



Asociación Transpersonal Iberoamericana

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Special Issue on Psychedelic Research

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Ayahuasca, Contexto Ceremonial y Sujeto. Análisis del *Set* and *Setting* a Partir de un Grupo Uruguayo de Terapias Alternativas

Ayahuasca, Ceremonial Context and Subject. Analysis of the *Set* and *Setting* in an Uruguayan Group of Alternative Therapies

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Resumen

A partir de la década de 1990s comienzan a aparecer en Uruguay los primeros grupos religioso/espirituales vinculados al uso de un poderoso enteógeno, la ayahuasca. En el presente artículo describiremos brevemente la emergencia de uno de estos grupos, enmarcada en un contexto de transnacionalización religiosa. Describiremos las transformaciones que suponen el pasaje del contexto curanderil de origen al entorno urbano de Montevideo, capital de Uruguay. Posteriormente analizaremos desde un punto de vista cognitivo-histórico-cultural la incidencia del contexto ceremonial en la experiencia enteogénica, bajo un marco conceptual de cognición distribuida. Finalmente nos enfocaremos en el sujeto participante y su incidencia en la experiencia visionaria. Nos centraremos en la hipótesis de que, a un mayor grado de experiencia en las ceremonias de ayahuasca (variable independiente), los participantes son capaces de una mayor “integración mental” de la experiencia visionaria (variable dependiente), tanto durante como después de la ceremonia. Para ello utilizamos la escala psicométrica *Hallucinogen Rating Scale*, buscando correlacionar el grado de experiencia e involucramiento con variables psicológicas como volición, somatoestesia y percepción.

Palabras clave: ayahuasca, Uruguay, HRS, *set and setting*, cognición distribuida.

Abstract

In the 1990s ayahuasca started its appearance in Uruguay, with the first religious and spiritual groups related to this powerful entheogen. In this article we will briefly analyze the arrival of one of these groups, in a transnational religious context. Then, we will analyze from a cognitive, historical and cultural approach, the relationship between the ritual context and the entheogenic experience, using a distributed cognition framework. Finally, we will focus on the participant and how his/her characteristics affect the visionary experience. Our hypothesis is that, with a higher degree of experience (independent variable), the individuals are capable of a higher “mental integration” of the visionary experience (dependent variable), during and after the ceremony. We will use the *Hallucinogen Rating Scale*, trying to find correlations between degree of experience and psychological variables such as volition, somatoesthesia, and perception.

Keywords: ayahuasca, Uruguay, HRS, *set and setting*, distributed cognition.

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Introducción

La ayahuasca es un compuesto psicoactivo constituido generalmente por la mezcla de dos plantas. Por un lado, la *banisteriopsis caapi*, liana amazónica cuyos principios activos son la harmina, harmanila y tetrahydroharmina. Por otro lado, la *Psychotria viridis*, arbusto selvático cuyo principio activo es la N,N dimetiltriptamina, más comúnmente conocida por su abreviación, el DMT. Este compuesto sería central en el brebaje, en tanto interactúa sobre los mecanismos de neurotransmisión serotoninérgicos, siendo el factor central en las experiencias visionarias del compuesto. Los compuestos de la B. caapi son esenciales en tanto inhiben la descomposición intestinal del DMT, por lo que la ingesta oral de ambas plantas es necesaria para obtener los efectos psicodélicos (Gable, 2006).

La etimología de la palabra ayahuasca proviene del quechua, y su significado es “liana de los espíritus” o “liana de los muertos” (*aya* = espíritu, alma, persona muerta; *waska* = liana) (Labate, Goulard, Fiore, MacRae & Carneiro, 2008). Dada su amplia utilización a lo largo del Amazonas, su nombre varía de diversas maneras de acuerdo a la tradición que se trate: en Colombia se utiliza el término de la lengua tukano *yagé* o *yajé*, en Ecuador es utilizado también el término *natém*, de los Shuar; en Brasil la iglesia del Santo Daime la denomina *Daime* (refiriendo al santo que habita la bebida) y la Uniao do Vegetal *hoasca*, adaptación del término quechua a la lengua portuguesa. Si bien su consumo se origina en las tribus de la cuenca amazónica, la popularización del culto en occidente se produce con la aparición de las ceremonias en contextos urbanos a partir de los años ochenta, así como la fundación de iglesias espiritistas del lado brasilero, a lo largo del siglo XX (Labate et al., 2008).

En la década de los noventa comienzan a aparecer en Uruguay este tipo de religiones y terapias alternativas, a través de la iglesia brasilera Santo Daime así como de grupos “neoayahuasqueros” vinculados a redes de nuevas modalidades de espiritualidad y terapias alternativas (Apud, Sanchez & Scuro, 2013). Dentro de estas nuevas modalidades se encuentra el grupo estudiado en la presente investigación, enmarcado en un centro de terapias alternativas y de nuevas espiritualidades. El centro se define a sí mismo como un centro de sanación, trabajo experiencial y exploración de la conciencia (Apud, 2013b). Allí se trabaja desde distintas tradiciones como el

Kundalini-Yoga, la medicina china, la respiración holotrófica de Grof, la terapia individual y las ceremonias de ayahuasca del vegetalismo amazónico (conjunto de prácticas curanderiles del Alto Amazonas peruano).

Analizar la llegada de la ayahuasca al Uruguay implica pensar en redes de intercambio transnacionales, donde se produce un constante flujo de personas, creencias, símbolos y ayahuasca. En nuestro caso específico vemos como se produce un encuentro entre el curanderismo peruano amazónico y prácticas terapéuticas enmarcadas en el paradigma terapéutico “holístico”. Se trata de una asimilación del vegetalismo amazónico a las redes místico-esotéricas, reformulado de acuerdo a las concepciones terapéuticas de la “Nueva Era” y a una readaptación de las ceremonias ayahuasqueras a las necesidades y las demandas de una población urbana, más cercanas a la introspección, al *insight* y a los problemas existenciales. La articulación entre los centros holísticos y el curanderismo amazónico suponen distintos procesos de re-semantización, negociación y traducción cultural, donde, a través de nodos comunes, resignificaciones y transformaciones, se articulan ambas trayectorias culturales, construyendo una modalidad de legitimación común.

En el presente artículo problematizaremos la incidencia en el contexto del uso ceremonial de ayahuasca de lo que hace décadas Leary (2005) y Zinberg (1984) denominaron *set and setting*, profundizando en dicha idea bajo una concepción de cognición distribuida. Posteriormente nos enfocaremos en el participante, bajo la hipótesis de que a un mayor grado de experiencia en las ceremonias de ayahuasca (variable independiente), los participantes son capaces de una mayor “integración mental” de la experiencia visionaria (variable dependiente), tanto durante como después de la ceremonia. Para ello utilizamos la escala psicométrica *Hallucinogen Rating Scale*, buscando correlacionar el grado de experiencia e involucramiento con variables psicológicas como volición, somatoestesia y percepción.

El diseño ceremonial desde una perspectiva de cognición distribuida

Las ceremonias de ayahuasca del centro estudiado poseen un diseño característico del vegetalismo amazónico. Ya a fines de los sesenta la antropóloga Marlene Dobkin de Ríos describía las sesiones de ayahuasca de los suburbios

urbanos de Iquitos en una forma bastante similar a las utilizadas actualmente en centros de Montevideo (Dobkin de Rios, 1973, 1992). Las sesiones ocurren siempre en la noche; se realizan en un lugar oscuro, donde los participantes se sientan en el suelo recostados contra la pared, con un abrigo, agua, y algún recipiente para los efectos eméticos de la planta. La sesión dura toda la noche y los participantes deben permanecer allí hasta el final de la misma. Es común la utilización de *icaros* -cantos sagrados-, aunque en modelos más urbanizados suelen incluirse otros elementos, como instrumentos musicales o cantos de diversas procedencias.

Los participantes de las ceremonias suelen llegar por medio de redes sociales informales -el clásico “boca a boca”-, en forma similar a la que Uribe (n.d.) describe en Colombia bajo el concepto de “redes emergentes” para el caso de las “tomas de yajé”, y que María Julia Carozzi (1993, 2000) describe en Argentina como “redes sumergidas” para el caso de la New Age. Éstas redes sociales informales están conformadas por sujetos con determinado perfil socio-cultural de clase media y un nivel educativo alto, con una demanda de espiritualidad vinculada a la denominada “nebulosa mística-esotérica” (Champion, 1995), en la que cada sujeto participa sin perder su “individualidad”, siguiendo los principios de la importancia de la “experiencia personal” y del *do-it-yourself* propios de movimientos como la “Nueva Era” u otros movimientos producto de la modernidad tardía.

Es un lugar común dentro de los centros ayahuasqueros hablar de “diseño” a la hora de definir el conjunto de disposiciones espaciales, reglas y elementos que configuran la ceremonia. El diseño varía de grupo en grupo. Así, mientras el Santo Daime utiliza una sala iluminada, con fotos, arreglos, música, un himnario religioso, y un baile repetitivo, en el caso del centro estudiado se siguen los lineamientos básicos de la tradición vegetalista, con los participantes recostados en el suelo, una sala sin iluminación por fuera de la natural, y la utilización de cantos e instrumentos musicales. En nuestro caso particular, el *setting* ceremonial vegetalista es readaptado a las necesidades locales a través de la introducción de distintos elementos y pautas. Tenemos por ejemplo la utilización de instrumentos y cantos de diversas procedencias culturales, que varían de ceremonia en ceremonia y no son utilizados en el vegetalismo tradicional. También el uso de espacios de cierre, integración y participación colectiva, donde la lectura del ritual

en clave “psicoterapéutica” adquiere mayor visibilidad (Apud, 2013a). La resignificación del ritual, y la reformulación de su diseño en términos psicológicos, supone la elaboración de una “religiosidad metafórica” (Hervieu-Leger, 2005) característica del proceso general de secularización. Bajo esta resemantización del campo ritual, los fenómenos vivenciados durante la ceremonia son traducidos bajo categorías psicológicas usándose términos como los de “proyección”, “catarsis”, “inconsciente”, “resistencias”, “insight”, entre otros.

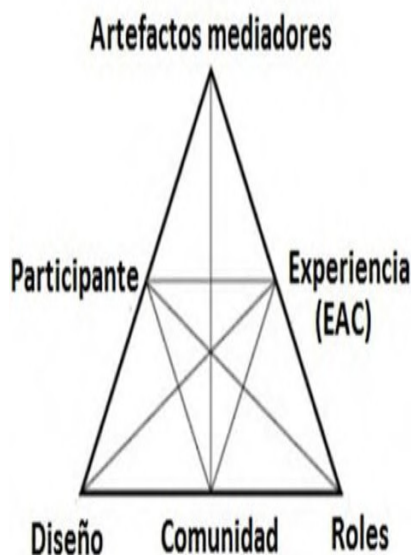
El diseño es una variable o factor determinante en la experiencia “psicodélica”, aunque también lo son las características propias del individuo, en tanto sujeto psicológico con una trayectoria propia, vinculada a estilos de creencias, ritos, y modos culturales de “cuidado de sí”. No existe entonces una experiencia natural o “cruda”, sino que las vivencias de los participantes están determinadas por lo que usualmente se denomina *Set and setting*, y que involucra tanto las trayectorias individuales como lo que podríamos denominar “dispositivo ritual”, siendo la sustancia psicoactiva un dispositivo tecnológico más en el diseño (Apud, 2015). Usamos el término tecnología en su concepción amplia, definiendo la misma como todo artefacto humano que permite una mediación con la realidad, sea externa, sea psíquica. Para ello nos gustaría introducir en nuestro análisis de la ceremonia el concepto de cognición distribuida, en tanto creemos ofrece una gran potencia heurística para entender, en términos cognitivos, las experiencias ceremoniales en tanto Estados Alterados de Conciencia.

Según Hollan, Hutchins y Kirsh (2000), las teorías de la cognición distribuida parten de la deslocalización de la cognición fuera de los límites del cerebro y el individuo, y su extensión hacia procesos más amplios, que incluyen el cuerpo, el lenguaje y los artefactos tecnológicos. Se abocan a la investigación de la actividad humana en su ambiente natural -y no solamente en las condiciones artificiales del laboratorio-, dado que desde esta perspectiva se vuelve necesaria la inclusión de metodologías que abarquen contexto y medio social, para poder analizar cómo se articulan y se transforman mutuamente las estructuras cognitivas internas y externas, y cómo incide el medio cultural en los procesos cognitivos. La cognición distribuida supone el abandono de un modelo exclusivamente centrado en el individuo, extendiendo los procesos mentales hacia afuera, a un contexto social y cultural, dado que tanto

tecnología material como simbólica son producto de una sociedad, con sus vínculos de cooperación y competencia, con su historia y con una propia ecología artefactual. Los artefactos abarcarían tanto herramientas (mediación orientada hacia fuera) como símbolos (mediación orientada hacia adentro).

