object of experience or thought, whereas the lived body […] is that *through which* we experience, think and act. According to Fuchs, we are oblivious to our corporeal bodies when comfortably immersed in activity. It is when things go wrong that the body becomes conspicuous." What goes wrong in depression, says Fuchs, is a loss of conative drive. The corporealization of the body described by Fuchs to characterize this

loss can be understood as a way of being in the world that involves the development of particular habits – habits which prevent one's engagement with situations wherein the acquisition of *new* habits is perceived as significant, practical, or possible. This is an implicit alteration in experience that becomes explicit for experience when one's personal time falls 'out of synch' with the temporality underlying intersubjectivity.

Fuchs (2019, 437) is suggesting that the temporal disturbances in depression are two-fold. On the one hand, the loss of affective drive disrupts time's implicit flow, "leading to a psychomotor inhibition and to a slowing-down of lived time." On the other hand, this 'slowing down of lived time' is made explicit with the appropriation of another's time as remaining unchanged, leading to a loss of intersubjective synchrony and, thus, a feeling of social desynchronization. As an individual in Ratcliffe's study states: "Time has gone by, but I have done nothing, even to think one thought seems to have taken all day. Everything around me seems to carry on with routines and time scheduled activities, it feels like I'm watching it all happen but am not a part of it: as though I'm inside a bubble" (Ratcliffe 2015, 187). For Fuchs (2005; 2019), the depressed subject's passive synthesis of time remains intact, but a loss in affective drive disrupts the cohesive synchrony between the tides of personal and intersubjective time. Consider, for example, the kinds of feelings that may accompany an awareness that one is late to a party. On the way to the party, one may feel rushed and, once at the party (especially if there are many attendees who all already appear to be enjoying each other's company), one may have the sense that everyone at the party is engaged in an intentional arc one cannot gear into. In other words, one may feel oneself to be in a state desynchronized from the intersubjective field of time from within which the partygoers are harmoniously inhabiting a shared situation. It is this feeling of desynchronization from others that the depressed subject is constantly burdened with.

The depressed person cannot engage with the world because the depressed person perceives the world through an abnormal temporal lens.

Fuchs is essentially arguing that the affective drive motivating the procession of lived time is diminished or missing in depression, while the structural synthesis of implicit time remains the same. Ratcliffe, however, challenges Fuchs's claim that what is lost in depression is *merely* one's affective drive and suggests, instead, that more severe forms of depression can also involve alterations to one's passive synthesis of the world alongside disruptions to conation, or despite there being no disruption to conation (Ratcliffe 2015, 177-181).[4] Recognizing that conation is integral to the protentional structure of passive synthesis, Ratcliffe argues that severe disruptions to conation can impact one's capacity to project oneself within the world due to the loss of a practical future, rather than a loss in the affective drive pushing oneself towards a future. Without the practicality of a future, the depressed subject becomes indifferent to a world no longer manifesting significance. That said, at the heart of both accounts of depression – by Fuchs and Ratcliffe – is a sub-optimal temporality preventing the depressed subject's liberation from an inhabited situation of devastating affectivity. As such, both accounts speak to a particular way in which one's embodied capacity to actively inhabit the environment is disrupted.

Ordinarily, the body schema is continuously reorganizing itself to appropriately anticipate what is going to happen. The constancy and reliability of this activity, however, remain implicit for experience when what is being perceived does not conflict with intentional

[4] While distinctions between the three forms of depression are no doubt useful for contemplating how depressive experiences should be categorized medically, the details are not of dire importance for my overarching claim that an understanding of a treatment's therapeutic potential for depression must involve an understanding of how that treatment affects the depressed individual's sense of time – especially if we are to take seriously the claim that depression is a disorder of temporality. With that said, Ratcliffe's *Experiences of Depression: A study in phenomenology* (2015) is a must read for anyone wanting to better understand the phenomenology of depression.

projects. As such, one's body is usually concealed in experience as a vehicle for experiencing. "In melancholia, the body loses the lightness, fluidity, and mobility of a medium and turns into a heavy, solid body that puts up resistance to the subject's intentions and impulses. Its materiality, density, and weight, otherwise suspended and unnoticed in everyday performance, now come to the fore and are felt painfully. […] With growing inhibition, [the subject's] sensorimotor space is restricted to the nearest environment, culminating in a depressive stupor" (Fuchs 2005, 99). Fuchs and others, however, take the body of a subject to be a lived body that is transparent in its dealings with the world. This may lead to a puzzle, since it is hard to see how such a lived body could appear as corporealized, or how a corporealized body could be understood as arising within one's experience of one's lived body, versus being a mere object body. Indeed, the corporealized body would be misunderstood if it were taken to be a *mere* object for experience, and not something through which lived experience continues to transpire. While corporealization represents a way of experiencing the materiality of the lived body, it is not the case that the depressed body becomes a mere object-body; it maintains a lived quality, but it does so through the closedness of the body schema. That is, the closedness of the body schema, which inures it to taking up its own possibilities, correlates with an experience of a corporealized body.