Cole y Engeström (1993) plantean el concepto de cognición distribuida bajo un enfoque histórico-cultural, abarcando un conjunto de factores que componen lo que los autores denominan “sistemas de actividad”, unidad de análisis para el estudio del comportamiento humano. Es un sistema de relaciones históricamente situado, entre individuos y medio cultural, unidad de análisis que permite romper con la noción del sujeto epistémico clásico, que no integra los factores históricos. Nuestro interés ha sido el de trasladar este modelo cognitivo de entender la actividad humana al campo del ritual religioso. Para ello redefinimos el modelo de sistema de actividad de acuerdo a la especificidad del ritual en tanto actividad humana situada histórica y culturalmente y distribuida en un contexto específico, tal y como se expresa en la Figura 1 (Apud, 2013a).

Figura 1. Reformulación del modelo de Cole y Engeström para el análisis de las ceremonias de ayahuasca.



La relación sujeto-objeto es sustituida por la relación del participante con su experiencia ceremonial, en tanto ésta última es el objeto de conocimiento y la realidad a la cual se quiere acce-

der. Los artefactos mediadores involucran tanto aquellos utilizados por el curandero que dirige la ceremonia, como el conjunto de símbolos que integran el sistema de categorías nativo en forma explícita o espontánea. Las reglas sociales serían en nuestro caso las prescripciones propias del diseño ceremonial, que se vinculan directamente con los roles de cada uno de los participantes. La comunidad implica una red informal de relaciones en la que en su concepción amplia se encuentra incluido también el centro, y la presencia de distintos participantes en la ceremonia.

El triángulo es analítico, y discrimina heurísticamente aspectos de la ceremonia que naturalmente se encuentran en forma indisociable. Por ejemplo, es imposible pensar el diseño sin tomar en cuenta la diferencia de roles entre el director de la ceremonia y los participantes. Sin embargo, tanto los roles adjudicados como las características de los participantes exceden el espacio del diseño ceremonial, por lo que tampoco es posible subsumir los mismos y sus determinaciones en términos de diseño. La separación de los elementos nos permite entender el sistema de actividad como totalidad de una acción cognitiva que no se encuentra solamente en los límites del cerebro o del sistema nervioso central, sino que se distribuye a través de diversas tecnologías sociales.

Los artefactos mediadores involucran tanto tecnología material (instrumentos), sonora (cantos), corporal (danzas), como símbolos públicos y personales. También podríamos considerar a la ayahuasca en tanto artefacto o, al decir de Eduardo Vaina Vargas (2008) en tanto “objeto socio-técnico”, vinculado a un contexto de consumo. Todos estos “artefactos cognitivos”, provocan lo que Beyer (2009) denomina una “cacofonía sinestésica de perfumes, humo de tabaco, silbidos y cantos”. Desde un punto de vista cognitivo, la sinestesia se ofrece como concepto clave a la hora de entender el mecanismo de acción de los cantos, las fragancias y los sonajeros, en tanto arsenal que el curandero utiliza para provocar distintos efectos en el participante.

Los fenómenos sinestésicos (del griego *syn*=unión, *aesthesis*=sensación) involucran la capacidad de asociar dos sensaciones de distintos sentidos, de poder “ver sonidos”, o percibir sabores en las palabras; suponen una especie de cruzamiento entre vías sensoriales distintas. Es bastante común durante los efectos de sustancias psicotrópicas, así como en epilepsias del lóbulo temporal. También ha sido

relacionada con fenómenos místicos como la supuesta percepción del aura (Milán et al., 2012), o con las ceremonias de ayahuasca (Apud, 2013a; Beyer, 2009; Dobkin de Ríos, 2009; Fotiou, 2010; Luna, 1986). Según Luis E. Luna (Luna, 1986) los vegetalistas son maestros de la sinestesia, capaces incluso de llegar a producir visiones colectivas entre los presentes, a través de la fuerza poética de los cantos y silbidos. Benny Shanon (2010) propone el uso sinestésico de psicodélicos como un factor clave a la hora de entender el origen del arte en la historia de la humanidad. Para François Demange (2002), los fenómenos sinestésicos pueden ocurrir incluso sin la presencia del uso de plantas psicoactivas, solo con el mero uso de cantos y formas “puras” de trance.

El participante: aplicación de una escala psicométrica

De todas maneras, la incidencia del *setting* no es absoluta ni unívoca. Para el caso de la relación del curandero/chamán/director de ceremonia con el participante, no deja de instalarse esa situación de alteridad recíproca, que Michael Taussig (1993) denomina “conocimiento social implícito” y que se constituye en tanto imaginario articulado entre ambos, a través de una miscelánea de elementos que se conjugan y alternan en una relación dialógica con sus flujos e inestabilidades (los cantos del curandero, la narrativa del participante, las purgas, las limpiezas, etc.). El arte performático del curandero involucra múltiples modalidades de interacción, no necesariamente vinculadas a símbolos o discursos, sino a la utilización de todo tipo de artefactos, que producen cambios en las experiencias visionarias y corporales del participante, y que remiten a articulaciones asimétricas en el imaginario de ambos, a través de sentidos e imágenes, tanto compartidas como privadas, relacionadas con trayectorias culturales propias de cada sujeto. Desde esta perspectiva, si bien la articulación entre curandero y paciente es de suma importancia, también existe cierta asimetría en la relación, y en última instancia, la experiencia del participante no puede explicarse solamente por la influencia del *setting* o del curandero.

Por ejemplo, si bien el diseño o *setting* es un factor fundamental y determinante en el tipo de experiencia de los participantes durante la ceremonia, existe también una gran variabilidad determinada por las características de cada

participante, de modo tal que individuos presentes dentro de una misma ceremonia pueden tener experiencias completamente distintas. Esta variabilidad se relaciona con un sujeto psicológico, que a su vez no puede ser divorciado de una trayectoria histórico-cultural personal, y que en el contexto ceremonial varía en suma medida, involucrando distintos aspectos: características psicológicas relacionadas con la personalidad básica, procesos de socialización primarios y secundarios, sistemas simbólicos y de categorización, trayectorias religiosas o espirituales vinculadas a modalidades místicas, dogmáticas y/o psicologizadas de religiosidad y prácticas espirituales. Esto último incluye la familiaridad del practicante con prácticas religiosas, espirituales o terapéuticas, adquiriendo especial relevancia la experiencia vinculada a ceremonias con enteógenos, y específicamente con ayahuasca. El conjunto de estos aspectos configuran una trayectoria personal que influye determinantemente en el transcurso de la ceremonia, e involucra habilidades tácitas del participante en el manejo de ciertos procesos cognitivos, como el cultivo de imágenes mentales (Noll, 1985), y el desarrollo de una inteligencia existencial (Tupper, 2002) durante y luego de la ceremonia.

Podríamos decir que las experiencias y vivencias de cada participante en las ceremonias estarán determinadas en suma medida por su trayectoria dentro de este tipo de “dispositivos rituales”. Por ejemplo Richard Noll (1985) propone dos fases en el cultivo de las imágenes mentales en las prácticas chamánicas. En la primera fase de vivacidad (*vividness*) el novicio aprende a bloquear el ruido externo y a poder concentrarse en el quehacer visionario, de modo que puede visualizar cada vez con más claridad imágenes y visiones. Una vez que el novicio es capaz de experimentar imágenes más vívidas, comienza una segunda fase de control (*controlledness*), donde se pone en juego la habilidad del control de la experiencia. Ambas fases no son necesariamente sucesivas, pueden yuxtaponerse. Kenneth Tupper (2002) utiliza la noción de una inteligencia existencial postulada por Gardner y su concepción de inteligencias múltiples (Gardner, 1983), para postular la importancia de los enteógenos en el desarrollo de este tipo de inteligencia, tomando en cuenta que siempre debe considerarse las cuestiones relacionadas a los sistemas culturales en que se encuentran inmersos, y la dirección y guía en el proceso.

Método

Podría decirse entonces que existe un aprendizaje en el uso de enteógenos, de modo que un mayor grado de experiencia en ceremonias permite un mejor manejo de la experiencia psicodélica de acuerdo a los fines o propósitos personales. En la presente investigación se puso a prueba esta hipótesis, a través de una escala psicométrica en un diseño no experimental *ex-post facto*. También se utilizaron entrevistas semi-dirigidas que indagaron en aspectos cualitativos de la experiencia. Si bien sus resultados no serán expuestos en el presente artículo, el lector puede recurrir a la investigación completa, en Apud (2013a).

La escala aplicada fue la *Hallucinogen Rating Scale* (HRS), diseñada por Rick Strassman para cuantificar los efectos subjetivos de la administración de DMT intravenoso y facilitar la investigación neurofarmacológica. Se utilizó el HRS bajo el permiso del autor, quien brindó acceso a su versión traducida al español, a través de Jordi Riba, quien tradujo la escala al español para realizar diversos experimentos con ayahuasca. La escala ha sido utilizada en distintos diseños experimentales, no restringiéndose a su intención inicial de medir los efectos del DMT, sino que también ha sido utilizada en otros psicoactivos, como ayahuasca, LSD, ketamina, psilocibina. En el caso del uso de HRS en investigaciones sobre ayahuasca, tenemos por ejemplo su inclusión en estudios sobre efectos psicológicos y fisiológicos atípicos en humanos (McKenna, 2004), sobre efectos subjetivos y cardiovasculares (Riba *et al.*, 2003), como datos complementarios en el estudio de los cambios de la actividad cerebral eléctrica durante los efectos del psicodélico (Riba, Anderer, Jané, Saletu & Barbanoj, 2004), en el estudio de correlaciones entre efectos subjetivos y fisiológicos (Riba *et al.*, 2006), estudios sobre tolerabilidad y efectos subjetivos (Riba, Rodríguez-Fornells & Strassman 2001), entre otros. Su confiabilidad ha sido evaluada por Riba *et al.* (2001) mostrando valores de confiabilidad en cuatro de las seis escalas (las excepciones fueron intensidad y volición).

La muestra consistió en 18 sujetos (ocho hombres, diez mujeres), con una edad promedio de 37,7 años, en un rango de los 27 a los 58 años. En cuanto al nivel de estudios, la gran mayoría se trata de individuos con formación terciaria completa y con un nivel de ingresos medio/altos sin el cuál sería difícil pudieran acceder a este tipo de actividades, dado los costos que se manejan en el centro. Se trata de una

población habituada a servicios psicoterapéuticos, proclive al análisis y a la introspección para la solución de sus problemas personales. La muestra fue subdividida en tres grupos de acuerdo al grado de experiencia, tomando como factores la cantidad de ceremonias y la frecuencia de asistencia a las mismas (ver Tabla 1). También se tomó en cuenta los años de participación en el centro, aunque tanto éste como los dos primeros aspectos se encontraron fuertemente relacionados.

Tabla 1. Muestra compuesta por los sujetos de la ceremonia, agrupados según el grado de experiencia.

	Grupo Bajo (n=6)	Grupo Medio (n=6)	Grupo Alto (n=6)
Cantidad de ceremonias	0-3	5-10	15-55
Frecuencia	1-2 por año	2-4 por año	5-12 por año

Luego de la ceremonia con ayahuasca, se le dio a cada uno de los participantes el *HRS*, que mide los efectos psicotrópicos subjetivos relacionados con aspectos cognitivos de la experiencia. La escala consiste en 99 preguntas cerradas, relacionadas a 6 subescalas:

1. Somatoestesia: esta subescala mide efectos psicósomáticos, en tanto involucran la percepción del sujeto sobre su propio cuerpo. Las preguntas apuntan a los cambios en la salivación, sensación de peso corporal, temperatura corporal, los clásicos “temblores internos”, náuseas, sensación de separación del cuerpo.

2. Afecto: mide respuestas sensitivas y emocionales. Entre ellas encontramos ansiedad, miedo, excitación, risa, asombro, sensación de una fuerza superior, euforia, sentimiento de unidad con el universo, velocidad en los cambios de humor, sentimientos de soledad.