Thus situated, the world continues to change, as it always does, and yet the *way* things change cease to signify the need for a difference in perspective, thereby encouraging the development of an indifferent situation. And this indifference, which maintains itself 'here,' within the situational space of the body and not 'out there,' in objective space, is largely what prevents one's ability to move beyond a past preventing one's open engagement with the novelty each moment is pregnant with. Understanding the body schema's role in experience, as a way of knowing how to navigate situational space, allows us to see how depression resembles a mode of

being habituated to a closed body schema. It is important to note, before continuing, that an "open" or "closed" body schema carries a double meaning. On the one hand, on the experiential level, we can talk about an experience of the body as being open to, or closed off from, one's environment. On the other hand, on a structural or ontological level, one's body schema can never be entirely closed from its environment, for life and lived experience are always in a dynamic exchange with one's environment. However, this ontological openness of the body schema can proceed in different ways. It can organize itself in such a way that it is receptive to the possibility of acquiring new habits, which on an experiential level manifests as an open body schema. On the other hand, this very ontological openness of the body schema may be restricted and present to the subject situations in which the further sedimentation of old habits is perceived to be a more appropriate mode of behaviour; and this restriction may manifest, experientially, as a closed body schema.

"As a preliminarily established structure, the body schema is therefore continually transformed and 'reanimated' via movement, differentiated and dedifferentiated. The world in front of us acquires a different level of structuration depending on our relative (in)ability to adopt an appropriate position, posture or to carry out an appropriate movement" (Halak 2018, 42). To have a body that can be affected by a changing environment requires a body schema open to the possibility of reorganizing itself as to be optimally situated within the emergence of difference. The subject's access to the world through the body schema's openness is operative through the adaptability of a lived body and, thus, a pre-reflective willingness to disengage from habits limiting situationally-adaptive change. The inability to disengage from these limiting habits prevents experiences of unfamiliarity that accompany the realization of novelty. One cannot develop a new habit or become dishabituated from deeply sedimented habits without first being

faced with a feeling of unfamiliarity – a feeling itself precluded by habituated modes of being situated. For example, one cannot develop the habit of writing in cursive unless disengaged from the sedimented habit of writing in print – that is, unless one allows for what is familiar in experience to become unfamiliar in a new experience. The inability to disengage from old habits is a function of a body schema's closedness. The tendency one may have to resort to writing in print when trying to acquire the habit of writing in cursive is an explicit manifestation of how closed body schemas implicitly influence everyday experience. The closedness of the body schema, however, is itself an adaptive effort. The adaptivity of a closed body schema is evident when considering how certain motor functions required for an individual's self-expression are necessarily operative within its closedness. I could not walk with a body dishabituated from its the familiarity with balance. I could not speak with a body dishabituated from its familiarity with vocalizing. Complete dishabituation from such functions would signify the demise of the body as a *living* body. The closedness of the body's schematic engagement with the world is simultaneously my captor and saviour.

A lived body engaging with time without acquiring novel habit does so by developing familiar habits, which is to say by continuing to sediment already familiar ways of being within the totality of experience. We can think about the kinds of experiential changes undergone by an individual who is unknowingly developing a drug addiction. For many addicts, the encounter with a drug not-yet-addicted-to involves an experience of novelty. By virtue of experiencing something novel, the body schema opens itself to new ways of becoming situated. As the addict-to-be continues to use at a growing rate and in increasing doses, they begin to inhabit a situational space hollowed out exclusively by the drug, and tolerance (an implicit bodily habit) develops. Tolerance may be best understood, then, not only as a physiological adaptation but

also as something that is learned through the development of situational familiarity (Siegel 2001).

I believe that a similar claim can be made about depression. While physiological changes may allow for the sedimentation of a depressed perspective, depression is not merely a set of physiological changes but is a perspective habitually adopted by taking up one's situation in a certain way. This liminal way of being situated becomes sedimented within the lived body's understanding of experience, as a perspective constricting the possibility of inhabiting different kinds of situations. The focused development of very few habits (such as, for example, waking up, 'scoring' drugs for the day, using the drugs, and sleeping) closes oneself off from the possibility of acquiring habits that challenge the configuration of a lived body's situatedness.

The Therapeutic Potential of Psilocybin for Depression

A treatment for depression that relies solely on pharmacotherapy fails to recognize that recovery from depression is not simply a challenge to change how one feels about oneself and the world: to overcome depression involves changing those habits that shape the way one is projected in the world and, thus, how situations are perceived via bodily engagement. This, in my view, is one of most challenging aspects in one's recovery from depression – that the subject becomes habituated to depression by inhabiting a situation understood by the body as devoid of significant change. In the prison of depression, one may see through the bars of their cell window and yet they cannot slip through; the prisoner is held back by the body. To be held back by the body in this way, which has both spatial and temporal connotations, is illustrated well by Fuchs' (2005, 99) description of the depressed body. "Corporealization [of the body] means that the body does not give access to the world, but stands in the way as an obstacle, separated from its surroundings: the phenomenal space is not embodied anymore." In depression, the lived body

loses its transparency as a background when its implicit temporal momentum is suspended by the projection of an immobile future conditioned by a past fixed with a meaning established by a ruminative self-consciousness.

The therapeutic potential of psilocybin-assisted therapy can be found in its tendency to act as a catalyst for the opening of a body schema, primarily via the transcendence of a corporealized body-image and its asynchronous temporality. In my struggle to understand myself, self-consciousness functions in a feedback loop that closes back on itself. My intentional arc usually directs my attention outwards, towards the perceived world and its potential future. However, the kind of consciousness required for the development of one's idea of who one is and what one is capable of, namely self-consciousness, operates through an intentionality directed back towards my body as if from another's perspective. In that sense, I close myself off from an understanding of the world by redirecting consciousness away from what is available for perception and back towards its source – my body and its activity. Left unchallenged by novel perspectives, reified feedbacks loops give way to a hallmark feature of life with depression: rumination. Psilocybin-therapy seems to carry the potential to free subjects from this sort of looped-back, ruminatively fixed perspective, and to do so for an enduring period that goes beyond the dosed sessions themselves. At a six-month follow up for Imperial College's study on psilocybin for treatment-resistant depression, one participant stated, "'My mind works different [now]. I ruminate much less, and my thoughts feel ordered, contextualized. *Rumination was like thoughts out of context, out of time;* now my thoughts feel like they make sense, with context and logical flow." Another participant expressed that, after the dose, they were "not immersed in thought patterns, the concrete coat had come off" (Watts et al. 2017, 530; italics added). The depressed subject inhabits a corporealized body when the body-image being perceived through

ruminative thought patterns, materializes as if it were one's actual body. By transcending perspectives corporealizing of the body, one is able to experience the body's schematic openness to the world. Like the meditator relaxing the body's lens-like perspective on the world: here, what is relaxed and transcended is the body's tendency to loop-back on itself, which, in depression, plays a role in the corporealized body's intersubjectively asynchronous temporality. Moreover, by transcending the objectified body-image, the restoration of the lived body's transparency may become sedimented in experience by a subject's re-engagement with the immemorial momentum of time and its implicit influence over all forms of change. It is this opening to and re-engagement with time as an independent mediator of change that I believe allows for psilocybin-assisted therapy to carry clinically-relevant improvements in mood and well-being, well beyond the body's metabolism of the drug and the therapy sessions themselves.

The sequence of therapeutic effects occasioned by this form of therapy can be understood in terms of Husserl's example of putting on a new pair of prescription eyeglasses to describe processes in which suboptimal perspectives become normalized as optimal (Heinämaa & Taipale 2019). Upon putting on a pair of prescription eyeglasses for the first time, one's vision is initially distorted. However, as the eyes adjust to the new lenses – which is to say, once the difference in clarity has been appropriated by the subject via an integration of the new lenses within the schematic whole of the living body – one's sight becomes clearer than it had been prior to the distortion caused by an unfamiliarity with the new prescription.