3. Volición: involucra la capacidad de interactuar voluntariamente con uno mismo y el medio. Abarca cambios en el control respiratorio, capacidad de seguir la secuencia de eventos, capacidad de centrar la atención, control sobre sí

mismo, capacidad de ubicarse en el espacio y el tiempo.

4. Cognición: mide modificaciones en los procesos de pensamiento y sus contenidos, como velocidad de los procesos mentales, sensación de caos, sentido del yo, cambios en la velocidad y calidad del pensamiento, sentido de realidad, percepción del tiempo, intuiciones o revelaciones, sensación de cordura o equilibrio mental.

5. Percepción: abarca tanto alteraciones en la percepción visual, como en la auditiva, gustativa, olfativa, la sensibilidad cutánea, y alucinaciones.

6. Intensidad: mide la fuerza de la experiencia en su conjunto, a través de indicadores como el tiempo de comienzo de los efectos, y la constancia o fluctuaciones de la misma.

Se partió de la hipótesis de que aquellos participantes más experimentados obtendrían distintas puntuaciones, bajo la idea de que poseían una mayor capacidad de integrar mentalmente la experiencia. Se definió integración mental como el grado de capacidad para asimilar cognitivamente las experiencias psíquicas, de forma coherente y significativa. Se tomaron como indicadores de una mayor capacidad de integración mental durante la ceremonia: i. una mayor capacidad volitiva, ii. una intensidad, afectividad y somatoestesia más controlada, iii. una perceptividad más discriminada. En términos de variable, la hipótesis suponía que existiría entonces una correlación positiva entre la variable independiente “grado de experiencia”, y la variable dependiente “integración mental”.

Resultados y discusión

Se realizó un análisis de varianza (ANOVA), en vistas de verificar si existían diferencias significativas entre los valores de los tres grupos. Para ello, primero se realizaron las pruebas de normalidad correspondientes, para establecer si era pertinente la utilización de una prueba paramétrica. Las pruebas de normalidad resultaron significativas para la mayor parte de los casos, con excepción de la variable volición para el grupo alto y la de percepción para el grupo medio.

En el caso del análisis de la varianza, en ninguno de los casos se presenta una diferencia

significativa, de acuerdo a lo considerado estadísticamente (ver Tabla 2). Esto nos lleva a preguntarnos hasta qué punto la homogeneidad de los tres grupos depende de las características de las variables intervinientes y no de las dificultades y limitaciones propias del diseño utilizado, donde no ha sido posible controlar variables como la dosis, y no ha sido posible establecer grupos de control o criterios controlados en la constitución de la muestra. También creemos que se encuentra en juego el efecto moderado del brebaje en el transcurso de la ceremonia, que muchos de los participantes catalogaron como “suave”, o “tranquilo”, lo cual pudo homogeneizar los efectos producidos, de modo que actuaran en los límites de lo “psicoactivo” que pueda llegar a ser un placebo.

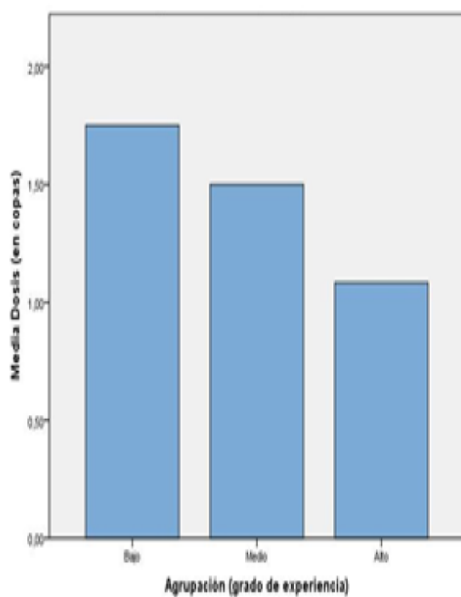
Tabla 2. Pruebas de normalidad y análisis de varianza para las distintas subvariables de la escala bajo los tres agrupamientos propuestos de acuerdo al grado de experiencia.

Subescala (HRS)	Pruebas de Normalidad			ANOVA (sig.)
	Grupo	Kolmogorov-Smirnov (sig.)	Shapiro-Wilk (sig.)	
Somatoestesia	Bajo	0.200	0.194	0,785
	Medio	0.200	0.312	
	Alto	0.200	0.953	
Afecto	Bajo	0.200	0.931	0,252
	Medio	0.200	0.556	
	Alto	0.200	0.657	
Percepción	Bajo	0.200	0.907	0,426
	Medio	0.035	0.013	
	Alto	0.200	0.620	
Cognición	Bajo	0.200	0.806	0,448
	Medio	0.200	0.527	
	Alto	0.200	0.465	
Volición	Bajo	0.200	0.251	0,114
	Medio	0.200	0.532	
	Alto	0.010	0.02	
Intensidad	Bajo	0.200	0.666	0,896
	Medio	0.096	0.120	
	Alto	0.140	0.106	

Otra posibilidad es la conjunción de las variaciones de la dosis, y un fenómeno que denominaremos “resistencia” o “grado de apertura” a la experiencia. Éste fenómeno pudimos registrarlo en reiteradas ocasiones y creemos resulta de gran importancia para entender lo sucedido. Es interesante como en una gran cantidad de oportunidades los efectos de la planta

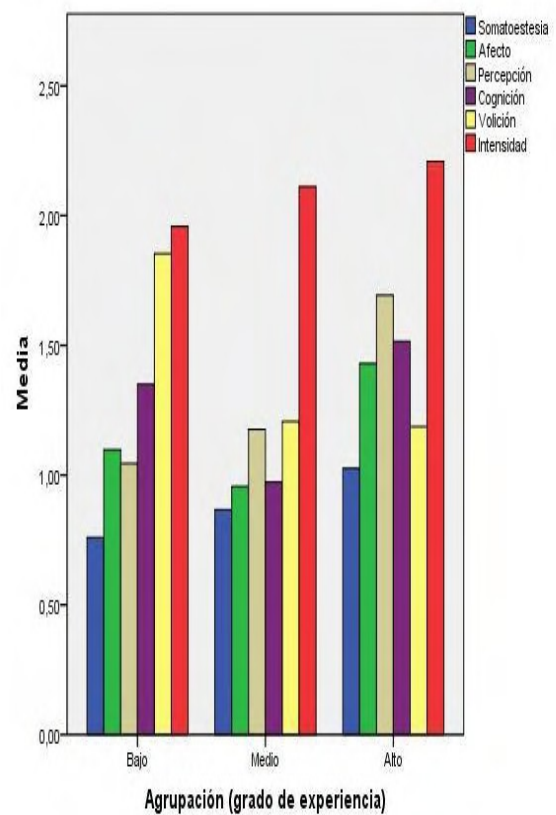
dependen de la predisposición psicológica del sujeto a “dejarse llevar”, a abrirse a la experiencia enteogénica. Muchos participantes en sus primeras experiencias alegan no haber experimentado efecto alguno, muchas veces debido a ciertas “resistencias” que no les permiten “soltarse” y “dejarse llevar” por la planta, por lo general vinculadas a cierto miedo, reticencia o ansiedad ante lo desconocido. Si bien es cierto que en muchos de los casos la no aparición de la experiencia visionaria se debe a un tema de dosis, y que si la dosis o concentración del brebaje es fuerte no hay manera que el participante pueda dejar de experimentar los efectos, también es cierto que es bastante común que los efectos de la planta sean ni muy fuertes ni muy suaves, entrando en una zona intermedia que permite la aparición del efecto “resistencia”. Si se toma en cuenta que los participantes de la ceremonia tomaron desde un mínimo de media copa a un máximo de 3 copas, entonces podemos decir que la incidencia de la dosis alterará en suma medida los datos registrados. En este caso en particular se manifestó además la opinión de los participantes de que la planta había sido “suave”, o que los “efectos habían sido leves”, lo cual llevó a muchas personas a repetir la dosis, algo que no hubiera pasado en caso que la planta hubiera “tomado más” a los participantes.

Figura 2. Grado de experiencia y media de dosis de copas.



Inesperadamente se encontró (ver Figura 2) que a menor grado de experiencia hubo una mayor repetición de la dosis. Lo habitual hubiera sido que al aumentar el grado de familiaridad con la experiencia, y al haber sido los efectos “suaves”, quizás el grupo de mayor experiencia fuera más osado en la repetición de la dosis. Sin embargo sucedió justamente lo contrario. Quizás se pueda conjeturar que la “resistencia psicológica” de los participantes con baja experiencia tuvo como repercusión la necesidad de una dosis mayor para lograr llegar a la misma intensidad de experiencia que los más experimentados. Si la conjetura es correcta entonces se hace evidente por qué no hubo diferencias estadísticas significativas en las subescalas del HRS. Pudo haber ocurrido una especie de “efecto de emparejamiento”, donde los participantes novicios, que experimentaron menos alteraciones –efecto “resistencia” mediante-, repitieron la dosis para lograr llegar a un estado similar a los más experimentados.

Figura 3. Histograma con los valores de las medias de cada subescala del HRS, agrupadas de acuerdo al grado de experiencia en el eje de las abscisas.



De todas maneras, a pesar de no haber encontrado diferencias significativas entre los grupos, si se analizan las tendencias de los resultados (ver Figura 3), pueden realizarse algunas conjeturas. Las subdimensiones de somatoestesia, percepción, intensidad y volición (ésta última se encuentra invertida), muestran un leve aumento a medida que pasamos de un grupo menos experimentado a uno con mayor experiencia. En el caso de volición y percepción, es de esperar que el grado de experiencia permita una mayor capacidad volitiva y una mayor riqueza perceptual (lo que Noll denominaba *controlledness* y *vividness* respectivamente). En el caso de los efectos somatoestésicos, su asociación resulta un tanto ambigua, como vimos anteriormente, pero quizás una mayor aparición de los fenómenos corporales se relacione a una menor resistencia, así como una “comprensión” de la importancia de los mismos en tanto limpieza o purga. En el caso de las variables afecto y cognición, puede observarse como el aumento no es progresivo, principalmente por los valores en el grupo medio, aunque de todas maneras, si se toman los grupos de menor y mayor experiencia, vemos una diferencia mayor para el último. En suma hay ciertas tendencias que muestran una ligera diferencia progresiva de acuerdo al grado de experiencia de los participantes, que podría estar indicando mayores capacidades cognitivas en el uso de la ayahuasca a medida que aumenta la familiaridad con este tipo de ceremonias. De todas maneras, se trataría solamente de una conjetura, ya que no encontramos diferencias estadísticamente significativas en las variables objeto de estudio.

En cuanto a los elementos simbólicos – indagados a través de las entrevistas posteriores a la ceremonia– no se observaron diferencias significativas entre los participantes de cada grupo, siendo por lo general catalogadas las experiencias en forma similar, bajo la denominación de “suaves”, con pocas excepciones. Fueron más frecuentes los efectos corporales como temblores internos, o bien efectos relativos a estadios más tempranos de la experiencia visionaria, como la presencia de fosfenos o imágenes icónicas. Por último, se analizaron los efectos “residuales”, en los días posteriores a la ceremonia. También en forma homogénea, los sujetos utilizaron adjetivos como “suave” o “tranquilo”, más allá de que fueran mencionados ciertos malestares físicos como contracturas, o una sensibilidad y emotividad mayor.

Cabe señalar que a medida que avanzaba el trabajo de campo, y tanto en la fase

exploratoria como en las entrevistas, las conversaciones informales, las observaciones y desde mi experiencia personal, la posibilidad de hablar de una “integración mental” desde las subescalas planteadas por el cuestionario se mostró un tanto problemática, principalmente dado que la validez de la relación entre el constructo y sus indicadores era un tanto ambigua en algunos de los casos. Por ejemplo, una menor puntuación en la subvariable somatoestesia, intensidad o afectividad, no se relaciona necesariamente con la capacidad de “integración mental”. De hecho, en algunos casos de participantes experimentados, existe cierta predisposición a llegar a experiencias “fuertes” o “intensas”, para lograr sacar un mayor provecho de la experiencia visionaria o de sus propiedades de limpieza o purga.