Psilocybin-assisted therapy typically involves three stages (Garcia-Romeu & Richards 2018). The first stage is preparatory and serves two functions. On the one hand, the preparatory stage is informative: Psilocybin works by provoking and intensifying experience rather than diminishing aspects of experience (as is the case with anti-depressants, which work by reducing

the felt intensity of emotions), so patients need to be aware of kinds of experiences that may arise and, perhaps more importantly, of what to do if the experience turns 'dark' and frightening (Fadiman 2011). On the other hand, this stage is meant to cultivate a crucial sense of familiarity and rapport between the patient and therapist. Moreover, the idea that a drug-induced experience transpiring over the course of an afternoon's time can provide a dramatic and prolonged reduction to one's suffering can be – especially for those who believe they have tried everything to overcome said suffering – an idea that is met with hesitancy and which may require one to become acquainted with and opened towards. In other words, the preparation stage itself may begin the therapeutic process by opening the individual to the *possibility* of difference – a possibility often robbed from experience by the sedimentation of depression.

The second stage involves the dosed therapy sessions, during which depressed subjects are likely to undergo a radical transformation of perspective and situatedness. Measurable increases in connection and acceptance after being treated with psilocybin (Watts et al. 2017) are the psychological implications of the body's felt communion with an intersubjective field of possibility: they are, put simply, an expression of the body schema's primal openness to change. Both psychological changes (which, according to Griffiths et al. (2008), seem to be mediated by the occurrence of peak/mystical experiences) implicate a transmutation of a body schema's range of openness; one's "experiential bandwidth," if I may. "A critical parameter of any communications system is *bandwidth*, which characterizes its information-carrying capacity. […] Widening the bandwidth means increasing the frequency range, thereby enabling more information to be delivered through that channel" (McDermott, Baldwin, & Nyffeler 2010, 34). At the most primitive level of experience (the level of physiology), the opening of the body schema – the widening of its bandwidth – is mirrored by the temporary deactivation of the DMN

(Ho, et al. 2019). This can be understood as a sequence of externally influenced neuronal changes that, on the reflective level of experience and on the pre-reflective level of physiology, inevitably challenge *the way* one understands oneself to be situated and, thus, depleting the sense of familiarity one has developed with the world over the course of one's life.

The perceptual consequences of a deactivated DMN are analogous to the initial visual distortion caused by a new pair of prescription eyeglasses. However, since one's situational space is never perceived independently from one's sedimented past and potential projects, and since perception is always something situated practically amongst that which is being perceived, the unfamiliarity of the 'new-found' world discovered during the psychedelic experience is remedied by the body schema's projection of an intentional arc within the profound novelty of the psychedelic space. The body schema's determinacy to inhabit a familiar space is a feature of the lived body's quintessential openness to necessary reorganization. In this case, the need for situational familiarity continues to provoke one's engagement with an intentional arc, but without the layers of psychical protection ordered by the atmospheric pressure of a body-image.

Like the conductor orchestrating the unified expression of a multiplicity of musicians, one way to think of the DMN is in terms of a physiological system orchestrating developed neuronal habits required for an individual's capacity for self-referential thoughts (Smigielski et al. 2019). It is therefore instrumental in the development and maintenance of melodic behaviour expressive of an egoistic self-identity. With a loosening of the DMN's compulsion to oversee neuronal activity, brain regions rarely permitted to communicate with each other are free to share information (Hu et al. 2017). In other words, like the conductor situated between the audience of an orchestra and the musicians, whose authoritative influence fades into the background against the musical momentum unifying the multiplicity of musicians – the body-image stands in

between the expression of my body schema and the way I perceive myself as an expression of the world. By losing the conductor's influence over how a piece of music unfolds, the musicians are free to transcend their familiarity with what has been rehearsed and descend into the organized chaos of an impromptu jazz session. In transformative psilocybin experiences, there is a disengagement from oneself in order to break free from a closed system of habituation and rediscover what it means to inhabit a continuously changing situation. If we wanted, for what ever reason, to correlate perceptual states with musical genres, I believe that the structureless structure of jazz would be an appropriate analogy for the peculiar form of harmony that takes shape throughout the psychedelic space.

It is because of the body schema remains open to novelty, by developing familiarity within the novel, that an intentional arc continues to be projected into the psychedelic space despite a lack of situational familiarity orchestrated by a body-image. Perception of one's intentional arc, within a space through which the body-image is powerless, allows for an encounter with aspects of oneself and others that were previously concealed within the shadows of memory cast by self-consciousness. In this process of situational reorganization, the body schema may therefore allow for aspects of one's perceptual background – those features of oneself that operate within the "darkness of the theater" (Merleau-Ponty 2012, 102) – to be present in the foreground of perception. This inversion can result in novel realizations regarding events previously taken up through a troubling familiarity, thereby allowing for a radical forgiveness of others and oneself. One participant in Watts et al.'s study stated, "When I was being toilet trained my mother lost it with me and drowned me in my own human waste and throughout my life, I tend to replay that. [In the dosing session], I realised that my mother was out on a ledge, we were two people out on a ledge, she too was completely unconnected,

disconnected. I felt some compassion for her . . . a different perspective, that it wasn't an all powerful world and universe against me, my mother too was out on a ledge" (Watts et al. 2017, 533). To be traumatized by an event is to have one's situation contextualized by a past not yet understood by the subject as having passed – thereby leading to a personal temporality desynchronized from the general time of the other. Due to an inability to engage with the temporal flow of society, one becomes disengaged from an intersubjective field of presence. To re-live a rupture in the flow of time is to go back and gear into that traumatic interval of becoming from which one has become socially desynchronized, so as to situate that experience within a larger intentional arc that can change with time. The re-living of a situation necessitates that one stops 'living it' first. By returning to the traumatic memory, the participant was able to take up the past from the perspective of presence, rather than from a present-moment contextualized by an unchanging past. The important thing to note here is that the remembrance of trauma from a different perspective can function as that through which one acquires the capacity to 'let go' of the hold traumatic traces have over experience.

The closedness of a depressed body schema prevents subjects from 'letting go' of habits that fuel the reification of a lived situation; meaning that the (in)ability to 'let go' of trauma habitually repressed is not arrived at through cognitive maneuvers. The conscious effort to 'let go' of a feeling or memory is a movement away from something rather than a confrontation with it, and it is in this movement away from the confrontational appropriation of experience *as my own* that depression takes shape as a disconnection from the world and an unacceptance of oneself. This is why patients undergoing psilocybin sessions are encouraged to surrender to any forms of suffering that may arise, as to allow for an awareness of their presence despite the felt desire to dissociate from their influence over apperception. This process of surrender, however,

involves an engagement with the depths of oneself – which is to say, an encounter with fragments of lived experience that has become silenced by a body-image developed in defence against the potential for suffering that accompanies the possibility of a future. Such experiences can be intensely frightening. “The hardest thing is to give in to what you’re experiencing, it’s as if you’re in a car heading for the edge of a cliff, and you have to try not to turn the steering wheel” (Watts et al. 2017, 538). However, by surrendering one’s idea of what should be happening to the all-encompassing embrace of the psychedelic experience, one comes to realize that a willingness to go beyond familiarity gives way to a transcendence of that which is holding one back from accessing the body’s primordial readiness for adaptivity and recovery. The ability to let go of and transcend one’s body-image, which seems to be a pivotal moment in the emergence of a clinically beneficial psychedelic session (Besler et al. 2017), is something that is *acquired* through a shift in the way one’s situation is being perceived. To ‘let go’ of one’s past is to understand one’s life trajectory through the acquisition of new perspectives and is, therefore, a function of the body schema’s quintessential openness to the indeterminacy of the future.

The third stage, *integration,* begins *as* the second stage approaches its end. I think this is important to note, that the integration stage begins as the second stage is coming to a close. I view the integration stage as beginning with the return of coherent autobiographical thoughts and the felt drive to appropriate the psychedelic experience within one’s own life trajectory. At this point in the therapeutic process, the body has metabolized most of the drug, allowing for a return of the DMN’s influence over experience and, with the help of therapists/guides, over the course of a few integration sessions, the subject begins to work on cultivating meaningful insights from the dosed sessions. “As the acute drug effects begin to subside, the system (brain) will settle back into its default regimen of efficient free-energy minimization, *mirrored by a renewed subjective*

sense of familiarity and assuredness, but may not return entirely as before" (Carhart-Harris & Friston 2019, 326; italics added). While discourse during integration sessions are generally oriented towards the psychedelic experience and noticeable changes in well-being following the experience, I think it is also important to develop a narrative that accounts for one's transition back into ordinary consciousness – for it is in this transition out of the timelessness of the psychedelic space that one begins to take hold, once again, of time's implicit continuity. It is in this transition, sometimes described as a re-birth, that one becomes reacquainted with the temporality responsible for ushering oneself out of the womb and towards the inevitable possibility of death, which is to say towards a future of undeniable change.