Conclusiones

Es a partir de la coyuntura histórica de los movimientos “contraculturales” de los años sesenta que surge el neochamanismo, así como nuevas modalidades de terapia y centros holísticos, enmarcados dentro de los cada vez más populares mercados simbólico/religioso/espirituales transnacionales. Es en los años noventa que los itinerarios ayahuasqueros comienzan a tomar fuerza y popularidad, principalmente a través de la de las iglesias brasileras, y la popularización del “neochamanismo” o “chamanismo urbano”. En Uruguay la ayahuasca llega a través de distintos grupos en los años noventa. En el caso del centro uruguayo estudiado, su aparición debe ser entendida bajo la conjunción de dos trayectorias. Por un lado, la de una propuesta terapéutica holística, enmarcada en la reivindicación de saberes alternativos. Por otro lado, los curanderos vegetalistas peruanos, que readaptan su oficio ante la creciente demanda de espiritualidad por parte de las redes místico-esotéricas transnacionales.

En el caso estudiado se trata de un diseño importado de las culturas ribereñas del Amazonas peruano y readaptado al contexto urbano, a las necesidades de su clase media, y a una atmósfera cultural de fuerte impronta “psi”. El modelo de “curación chamánica” resulta distinto en estas prácticas ceremoniales urbanizadas; no vemos a ese astuto curandero peruano con gran dominio tácito de técnicas psicológicas que describía Dobkin de Ríos (2009), al que acude la comunidad para distintos problemas sociales y síndromes culturales, bajo lo que la autora denomina “biología de la esperanza”. En el

setting urbano vemos una fuerte psicoterapeutización del diseño ceremonial, que quizás sea la causa de la frecuente recurrencia a categorías de la cultura “psi”.

En el presente artículo intentamos problematizar la incidencia del contexto y el sujeto (*set and setting*) en el uso ceremonial y terapéutico de la ayahuasca. Para ello propusimos un modelo de cognición distribuida, para luego centrarnos principalmente en la variable “grado de experiencia” -vinculada a la trayectoria “psiquedélica” personal del participante - y su incidencia en variables cognitivas que relacionamos con un posible aprendizaje en el manejo de la experiencia visionaria. Aunque los resultados no han mostrado diferencias significativas, y nuestras formulaciones no han podido superar el umbral de lo hipotético, hemos podido rescatar algunas conjeturas que bien pueden ser motivo de investigaciones posteriores, que den cuenta de los procesos cognitivos de aprendizaje a través del uso de enteógenos y su posible utilidad para el análisis del *self*.

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Earth, Gender and Ceremony: Gender Complementarity and Sacred Plants in Latin America

Tierra, Género y Ceremonia: Complementariedad de Género y Plantas Sagradas en Latinoamerica

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Abstract

Symbolism related to gender balance is pervasive throughout Latin American landscape. There are volcanoes with legends of separation of male and female longing for unification in Mexico as well as Nicaragua. Other landscape features such as the Islands of the Sun and Moon in Bolivia or temples such as *Huaca de la Luna* and *Huaca del Sol* dedicated to the sun and moon in the north of Peru, point to ideologies of gender complementarity in pre-colombian cultures. Iconography throughout Latin America combine symbols of male and female, heaven and earth, eagle and serpent. Although Latin American cultures seem to be dominated by machismo and marianismo, a closer examination of ancient and surviving indigenous religious traditions points to the earlier existence of gender balance. This article will discuss the concept of gender complementarity that pervades indigenous cultures and examine the recent global emergence of visionary plants as part of a movement aiming to re-discover the power of the earth and restore the ancient power of the feminine. Finally, evidence from the research of one of the authors will be presented showing that this lesson of gender balance might often be overlooked.

Keywords: ayahuasca, gender, landscape, Latin America, earth, indigenous, yagé, ceremonies, legends.

Resumen

El simbolismo relacionado con el equilibrio de género es un fenómeno generalizado en todo el paisaje latinoamericano. Hay volcanes con leyendas sobre la separación de lo masculino y lo femenino anhelando por su unificación en México, así como en Nicaragua. Otras características del paisaje como las Islas del Sol y de la Luna en Bolivia, o templos como los templos *Huaca de la Luna* y *Huaca del Sol* dedicados al sol y la luna en el norte de Perú, indican la posible existencia de ideologías de complementariedad de género en las culturas pre-colombinas. Iconografías a lo largo de toda América Latina combinan símbolos de hombre y mujer, el cielo y la tierra, el águila y la serpiente. Aunque las culturas de América Latina actualmente parecen estar dominada por el machismo y el marianismo, un examen más detenido de las tradiciones religiosas indígenas de la antigüedad y de las que sobreviven hoy en día indican la posible existencia de un equilibrio de género anterior. Este artículo discutirá el concepto de complementariedad de género que prevalece en las culturas indígenas y examina la reciente aparición global de las plantas visionarias como parte de un movimiento que tiene por objetivo el redescubrimiento del poder de la tierra y la restauración del antiguo poder de lo femenino. Por último, se presentan los resultados de la investigación realizada por uno de los autores, mostrando que esta lección de equilibrio de género a menudo suele ser pasada por alto.

Palabras clave: ayahuasca, género, paisaje, Latinoamerica, tierra, indigenas, yagé, ceremonias, leyendas.

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Introduction

This article suggests a correlation between the increased interest in sacred plants from Latin America among Westerners and its relation to attitudes toward gender equity. The authors propose that there are valuable lessons to be learned regarding gender balance and integration, both concepts being pervasive in ancient and contemporary indigenous cultures. The increasing interest in ayahuasca and other sacred plants may suggest a craving for the restoration of balance on many levels, including gender, as it often takes the form of a discourse about restoring the sacred feminine in contemporary life. Ethnographies such as the one about the Lahu in China (Du, 2002) as well as the Vanatinai of Papua New Guinea (Lepowski, 1993) point to the existence of gender egalitarianism in indigenous cultures cross-culturally. What these and other cases show is not the promise of a lost “matriarchy” but the possibility of true gender egalitarianism and complementarity, which could be a much more radical idea. What the existing examples show is that any society that harbors the ideal of gender egalitarianism has a worldview of gender unity that permeates mythology, ideology as well as practice; in the Lahu case this gender unity is exemplified in the proverb “Chopsticks only work in pairs” (Du, 2002, p. 1).

In Latin America there is plenty of evidence for such gender balance in the past (Boone, 1999; Klein, 1993; Mijares, 2015; Nuttall, 2010; Roza, 2008). Throughout the continent there are legends using gender to explain nature and natural forces. Ancient art and architectural designs depicting masculine and feminine genders are also systematically scattered throughout the landscape. Yet, some would argue that, despite these images, actual gender balance has not been evidenced for well over a thousand years in this continent, as women have not enjoyed the economic, political and religious power as well as freedom of expression as the masculine population. There has been far more yang than yin (Mijares, Rafea, Falik & Schipper, 2007).

The authors do recognize that gender appears in numerous ways, and take the transpersonal perspective (Jung, 1968; Wilber, 2001) that, regardless of sexual and gender preferences, an integration of masculine and feminine expressions are needed within the individual and within culture. This is a key attribute of transformation. Our current ecological predicament has no doubt propelled greater move-

ment toward transformation via a stronger connectivity with nature and ancient, indigenous ways.

The connection with nature seems to have been strong amongst ancient South Americans. The ancient *Aymara* peoples, and in particular the *Tiwanaku*, of Southern Peru, Western Bolivia and Northern Chile established powerful religious beliefs and were a major locus of cosmological activity around 400 CE (Kolata, 1993; McAndrews, Alabarracin-Jordan & Bermann, 1997). The various mythologies spoke of the creator God *Viracocha* (Young-Sanchez, 2009), rising out of Lake Titicaca, bringing forth the sun, moon and stars. His children were *Inti*, the sun god; *Mama Quilla*, the moon goddess governing fertility; and the earth goddess, *Pachamama*. According to later Inca mythology, Viracocha stood on the Island of the Moon as Mama Quilla was born and took her place in the sky. Likewise, Viracocha stood on the Island of the Sun as Inti came forth and gave light. Lake Titicaca itself was considered to be the *matrix* from which all life began.

Later as the Tiwanaku were taken over by the Incas in the 1400s and assimilated into the patriarchal Inca culture, sun worship became the dominant religion and males the dominant gender. The *Virgins of the Sun* (*Ñustas*), young chosen women raised in temples with vows of chastity, were keepers of the sacred fire, weavers of the sacred garments and preparers of ritual meals, yet were basically servants of the elite. They were chosen at young ages (8 or 10) for beauty and/or special talents—raised to be sacrificial victims, wives or concubines to privileged Incan males (Lavrin, 1978). This indicates that a dominant male social structure was in place long before the Spaniards arrived, as the Incas established their own brand of patriarchal social structure and religious influence (Mangudai, 2015).

In Central America, various Mayan creation myths also depicted the sun as masculine, but stories varied in depicting earth and moon as masculine or feminine. There were also numerous male and female deities. Later when the Aztec civilization took over the great city of Teotihuacan, art and artifact indicated that the Great Goddess reigned (Pasztory, 1977, 1993). Her images correspond with North American Hopi, Navajo and other tribal legends of *Spider Woman*—the great Goddess from which all life is born. Teotihuacan clearly depicted her place of honor in its iconography (Pasztory, 1977, 1993), along with its rising pyramids worshipping Sun (God) and Moon (Great Goddess). Archetypal references to gender balance are also suggested in the temples and pyramids of

the Sun and moon throughout these ancient sites, and, especially, in the later symbolic combination of eagle (sky) and serpent (earth). The Aztec Goddess, *Cihuacoatl*, was snake woman—healer, associated with midwives and birthing (Miller & Taube, 2003). The feathered-serpent God, *Quetzalcoatl*, combined symbols of sky (bird) and earth (snake). These symbolic representations associated with masculine and feminine archetypes can be found in ancient sites and artifacts in Yucatan (known as Kukulcan, Guatamala, and Honduras as well (Freidel, Schele, Parker & Kislak, 1993). In these lands the feathered serpent was also known as Kukulcan. His power was symbolized by the combination of these symbolic forces. Tragically as time had passed, it was the patriarchal male who integrated the symbols of the earthy feminine associated power. But the legends related to land remained faithful to the feminine. Legends of volcanoes in particular, point to a longing of restoration of gender balance. The volcanoes, *Popocatepetl* (male) and *Ixtaccihuatl* (female) about two hours from Mexico City tell the story of separated lovers. The warrior male stands alongside of the sleeping princess (hints of Cinderella and Snow White myths). Images of this legend are seen in untold numbers of Mexican restaurants, depicting the warrior holding the lovely, but dead, princess in his arms—images of the repressed feminine. This archetypal story manifests in yet another narrative depicting the Nicaraguan volcanoes, *Concepción* (male) and *Maderas* (female) on Isla Ometepe where Concepción stands alongside the Maderas to protect her. The Nahuatl influence is seen in the similarity of these lamentations. It is also pertinent to note that Popocatepetl and Concepción (deemed masculine) are active whereas Ixtaccihuatl and Maderas (deemed feminine) are dormant volcanoes. These stories mirror gender imbalance although they also depict the genders' longing for one another.

The great historian of religion Geoffrey Parrinder (1983) noted that ancient myths had addressed “the forcing apart of sky and earth” as all of life and that the cosmos and the natural world had previously been regarded as being “united in sexual union.” Latin American myths depicting separated lovers in these natural volcanic forms support his proclamation. They seem to reflect the loss of unity between Madre Tierra (Mother Earth) and Padre Cielo (Father Sky), Pacha Mama and Pacha Papa along with the separation of body and mind, female and male.

The ideal of gender balance or complementarity is evident in Latin American cosmologies and mythologies. A central concept in

Mesoamerican religions is that of Ometéotl (dual god) which was the god of duality and union between masculine and feminine. It was often represented as both male and female on Mixtec calendars predicting the cycles of nature (Gómez-Cano, 2010). A similar concept of gender complementarity in indigenous cultures comes from the Mapuche in Chile, whose culture's organizing principle is quadropartition. In this system masculine and feminine, old and young are complementary. Central to Mapuche cosmology is the deity Ngünechen, who is perceived as a sacred family consisting of: an old man and an old woman as well as a young man and a young woman. These four facets constitute Mapuche wholeness (Bacigalupo, 2007).

There are ceremonial temples and sites dedicated to the sun and moon and related masculine and feminine deities throughout these ancient lands and civilizations, yet it is difficult to find this ideology manifesting in contemporary people's lives. There is plenty of evidence of masculine dominance or strict roles for men and women prior to the Spanish invasion and the imposition of its patriarchal governance and related religious influence. It appears that the rise of these great civilizations in Mesoamerica occurred not long after the manifestation of patriarchal ideology and related cultural phenomena in other parts of the world (Mijares et al., 2007). Perhaps the biologist Rupert Sheldrake's theory of morphogenetic resonance (Sheldrake, 1988, 2009) offers an explanation.

According to this theory, a *morphic field* establishes within and around repetitive acts, behaviors and even abstract thoughts (all considered as *morphic units*). Thus if within the morphic field, for example, the archetypal field of shared human consciousness, a new behavior or manifestation of an abstract idea is initiated, and if this new idea has enough power and repetition (constituting morphic units), it will resonate throughout the morphic field and create change. According to Sheldrake (1988), “the organizing fields of animal and human behavior, of social and cultural systems, and of mental activity can all be regarded as morphic fields, which contain an inherent memory” (p. 112). This would be similar to a universal database, whereupon new information, such as the rise of a patriarchal ideology (morphic units), resonated throughout the field – spreading ideas of gender imbalance and changing the previous gender-balanced paradigm. We have seen and experienced the results of this in the lack of care and connection to our natural world and the demeaning of the female. The following section is

an example of gender imbalance accompanying the increasing loss of connection to land and meaning.

Marianismo and Machismo

The term Machismo is often used to refer to traditional Latin American men and any male who tends toward a more aggressive, male-domineering paradigm. The actual term was born as feminists defined this specific style of masculinity. It appears that Machismo and its positive side known as Caballerismo, associated with chivalry and dedication to family, began with Spanish and Portuguese colonialism. There is some controversy (Mignolo, 2011) concerning when these behaviors began. For example, did they exist prior to colonialism? Even though ancient history was disregarded during the encroachment of colonialism with its overall disregard for indigenous knowledge, there are many examples suggesting an already established patriarchal model. For example, when the Spanish arrived in Peru the Spanish killed the supreme leader, the Sapa Inca (Quechua for “the only” Inca), Atahualpa (Hemming, 1993). Although Atahualpa had never attacked the Spaniards, he had warred with his brother, Huáscar, for the position of Sapa Inca, following the death of their father. This suggests a male-dominant model in that the Sapa Inca’s first wife was usually his sister, and he also married a number of princesses resulting in a large number of children (Hemming, 1993). The Inca culture was patriarchal despite the older legends, icons and architecture that bespoke of gender balance. As noted, a consideration that could explain these hierarchical, male-dominated systems seen in pre- and post-Colonialism would be that of Rupert Sheldrake’s *theory of morphogenetic resonance* as it explains how a consciousness shift can occur throughout the human field, establishing an almost global paradigm of male dominance (1988).

The term Marianismo was first used by Elsa Chaney (1984) to define the Madonna-Whore complex often exemplified in Latin American nations. Marianismo describes women who refrain from sex before marriage, who are faithful to their husband, family and more often than not, the church. The “whore” element in this complex is the highly sexualized woman. It is believed that this image of and for women was brought with the Spanish conquest and the idealization of the Virgin Mary, who is believed to represent the ultimate model for women. It seems to suggest that women were placed on a pedestal, but in reality the majority of women work hard and remain in the

background, subservient to their husbands. This is particularly evidenced in working class families (Stevens, 1977). Research of television ads in Mexican media still reveals dependent women being portrayed as helpful and focused on family, whereas portrayals of independent women tended to be sexualized (Villegas, Lemanski & Valdez, 2010). Thus, stereotypes of Marianismo and Machismo continue, resulting in limitations for both men and women.

Although many believe the role of males is to provide security for the women and children, the belief has stymied the possibilities for wholeness—and gender balance is about wholeness. Feminist anthropologists have pointed out the male bias in early anthropological research that privileged the role of males (Slocum 1975, Di Leonardo, 1991). In addition, according to more recent research (Fuentes, 2012), the beliefs that males have always been hunter-warriors and females responsible for hearth and childcare have been challenged. For example, anthropologist Agustin Fuentes (2012) explains that women hunted as well, although they hunted smaller game in order to be near the young children. This research shifts the way we look at gender and gender roles. Also, recently published research supports that as early cultures lived in bands, they were naturally more egalitarian. Dyble et al. (2015) believe that their “results suggest that pair-bonding and increased sex egalitarianism in human evolutionary history may have had a transformative effect on human social organization” (p. 796). One can see the progression that would eventually manifest in a patriarchal ideological system that subjugated women.

It appears that earlier humanity, and this is also true of indigenous peoples at this time, were intimately connected with the natural world. With the advent of the world’s religious ideals, humanity turned more toward the “sky god” and lost their connection to Nature (Mijares et al., 2007). The emergence of large corporations, focused on financial gains, has led to increasing destruction of Nature. The unification of Transpersonal Psychology and Ecopsychology (Davis, 2011) is needed. Sacred plants open the field for this to occur in profound ways.

The Role of Sacred Plants

Many people feel the need to create a new way of being human, one that includes a more harmonious relationship between genders as well as between humans and nature. According to Neil

White (2014), a presenter at the World Ayahuasca Conference in Santa Eulària des Riu, Ibiza, Spain, believes this is manifesting as a result of *group ceremonies* with ayahuasca (yagé) — a visionary plant medicine made from the combination of at least two plants from the Amazonian jungles. One of these plants is deemed feminine and the other masculine (Grob et al, 1996; McKenna, Callaway & Grob, 1998; Narby, 1999). For example, the Banisteriopsis caapi vine (ayahuasca) is considered to be masculine by indigenous peoples, whereas the Psychotria viridis (chacruna), a shrub, is considered to be feminine. McKenna, Callaway and Grob (1998), explain that this “brew is used for curing, for divination, as a diagnostic tool and a magical pipeline to the supernatural realm” (p. 67). Healers specializing in ayahuasca rituals (ayahuasqueros) claim to receive knowledge directly from the plants and maintain intimate relationships with the spirit world (Luna 1986).

The ceremonial context that White alluded to at the 2014 Ayahuasca Conference creates a sacred space for change to occur as women and men join together in ritual. Scholars of various sciences, public policy makers and shamans had gathered at this conference to discuss the role of Ayahuasca on a global level. Their final declaration included this statement:

Every human being should be free to choose ways and tools that facilitate healthy personal growth and spiritual development, to overcome mental or physical illness, and to nurture individual flourishing, social bonding and family life, as well as to cultivate spiritual meaning. Moreover, at a time when humans collectively are living on the precipice of social, environmental and economic crisis, it is vital that intercultural dialogue and holistic policies promote a sustainable existence for our species, embracing our diversity in a world with interconnected societies, in harmony with the planet and its other inhabitants. It is intrinsic to the evolution of humankind to seek new methods, and to improve those we have at hand, to effectively reach these goals (paragraph 2).

An increasing number of scholarly and non-scholarly books, articles, and discussions address this topic. Ralph Metzner (1999), for example, sought an explanation for the increased interest in ayahuasca in the West. He suggested that “the revival of shamanism and sacred plants is part of the worldwide trend seeking for a renewal of the

spiritual relationship with the natural world” and “a new awareness, or rather a revival of ancient awareness of the organic and spiritual interconnectedness of all life on this planet” (1999, p. 4). For many of the participants in ayahuasca ceremonies, nature is speaking through the plants and increasing numbers of people are realizing what they feel is the power of her voice, and her guidance toward healthier ways of living (Beyer, 2009; Campos, 2011; Narby, Kounen & Ravalec, 2009). Charles Grob notes the importance of “teaching plants” (2011) and points out their importance noting that they are a “blessing of immense proportion to humanity given the widespread environmental devastation, staggering economic disparities, increasing violent conflict throughout the world and frightening arsenals of conventional and nuclear weaponry” (p. 5). Humanity is facing some major challenges and for many the situation is related to the immense gender imbalance in the world (Mijares et al., 2007). The emergence of the use of ayahuasca and other sacred plants by Westerners seems to reveal a craving to repair this imbalance. Gender balance is marked in the ayahuasca brew in the fact that it is made by combining and cooking two plants, one female (Chacruna) and the other male (Ayahuasca).

A Changing Paradigm

Gender roles for women and men are undergoing significant change throughout the world (UN Women, 2012-2013 Report). Although as noted earlier, one can see that Mexican media continue to promote old stereotypes, Central and South America as well as the Caribbean have evidenced an increase in female leadership—surpassing that of the United States (Torregrosa, 2012). One example is that the small island of Cuba ranks 3rd statistically in the world for the number of women in parliamentary positions. There are increasing numbers of men who support these changes even though Latin American males are moving at a slower rate toward gender equality than men in many other nations (Baker & Verani, 2008).

One of the factors that has been suggested to facilitate these changes is that young Latin American women and men are beginning to reconnect with their ancient legends and to create related rituals and sustainable ways of living that honor Mother Earth (Pachamama and Pachapapa) (personal communications: Blanco, 2012; Calero, March 2015; Sanchez-Jimenez, 2013). These

changes appear to be encouraged through the ritual ceremonies with sacred plants. In fact, increasing numbers of people throughout the world are engaging in Latin American-style ceremonies. Evidence of this trend is seen in popular publications such as the Huffington Post and the LA Weekly, which have noted the increasingly widespread ingesting of sacred plants of the Amazon, such as ayahuasca. It is possible that this trend is contributing to reawakening of honoring of the feminine and Mother Earth (Madre Tierra/Pachamama) (Grob, 2011; Krippner in Mijares, 2015, Mijares, 2015). It can be seen as a response of the people to a major global imbalance.

In Costa Rica and other Latin American nations, Mijares has met young people who promote a new style of life (personal communication: Blanco, 2012, Calero, 2015, Sanchez-Jimenez, 2013). Similar to the hippies of the 60s, they exemplify new ways of being and living—espousing sustainable ways of living in harmony with the land. They recognize that humanity has been out of balance with nature for the last 6,000 years when patriarchal ideologies began to dominate, leading to the irreverence and raping of nature and the demeaning of the feminine (Mijares et al., 2007). Instead, these young Latin Americans are modeling gender balance and choosing to bring children into the world through conscious birthing processes. They also participate in “medicine” ceremonies where sacred medicinal plants—which they recognize as gifts of Mother Earth—provide to them psychological and spiritual guidance. These young Latin Americans exemplify the ancient legends in revering and living in harmony with Mother Earth (Madre Tierra/Pachamama).

At the same time increasing numbers of people from North America and European nations are traveling to South American nations, for example, Peru, Ecuador and Columbia, to ingest ayahuasca. A simple internet search quickly reveals the numerous healing centers along the Amazon, reflecting the growing interest in participating in ritual medicinal plant use.

Numerous researchers have studied the healing remedies of Mother Earth and especially the effects of ingesting ayahuasca (McKenna et al., 1998; Narby, 1999; Strassman, Wojtowicz, Luna, & Frecska, 2008). According to Strassman et al (2008), learning directly through nature provides grounding and healthy transformation. As increasing numbers of people combine sustainable ways of living with plant ceremonies, they tend toward positive life-affirming choices and behaviors. We propose that Pachamama clarifies what is needed

at a profound level through the ayahuasca experience. For example, Strassman et al (2008) explain: “According to nature-based religious traditions, plants possess intelligence. Many modern Westerners who have undergone a deep experience with ayahuasca speak of presence of a ‘personality’ in this botanical brew with which they communicate under this influence” (p. 8). More often than not, this “personality” is considered to be feminine in nature, as ayahuasca is referred to as “mother” or as “grandmother ayahuasca.” (Campos, 2011).

The Feminization of Ayahuasca

Expanding on this gender theme, Fotiou’s research with Western ayahuasca partakers illustrates that the gendered discourse surrounding these plants might be missing valuable lessons from indigenous cultures about gender balance. Fotiou calls this phenomenon the “feminization of ayahuasca.” Within her research population ayahuasca was generally perceived as a female and maternal spirit (Fotiau, 2010a; Fotiau, 2014). For example, the plant spirit is often described as being a “tough” but loving mother. Other qualities, traditionally related to femininity, are also attributed to ayahuasca. It is thought to develop intuition and connection to nature and all things spiritual and sacred.

This perception of the plant spirit as female only is complicated by the fact that not all healers shared this viewpoint and the fact that Amazonian shamanism is heavily dominated by men and is considered to be a “male domain.” The fact that ayahuasca has been used and is still used in sorcery and sorcery-related violence, such as shamanic warfare, further challenges this feminized view of ayahuasca. During Fotiou’s fieldwork, at least one shaman and his apprentice argued that the ayahuasca spirit is male and frequently shared stories of involvement in shamanic warfare.