"Depression is like when you have a dead leg and the psilocybin made the blood flow start to come back" (Watts et al. 2017, 542). This is an interesting description for two reasons. On the one hand, the deadness of the leg can be interpreted as representative of the closedness of a corporealized body. On the other hand, the reprise of blood's flow to the dead leg can be interpreted as a return of time's implicit influence over the body schema's quintessential openness to situational reorganization and perceptual change. Coincidentally, when I had referred earlier to the congealing temporality of the body-image and its transcendence by a body schema's absorption with the flow of time during mystical/peak experiences, I had in mind the blood running through a lived body and the tendency for blood to congeal and form blood clots as a way for the body to protect itself. Sometimes, however, blood clots can form within the organism and cause serious harm by blocking the flow of blood. If we take up time as the blood of life, we can understand, from an interpretation of the previous quote, how psilocybin-assisted therapy works, in part, by allowing for a return of time's implicit flow through experience. Put differently, psilocybin allows for a transmutation through which a body schema habitually closed

from situational adaptability is (re)situated within an environment unconditionally conditioned by implicit temporal rhythms dictating explicit change.

Conclusion

The phrase “time heals all wounds” does not apply to those who experience the world through a disordered temporality. Depressed subjects approach psychedelic-assisted therapy with a body schema primarily closed off from the unfamiliarity that accompanies the prospect of a significant, indeterminable future. As such, the depressed subject is one that can be understood as inhabiting an unchanging situational space. To be in an unchanging situation is to be situated in a present moment determined entirely by the concreteness of a past and, thus, without the pull of an indeterminate future. The depressed subject therefore understands the ‘now’ from a ruminative determinacy of the past, rather than reflecting on the past from a ‘now’ influenced by the indeterminacy of the future. “As a result, the patient’s imagination, the sense of the possible, fails to generate future goals and plans, leaving the self confined to the present state of pure bodily restriction. Thus the depressive person cannot transcend her body any more, neither in space nor in time, which is what we normally do when the body serves as the medium for our intentional actions” (Fuchs 2005, 99).

The therapeutic potential of psilocybin-assisted therapy can be found in the ability of psychedelics to act as a catalyst for the transmutation of a closed body schema to an open one. This is supported, but not explained away, by contemporary neuroscience and psychological research. This process of reorganization is supported by neuroimaging studies suggesting that the DMN, which is responsible for mediating behaviour related to self-referential processes required for the influence of a body-image, is ‘deactivated’ during the psychedelic experience. The DMN’s influence over which areas of the brain are permitted to share information with each

other is momentarily inhibited by the body's interaction with the psychedelic compound, thereby freeing the subject from a fixed familiarity with an objectified perspective regarding oneself and the world. Psychedelics can facilitate this liberation by distorting one's perception enough to challenge the body's familiarity with its environment and the subject's understanding of its situatedness. By finding oneself in an environment unlike anything the body has previously inhabited, the body schema is forced into a process of reorganization similar to that which is required when wearing a new pair of prescription eyeglasses. After having perception distorted by a psychedelic experience (somewhat like a new pair of eyeglasses), one can, with help from the therapeutic work of integration, develop new, clearer perspectives by incorporating the differences in experience within the schematic whole of one's being.

For Watts et al. (2017; 2020), connection to the body and acceptance of emotions play a foundational role in psilocybin's potential use in treating depression. Both psychological processes signify the kind of shift that can occur when the lived body becomes realigned with the openness required for participation in an intersubjective field of presence. To be connected to one's living body is to be in a state of openness to change, for it is through our body that we are continuously affected by the immediacy of change. In contrast, to be disconnected from one's body is to inhabit an unchanging situation rather than recognizing, through the body, the permanent uncertainty of one's situatedness. Depression, by infecting the body schema, closes oneself off from this unconditional condition of experience and alienates the subject from their world. In the psychedelic experience, one is provided with an opportunity to re-situate oneself in the world through the acquisition of new perspectives. This acquisition is not of something that can be recorded objectively from a third-person perspective; it is an understanding that becomes known implicitly through the lived body's movement through life. "Now nothing is the same as

it was before [the treatment], things have gone downhill but not back, they've not gone back to what they were like; things are different, I am not the same, and that's hard to explain. My mood has dropped and my depression has come back and it's not very pleasant, but I feel this hope" (Watts et al. 2017. 553). Psilocybin does not 'cure' depression – it acts as a catalyst for the transmutation of a body schema habitually closed off from the intersubjective world of change, to an open body schema capable of adaptation and self-development. In this transmutation, one's ability to overcome depression stems from an open body schema's capacity to engage in activity that allows for a return of implicit time and a re-synchronization with the temporality of others.

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