In traditional Amazonian shamanism, ayahuasca had many uses that are not found in contemporary Peruvian mestizo shamanism. Among different ethnic groups it was used in communal singing and dancing men’s rituals, for locating game animals and divination, in warfare and conflict, to see faraway places, and for healing through communication with spirits. It was also important in native art, cosmology and ethno-astronomy, and in the Jaguar complex (Reichel-Dolmatoff, 1975). Ayahuasca was traditionally consumed by shamans (who were predominantly male) and by male members of the group. Because

the ayahuasca experience is challenging, through taking ayahuasca men learned bravery (McCallum, 2001), a quality they need in warship and hunting. Since women do not engage in such activities, in some ethnic groups, they do not need to take ayahuasca. If a woman wishes to try ayahuasca, however, she often can, as is the case among the Cashinahua. Westerners often perceive this as an indication of sexism, but the authors caution against this, due to the male bias of the Western gaze that was mentioned earlier in this article.

This has provided some background against the ways in which ayahuasca and Amazonian shamanism are perceived among contemporary ayahuasca partakers. The vast majority of the people interviewed by Fotiou referred to ayahuasca as a female entity and the same pattern was observed while browsing online discussion forums. The following are statements by contemporary ayahuasca partakers:

She is a female energy. She is very strong, very powerful.

Lately, I've been thinking about how demanding yet nurturing she is. How she can scold you like a stern mother and soothe you to total bliss (Fotiou, 2010).

An issue that is often perceived by Westerners as underlying sexism in indigenous shamanism is the exclusion of menstruating women from ceremonies. Fotiou (2010a, 2014) was not able to get a consensus from shamans on the reasoning behind this prohibition, nor could sexism be confirmed as a cause for the exclusion. Other explanations were offered. For example, one of the shamans around Iquitos said:

The understanding is that the energetic scent of the menstruation is repugnant to medicine spirits. So they don't want to come around. The medicine spirits don't like gore, they don't really like blood, they don't like all the things that are traditionally, typically human. They don't particularly like sex, they don't like spices; they don't like any of that stuff, unless it's energetically right for your body (Fotiou, 2010a).

Other scholars have already pointed out that menstrual taboos rather than subordinating women, they protect them and offer them more autonomy and social control (Buckley and Gottlieb, 1988). It is possible that such taboos were interpreted as a

sign of sexism because of the underlying sexism in the culture of early ethnographers. According to several ethnographies, for indigenous Amazonians, women are more visible to spirits when they menstruate, and therefore they are in greater danger from spirit attacks involving seduction, rape, and jealousy from female spirits (Kensinger, 1995). Another perspective is that menstruating women both attract and repel the physical manifestation of spirits (McCallum, 2001). These ideas are often misunderstood and misinterpreted by both contemporary practitioners (shamans) and ceremony participants that might be framing them within a patriarchal framework.

In previous publications (Fotiou, 2010a; Fotiou, 2010b), the prevalence of sorcery and shamanic warfare among contemporary ayahuasca shamans is discussed, as well as the backlash in the ayahuasca community against it. Amazonian shamanism is perceived as sexist and having undesirable traits, all related to maleness. The reaction to this is to seek out female shamans, who are rare and scattered in the area. A relatively recent development is the creation of an ayahuasca retreat that specializes in female shamanism, honoring the "Divine Feminine" and working with "Female Energy."

This is what the creators of the retreat stated on their website (<http://www.templeoftheway-oflight.org/>) in 2010:

Shamanic practices and the ancients from around the world have long revered the Mother (along and in balance with the Father) for millennia – the Earth, the Great Mother, Pachamama. It is believed by many scholars that it was the eruption of violence as perpetrated by the newer, male dominated cultures that obliterated the peaceful, earth honoring ways of Goddess worship and paved the way for the strong hold of Christianity and eventually the obliteration of the Goddess from religion, religious texts and teachings.

It became clear to us at the Temple that by offering ceremonies exclusively run by female healers -curanderas (working with Mother Ayahuasca, connecting to Mother Earth) that we would be connecting with Divine Feminine Energy. We believe that the spiritual awakening that we see all over the planet is an effect of the Divine Feminine being reborn in each of us again. As we were each starved from the Divine Feminine energy, it is now being craved from every angle.

Divine feminine energy is comprised of qualities such as love, understanding, compassion, nurturing, and helpfulness to others. It includes tenderness; gentleness, kindness and these are the qualities that we help you to reconnect with and are the true nature of the female.

Many will find no problem with this type of statement. They might even find it empowering. The problem that many gender scholars (Butler, 1990) would point out is that, despite its good intentions, this kind of discourse perpetuates stereotypes of gender dualism and promotes an essentialist gender discourse. In addition, it makes certain assumptions about the nature of indigenous shamanism that are overly simplistic. Feminist anthropologists (Geller and Stockett, 2006) have discarded dualisms of gender and have moved to more nuanced analyses.

Indigenous gender discourse seems to offer that nuance. First, as was already mentioned, the ayahuasca brew consists of at least two plants with differently perceived gendered spirits, ayahuasca (a vine with a male spirit) and chacruna (a shrub with a female spirit). This reflects the findings of researchers such as Bustos (2008) who mentions that the ayahuasca spirit is perceived by the Asháninka as male and the spirit of chacruna as female. The fact that both plants are needed for the powerful visionary effects of the brew suggests gender complementarity. Furthermore, it would be simplistic, and would impose Western frameworks on indigenous worldviews, to assume that because women were not as central in Amazonian shamanism, they were less valued. Firstly, the presence of women in shamanism might have been underestimated in the literature, as Colpron (2005) has argued, and several scholars (McCallum, 2001; Overing, 1984; Santos-Granero, 1986) have shown that Amazonian cultures have a division of labor based on egalitarian complementarity.

Western intellectual thought's association of "nature" with femininity is linked to women's marginalization and classification as second or lesser to men (Ortner, 1972). Women have been defined in opposition to men and much like nature have been perceived as something to be conquered and dominated by "man." However, the discourse that views ayahuasca as a solely feminine spirit promotes an unrealistic view of indigenous knowledge and worldview. Although it attempts to reverse essentialist gender discourse and bring "feminine" qualities into the mainstream by perceiving them as positive, it risks perpetuating the same essentialist discourses and creates the

danger of further marginalization of indigenous knowledge as well as the feminine that it desires to elevate. Certain ways of gendering the spirit world, as the case of ayahuasca shows, perpetuate ideologies of separate gender spheres and the obvious power relations between them.

Along the lines of this feminization of ayahuasca as well as the previously discussed craving to restore balance among contemporary partakers of sacred plants, is a more recent development that Fotiou observed in 2014 in the Peruvian Amazon. A shaman often guides what he calls "Luna y Sol" (Moon and Sun) ceremonies. They consist of an ayahuasca ceremony in the evening, which is followed by a San Pedro ceremony on the next day (after a few hours of rest). In this case ayahuasca is perceived to be feminine and San Pedro masculine. The goal is said to be "restoring balance" by bringing together the feminine and the masculine, the day and the night, the moon and the sun, the positive and the negative (Fotiau, unpublished manuscript).

This and other trends discussed earlier in the article indicate a clear movement toward gender complementarity. However, given the fact that the ayahuasca brew consists of at least two plants that create the synergistic effect, and that without the presence of both the brew would not be effective, it is safe to assume that an approach that focuses more on the *complementarity* of genders embedded within the ayahuasca brew itself would be closer to the indigenous worldview—something that has been adequately argued for Andean cultures. Even though women did not participate in ayahuasca ceremonies or become shamans in most Amazonian cultures, this should not immediately lead to conclusions about women being the "second sex." Looking more closely at Amazonian ethnographies shows that even the symbolism, myths, and rituals that separate female and male spheres actually reinforce the idea that men and women cannot exist without one another, but rather complement each other, much like the evidence from ancient cultures discussed earlier in the article. Thus, Fotiou proposes a more nuanced interpretation, which does not only focus on the female component of the ayahuasca brew but on the complementarity of the two plant spirits, which will reveal not only the wisdom and complexity of indigenous knowledge and medicine, but will provide with a more radical view of gender unity and equity that challenges the dualistic paradigm that has dominated gender discourse in the West.

Conclusions

Although one can find similar legends, architecture and ceremonial icons throughout the planet, it appears that Latin America has a specific focus on gender and its relationship to nature. This is supported by the increasing numbers of people from Asia, Europe, Middle East, North American and Scandinavian nations traveling to Peru and nearby countries to partake in Ayahuasca ceremonies (Campos, 2011; Grunwell, 1998). These people report a sense of being called by “la medicina” (the medicine), as ayahuasca is often called. For many people, these ceremonies hold the potential for materializing much-needed gender balance and gender healing as Mother Earth is communicating directly through her plants.

Many young Latin Americans, both male and female, are equally participating in ceremonies and also creating sustainable ways of living in balance with nature. For example, approximately 500 representatives from various Latin American nations travel annually to a large gathering that takes place annually in Colombia to share knowledge of sustainable building and gardening and to join in ceremonies during that time. Jorge Calero, a primary leader in these endeavors explains that the goal is to preserve “the integrity of Mother Earth on their lands” (Calero, personal communication, March 7, 2015).

As increasing numbers of people espouse new ways of living—ways that include gender equity—turning to indigenous ways of knowing becomes more central. This could be why increasing numbers of people around the world are ingesting the sacred plants of Latin America. The craving of gender balance is reflected in contemporary ceremonies that combine ayahuasca and San Pedro, among other trends. As people are seeking guidance from the spirits, many propose (Grob, 2011; Mijares, 2015) that perhaps Pachamama is guiding them in some mysterious way to re-discover the power of the earth and the ancient feminine—and to reunite heaven and earth on cellular/biological and spiritual levels.

The evidence discussed in this article indicates a movement toward gender complementarity among contemporary partakers of sacred plants. This makes it even more imperative to acknowledge the wisdom of the indigenous cultures from which Westerners have borrowed the use of sacred plants in order to avoid projecting Western biases and to facilitate learning from these previously marginalized ways of knowledge.

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Experiencias Cercanas a la Muerte y Sintomatología Postraumática en una Muestra de Consumidores de Ketamina

Near Death Experiences and Post-traumatic Symptomatology in a Sample of Ketamine Users

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Resumen

La ketamina es un anestésico disociativo que es utilizado de manera recreativa por su capacidad para inducir estados alterados de conciencia a dosis subanestésicas. Diferentes estudios han encontrado que, en el plano subjetivo, las experiencias con ketamina pueden tener cierta similitud con las Experiencias Cercanas a la Muerte (ECM), de ahí su interés como objeto de estudio para el campo de la Psicología Transpersonal. La experiencia con ketamina y las ECM comparten un efecto disociativo y mecanismos neurobiológicos que pueden estar en la base de su similitud fenomenológica. En este estudio se ha administrado la Escala de Experiencias Cercanas a la Muerte (EECM) y la Escala Revisada del Impacto del Estrés (IES-R) a personas que han tenido experiencias con ketamina (n=54) para explorar, primero, la eventual similitud entre la experiencia con ketamina y las ECM, y, segundo, si existe similitud también en cuanto a aparición de secuelas postraumáticas que pueden ser secundarias a la vivencia de una experiencia disociativa. El 79,6% de los participantes cumplió los criterios de ECM y el 9,3% cumplió criterios de sintomatología postraumática. La mayoría de los sujetos calificaron la experiencia como positiva y agradable. Se concluye que la experiencia con ketamina parece imitar bastante bien las ECM pero se necesitan estudios en contextos controlados que confirmen los resultados encontrados en este estudio preliminar.

Palabras clave: ketamina, Experiencias cercanas a la Muerte (ECM), Trastorno de Estrés Postraumático (TEPT).

Abstract

Ketamine is a dissociative anesthetic used recreationally for its ability to induce altered states of consciousness in sub-anesthetic doses. Different studies have found that experiences with ketamine may have some similarity with the near-death experiences (NDE) on the subjective level; hence its interest as an object of study to the field of Transpersonal Psychology. Experience with ketamine and NDE share a dissociative effect, as well as and neurobiological mechanisms that may be underlying their phenomenological similarity. In this study, the Near Death Experience Scale (NDES) and the Impact of Event Scale- Revised (IES-R) have been administered to people who have had experiences with ketamine (n = 54) in order to explore: first, the possible similarity between the experience with ketamine and NDEs, and second, if there is a similarity also in terms of occurrence of posttraumatic effects that may be secondary to the experience of a dissociative experience. 79.6% of participants met the criteria for NDEs and 9.3% met criteria for post-traumatic symptoms. Most subjects rated the experience as positive and enjoyable. We conclude that ketamine experience seems to mimic the NDE pretty well; but studies in controlled contexts that confirm the results found in this preliminary study are needed.

Keywords: ketamine, Near-Death Experiences (NDE), Post-traumatic Stress Disorder (PTSD).

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Introducción

La Psicología Transpersonal ha mostrado interés por estudiar el fenómeno de las Experiencias Cercanas a la Muerte (ECM) desde hace décadas, debido a su capacidad para inducir experiencias positivamente transformadoras en muchas personas que las atraviesan (Fracasso, Greyson y Friedman, 2013). Diversos estudios han descrito el potencial de la ketamina para inducir esta clase de experiencias (Becker, 2014). El presente artículo presenta los resultados de un estudio que explora la relación entre consumo de ketamina y su posible inducción de ECM.

La ketamina (conocida popularmente como “K”, “keta”, “special K”, “vitamina K”, etc.) es una droga de síntesis con efectos anestésicos descubierta en 1962. Posteriormente a su descubrimiento se conocieron sus propiedades psicoactivas a dosis subanestésicas y su potencial recreativo, y se acuñó el término de “anestésico disociativo” para referirse a sus efectos a dosis subanestésicas (Corssen y Domino, 1966). Fue ampliamente utilizada durante la guerra de Vietnam, donde se pusieron a prueba masivamente sus propiedades médicas (Domino, 2010). Hoy la ketamina se utiliza profusamente en países en vías de desarrollo y en conflictos armados, tanto por su bajo precio, como porque se trata de un anestésico fisiológicamente muy seguro ya que no deprime el sistema cardiorrespiratorio (Chen y Malek, 2015). Otros usos hoy día de la ketamina son en clínica pediátrica y geriátrica, así como en el tratamiento del dolor crónico y agudo (sobre todo en quemados), normalmente en combinación con benzodiazepinas para reducir la ocurrencia de experiencias psicológicas adversas (Pai y Heining, 2007) denominadas “fenómenos de emergencia”, que no son otra cosa que el estado alterado peculiar de conciencia que produce la ketamina y que son precisamente los efectos buscados por el consumidor recreativo (Hidalgo, 2002; 2008). También se está investigando cada día más su potencial antidepressivo en el tratamiento de las ideas de suicidio y en el de la depresión mayor (Caddy, Giaroli, White, Shergill y Tracy, 2014). En el pasado también se utilizó en Rusia como tratamiento coadyuvante de la psicoterapia para las drogodependencias (Ross, 2008), pero en 2002 el gobierno ruso la incluyó en una lista de drogas cuya utilización está prohibida en personas con problemas de toxicomanías, quedando desde entonces interrumpido este tipo de uso (Krupitsky, 2003). Por otro lado, debido a que en algunos países, como en los Estados Unidos, la ketamina puede utilizarse fuera de indicación, algunos psiquiatras la utilizan en personas con

enfermedades terminales para inducirles una ECM que les permitan afrontar mejor sus procesos terminales (Kolp et al., 2007).

La ketamina no se encuentra en los listados de fiscalización de drogas de Naciones Unidas (NU), aunque en una reciente reunión de la Comisión sobre Narcóticos de NU, China solicitó primero su inclusión en la lista I (la lista más restrictiva) y posteriormente rectificó para que se incluyera en la IV (la menos restrictiva). Finalmente, la Comisión decidió posponer la decisión hasta que se tengan más datos sobre el potencial de abuso de la ketamina (Scholten, 2015). La ketamina sí está fiscalizada en algunos países como es el caso de los Estados Unidos (lista III), Reino Unido (lista B) o Canadá (lista I).

La ketamina es un antagonista de los receptores NMDA (N-Metil-D-Aspartato) del sistema glutamatérgico. Esto implica un mecanismo de acción dual que hace que la ketamina pueda ser neurotóxica, dependiendo de la dosis y frecuencia de exposición, o neuroprotectora, cuando se administra tras un accidente con afectación del sistema nervioso central (Yan y Jiang, 2014). Cuando ocurre un accidente cerebral, la ketamina puede inhibir la inflamación cerebral mediante el bloqueo de la acción que ejerce el glutamato liberado en el accidente sobre los receptores NMDA, evitando así la excitotoxicidad. El psiquiatra Karl Jansen especula que posiblemente cuando se produce una ECM, el fenómeno psicológico asociado pueda deberse a que se libere algún tipo de sustancia endógena (aún desconocida) similar a la ketamina que se acople a los receptores NMDA, evitando así que se produzca excitotoxicidad pero produciendo a la vez una ECM (Jansen, 1997). Recientemente se ha descubierto que, efectivamente, existe una sustancia endógena que bloquea el receptor NMDA, concretamente el N-Acetil Aspartil-Glutamato (NAAG) (Bergeron y Coyle, 2012), si bien se desconoce si el NAAG se libera en circunstancias de excitotoxicidad ni cuáles son, de tenerlos, sus efectos psicoactivos. Luego aún está por demostrarse que sea la NAAG la sustancia endógena propuesta por Jansen.

Jansen ha sido también quien más ha estudiado las similitudes entre los efectos de las dosis subanestésicas de ketamina y las ECM, concluyendo que la ketamina puede reproducir todas las características que comúnmente se asocian con las ECM: sentimientos de paz y alegría, un sentido de desapego del cuerpo, entrar en un mundo de transición de la oscuridad (movimientos rápidos a través de túneles: 'la experiencia del túnel'), emerger en la luz brillante, y 'entrar en la luz'. (Jansen, 1996). De hecho, las

ECM suponen un fenómeno disociativo (Greyson, 2000) en el que parece que hay acción sobre los receptores NMDA (Corazza, Assi y Schifano, 2013). En un plano de efectos subjetivos este posible paralelismo entre la experiencia con ketamina y las ECM solo se ha estudiado por medio de relatos verbales y/o escritos de personas que han tenido ambos tipos de experiencias, incluido el propio Dr. Jansen (Jansen 1996; 2000).

Existen bastantes estudios clínicos en los que se han explorado los efectos psicológicos de la ketamina utilizando tanto pruebas de tipo psiquiátrico, como cuestionarios de autoinforme sobre efectos subjetivos, así como estudios de neuroimagen. Un estudio realizado con consumidores recreativos de ketamina encontró que estos efectos más buscados por dos tercios de los usuarios entrevistados fueron "disolverse en el entorno", "alucinaciones visuales", "experiencias de fuera del cuerpo" y "risa tonta" (Muetzelfeldt, 2008). La ketamina parece imitar los síntomas negativos de la esquizofrenia (Gouzoulis-Mayfrank et al., 2005), y modifica las subescalas de cuestionarios sobre efectos subjetivos de los alucinógenos (Bowdle et al., 1998), así como otras variables psicopatológicas y neuropsicológicas (Passie, Karst, Wiese, Emrich y Schneider, 2005). También se ha visto que produce hiperfrontalidad (aumento del flujo sanguíneo cerebral en áreas frontales) (Vollenweider et al., 1997), e incrementa la conectividad neuronal en el córtex prefrontal y el tálamo (Dawson, McDonald, Higham, Morris y Pratt, 2014). Por último, dos estudios basados en encuestas han referido la existencia de fenómenos de fuera del cuerpo en consumidores de ketamina (Wilkins, Girard y Cheyne, 2011, 2012). Hasta donde sabemos, nunca se ha utilizado en este tipo de estudios una escala que valore la presencia e intensidad de la posible aparición de una ECM.

Por otra parte, aunque las ECM pueden producir un cambio general positivo y duradero en las personas que las atraviesan, no todas las ECM son experimentadas positivamente, habiendo personas que las han encontrado aterradoras e incluso infernales (Griffith, 2009), algo que también puede ocurrir cuando se toman dosis altas de ketamina (Haroche, 2014) y cuyo fenómeno se conoce en jerga como "k-hole" (Hidalgo, 2008). También se sabe que existe una estrecha relación entre la experimentación de procesos disociativos y la posible aparición de síntomas postraumáticos (Gershuny y Thayer, 1999). Esta relación entre ambos fenómenos ha llevado a pensar a algunos investigadores que el atravesar por una ECM podría suponer un evento de riesgo para desarrollar sintomatología postraumática (Civilotti et al.,

2015). Greyson (2001) realizó un estudio basado en encuestas utilizando un cuestionario para valorar ECM (Greyson, 1983) y su posible inducción de síntomas postraumáticos (utilizando la Escala del Impacto del Evento. Horowitz, Wilner y Alvarez (1979), encontrando que la mayoría de las personas que habían atravesado por una ECM no presentaban sintomatología postraumática. Sin embargo, algunos encuestados sí lo hacían, aunque sus respuestas no se correspondían con la intensidad del malestar o del trastorno que experimentan las personas con Trastorno de Estrés Postraumático (TEPT). Entre las personas que presentaron sintomatología postraumática, el perfil de sintomatología se correspondía más con síntomas de memorias intrusivas y no tanto con síntomas de importancia del tipo de evitación de recuerdos. El autor de este estudio concluye que este patrón de respuesta postraumática como consecuencia de una experiencia disociativa es de menor intensidad y prevalencia con relación a otro tipo de experiencias disociativas, probablemente debido a los componentes de efectos positivos que acompañan generalmente a las ECM (Greyson, 2001).

En este estudio se han tratado de obtener evidencias preliminares acerca de la posible relación a nivel de efectos subjetivos entre las experiencias con ketamina y las ECM. Como la ketamina produce experiencias de tipo disociativo, también se exploran las posibles relaciones entre el consumo de ketamina y la posible aparición de sintomatología postraumática.

Método

Muestra

Para el reclutamiento de los voluntarios se publicó un anuncio en dos listas de correo hoy extintas pidiendo voluntarios que hubieran experimentado al menos una vez con ketamina para participar en un estudio observacional sobre los efectos de la sustancia: una lista de correo de la asociación Energy Control, que agrupaba a consumidores recreativos de drogas y personas interesadas en la reducción de riesgos del consumo de drogas en el ámbito recreativo; y otra de la Sociedad de Etnopsicología Aplicada y Estudios Cognitivos (Sd'EA), que agrupaba personas interesadas por el desarrollo personal y el potencial humano. Ninguna de estas asociaciones promueve el consumo de sustancias pero entre los participantes de sus listas de correo se encontraban personas que utilizaban sustancias con diferentes y

variados fines. A los voluntarios no se les explicó que el objetivo del estudio era estudiar las posibles relaciones entre la experiencia con ketamina y las experiencias cercanas a la muerte, así como tampoco su posible relación con síntomas postraumáticos, para evitar sesgar sus respuestas. Simplemente se les informó de que los investigadores estaban interesados en conocer más en profundidad tanto los efectos subjetivos de la experiencia con ketamina, como la posible aparición de efectos adversos a largo plazo (ver Anexo 1 en el que se presenta el cuadernillo que se les envió a los voluntarios).

Para garantizar la confidencialidad de los datos y el anonimato de los voluntarios, a aquellas personas que respondieron al anuncio por correo electrónico aceptando participar en el estudio se les pidió su dirección postal para enviarles el cuadernillo de preguntas. A cada voluntario se le envió por correo postal un sobre conteniendo el cuadernillo de preguntas, un sobre y un sello para que, una vez rellenado el cuestionario, lo remitieran a los investigadores, también por correo postal, con la instrucción de que dejaran en blanco el espacio destinado a la identificación del remitente. Una vez enviados los cuestionarios, los correos electrónicos de los voluntarios se eliminaron de la cuenta de correo de los investigadores para que no quedara ningún registro respecto a la posible identidad e identificación de los sujetos. También se destruyeron todos los sobres recibidos.

El estudio se realizó de acuerdo con los principios éticos de la declaración de Helsinki, modificado en la declaración de Edimburgo de 2000, y con sus sucesivas actualizaciones.

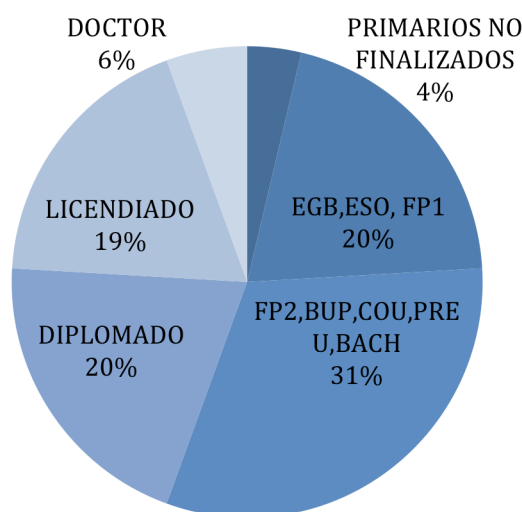
Cuestionarios

Cuestionario de Información General. Es un cuestionario elaborado por los investigadores para recoger información de tipo sociodemográfico, así como patrones de consumo de ketamina y valoración general de la experiencia. Las preguntas de este cuestionario incluyen edad, sexo, nacionalidad, nivel de estudios, consumo de ketamina por primera y última vez, historia de consumo de otras sustancias, número aproximado de veces en las que se ha consumido ketamina, vías de administración, número aproximado de veces por cada posible vía y dosis consumida para cada una de ellas, contextos de consumo y valoración subjetiva sobre la influencia del consumo de ketamina en la vida de los sujetos.

Escala de Experiencias Cercanas a la Muerte (EECM –The Near-Death Experience Scale, en su original en inglés) (Greyson, 1983). Se trata de una escala de autoinforme para valorar y cuantificar la presencia de ECM. Está compuesta por 16 ítems que se responden cada uno de ellos con una opción de 3 respuestas que van del 0 (no efecto) al 2 (máximo efecto). Los 16 ítems del cuestionario componen 4 subescalas formadas por 4 ítems cada una: Procesos Cognitivos (p. ej. “¿Te pareció que el tiempo se aceleraba?”), Procesos Afectivos (p. ej. “¿Experimentaste una sensación de paz o de gratitud?”), Procesos supuestamente Paranormales (p. ej. “¿Eran tus percepciones más vívidas de lo habitual?”) y Experiencias de Trascendencia (p. ej. “¿Te pareció entrar en otro mundo, un mundo ultraterreno?”). Se considera que una puntuación de 7 o más en la puntuación total de la escala es indicativo de haber experimentado una ECM. La EECM ha sido extensamente utilizada en estudios científicos sobre experiencias cercanas a la muerte. No tenemos constancia de que exista una versión en lengua española de esta escala. La versión que se ha utilizado ha sido adaptada al español por los investigadores para ser específicamente utilizada en este estudio. No se realizó una traducción cruzada de la escala ya que se optó por una traducción directa basada en el conocimiento de los conceptos clínicos a los que el cuestionario hace referencia. Dos psicólogos clínicos con dominio del inglés tradujeron la escala al español tratando de reflejar lo más fielmente posible el sentido original de los conceptos a los que el cuestionario hace referencia.

Escala Revisada del Impacto del Estresor (IES-R) (The Impact of Event Scale–Revised, en su original en inglés) (Wells y Marmar, 1997). Se trata de una escala de autoinforme para evaluar malestar emocional referido a síntomas de ansiedad ajustados a criterios diagnósticos del trastorno de estrés postraumático (TEPT). El IES-R no permite establecer un diagnóstico de TEPT, sino que mide la presencia e intensidad de sintomatología postraumática. Consta de 22 ítems agrupados en 3 dimensiones: Intrusión (7 ítems; p. ej. “Me han venido a la mente imágenes sobre lo sucedido”), Hiperactivación (7 ítems; p. ej. “He estado nervioso/a y me he sobresaltado fácilmente”) y Evitación (8 ítems; p. ej. “He sentido como si no hubiera ocurrido o no fuera real”). Cada ítem se puntúa de acuerdo a una escala tipo Likert que va de 0 (“En absoluto”) a 4 (“Muchísimo”). A mayor puntuación mayor intensidad de los síntomas. El punto de corte de la

Figura 1. Distribución de la muestra por nivel educativo



escala en la IES-R está establecido en 24/25 si se utiliza como criterio externo una entrevista psiquiátrica para evaluar sintomatología de estrés postraumático, o en 33 utilizando como criterio externo otro autoinforme que evalúe sintomatología de estrés postraumático (Costa y Gil, 2007). El punto de corte utilizado en este estudio ha sido 22, de acuerdo a un reciente estudio sobre TEPT en población usuaria de sustancias (Rash, Coffey, Baschnagel, Drobos y Saladind, 2008). Se utilizó la versión del IES-R validada para población española por Báguena et al. (2001).

Análisis estadísticos

Para el análisis de las variables del Cuestionario de Información General se realizó estadística descriptiva. Para los cuestionarios EECM e IES-R, se calculó la media y la desviación típica para cada subescala y para la puntuación total para el total de la muestra. Para cada subescala de los dos cuestionarios se realizaron comparaciones de medias entre los sujetos que habían superado los puntos de corte y los que no, con el objetivo de conocer si los efectos producidos por la ketamina se reflejaban en alguna subescala en concreto. También se compararon las puntuaciones entre hombres y mujeres, tanto para la muestra total, como para las submuestras que estaban por encima de los puntos de corte de cada cuestionario. Para la comparación de medias se utilizó la prueba t de Student. Cuando las submuestras no cumplían los criterios para utilizar la t de Student, se utilizó la prueba de Chi cuadrado. Por último, se realizaron correlaciones

de Pearson entre las puntuaciones en el ECCM y el IES-R para los sujetos que superaron el punto de corte en el IES-R con la intención de explorar las relaciones entre los efectos agudos de la ketamina y los posibles efectos secundarios a largo plazo.

Resultados

Información Sociodemográfica

La muestra estuvo compuesta por un total de 54 sujetos, 32 hombres (59,3%) y 22 mujeres (40,7%), de edades comprendidas entre los 19 y los 50 años ($X=29,2$; $S.D.=7$). El 94,4% de los participantes eran de nacionalidad española, mientras que el restante 5,6% corresponde a nacionalidades argentina ($n=1$), italiana ($n=1$) y alemana ($n=1$). Estos 2 últimos sujetos hablaban con fluidez español ya que estaban viviendo en España desde su niñez. En la figura 1 se muestra la distribución de la muestra en función del nivel educativo.

La muestra estaba compuesta por sujetos con una larga experiencia en el consumo de sustancias psicoactivas. Todos los sujetos tenían experiencia en el consumo de diferentes drogas, entre las que se encontraban, aparte de alcohol, tabaco y xantinas: éxtasis y derivados (MDMA, MDA, MDE) (90,74%), cocaína (83,34% de la muestra), LSD (81,48%), cannabis (68,5%), hongos psilocibios (64,81%), opiáceos (heroína, opio, metadona) (64,81%), anfetaminas (64,81%), 2C-B y análogos (2C-I, 2C-D, 2C-T7, DOB) (38,89%), *Salvia divinorum* (33,4%), poppers (22,2%), GHB

Tabla 1. Medias (X) y desviaciones típicas (S.D.) para la EECM.

	Total (n=54)	Hombres (n=32)	Mujeres (n=22)	ECM>7 (n=43)	ECM<7 (n=11)	ECM>7-H (n=28)	ECM>7-M (n=26)
Cognitivo	3,16 (2,27)	3,31 (2,04)	2,95 (2,62)	3,79 (2,06)	0,72 (1,10)	3,88 (1,70)	3,64 (2,57)
Afectivo	3,98 (2,11)	3,81 (2,26)	4,22 (1,95)	4,65 (1,73)	1,36 (1,28)	4,53 (1,79)	4,82 (1,66)
Paranormal	3 (1,8)	2,9 (1,57)	3,13 (2,09)	3,44 (1,70)	1,27 (0,90)	3,30 (1,46)	3,64 (2,05)
Trascendente	2,53 (2,16)	2,4 (1,77)	2,72 (2,56)	3,06 (2,09)	0,45 (0,52)	2,80 (1,83)	3,47 (2,45)
Total	12,68 (6,06)	12,43 (5,98)	13,04 (6,38)	14,95 (4,48)	3,81 (1,40)	14,53 (4,31)	15,58 (4,78)

(13%), benzodiacepinas (12,96%), DMT y otras triptaminas (7,4%), daturas/belladona (7,37%), barbitúricos (3,72%), efedrina (3,71%), *Amanita muscaria* (1,86%), *kava kava* (1,86), e ipomeas (1,86).

Con relación a la experiencia en el consumo de ketamina, la diferencia entre el último y el primer consumo realizados fue de 38,74 meses de media (Rango: 0-143), con una media de consumos estimados de 801,1 (rango: 1 y 20.000). Quince (27,77%) sujetos utilizaron la vía oral, 49 (90,74%) la vía intranasal, 17 (31,48%) la vía intramuscular, 3 “otras” (5,55%) (1 utilizó la vía subcutánea y 2 la intravenosa); 22 (40,74%) sujetos refirieron haber experimentado por diferentes vías de administración. Los rangos de dosis ingeridas en función de las vías de administración están entre los 100 y los 500 mg para la vía oral, entre 30 y 125 mg para la vía esnifada, y entre 30 y 125 mg para la vía intramuscular. De los dos sujetos que refirieron haber utilizado la vía intravenosa, uno de ellos refirió la dosis (15 mg) y el otro no refirió dosis. Veinticuatro (44,44%) sujetos desconocían las dosis autoadministradas. Todos los sujetos habían tomado al menos una vez ketamina sin haberla mezclado con otras drogas. El tiempo medio desde que realizaron el último consumo de ketamina y la cumplimentación del cuestionario fue de 10,18 meses (Rango: 0,13-72).

Contextos de consumo, vías de administración y valoración subjetiva de las experiencias con ketamina.

De los 54 sujetos que respondieron a los cuestionarios, 48 (88,88%) consumieron ketamina en un contexto psiconáutico o de “exploración interior” (Jünger, 2000), 41 (75,92%) en un contexto de fiesta, 1 sujeto (1,86%) en un contexto

quirúrgico, 1 (1,86%) en un contexto terapéutico y en “otros” contextos lo consumieron 5 (9,3%) sujetos. Treinta y ocho (70,37%) sujetos refirieron haber tomado ketamina en más de un contexto diferente.

Respecto a la pregunta de “¿Cómo piensas que ha influido el consumo de ketamina en tu vida?”, 12 (22,22%) contestaron “Muy positivamente”; 30 (55,55%) contestaron “Positivamente”; 11 (20,37%) respondieron que “No ha influido”; 1 (1,86%) respondió “Negativamente”. Ningún participante respondió afirmativamente a “Muy negativamente”.

Por último, 24 (44,44%) refirieron que sus experiencias con ketamina, “en general”, les “han gustado mucho”, 23 (42,59%) les “han gustado bastante”, 4 (7,4%) les “han gustado un poco”, 1 (1,86%) le “ha dejado indiferente”, 3 (3,72%) les “han disgustado un poco”, y ningún voluntario refirió haberles “disgustado bastante” o haberles “disgustado mucho”.

Cuestionarios psicométricos

Escala de Experiencias Cercanas a la Muerte (EECM). Las medias y desviaciones típicas de las puntuaciones alcanzadas en la EECM tanto para la muestra total como para la muestra dividida en función del punto de corte y en función del género, se muestran en la Tabla 1.

La puntuación media para el grupo fue de 12,68. Cuarenta y tres sujetos (79,6%) obtuvieron una puntuación de 7 o más en la EECM. No se encontraron diferencias en función del género ni para la muestra total, ni para la submuestra que estaba por encima del punto de corte. Se encontraron diferencias significativas en todas las subescalas entre la submuestra que estaba por encima del punto de corte y la que no.

Tabla 2. Medias (X) y desviaciones típicas (S.D.) para la IES-R.

	Total (N= 54)	Hombres (n=32)	Mujeres (n=22)	TEPT>22 (n=5)	TEPT<22 (n=49)	TEPT> 22- H (n=2)	TEPT> 22-M (n=3)
Evitación	2,37 (2,95)	2,31 (2,76)	2,57 (3,31)	6,8 (2,77)	1,91 (2,59)	8,5 (2,12)	5,66 (2,08)
Intrusión	3,66 (4,13)	3,81 (4,39)	3,33 (3,86)	12 (5,14)	2,81 (2,94)	16,5 (4,94)	9 (4,35)
Hiperactivación	2,74 (3,85)	2,68 (3,64)	2,95 (4,29)	10 (3,08)	2 (3,09)	7,5 (12,02)	11,66 (1,52)
Total	8,77 (9,08)	8,81 (9,13)	8,85 (9,43)	28,8 (5,89)	6,73 (6,50)	32,5 (19,79)	26,33 (5,13)

Escala Revisada del Impacto del Evento Estresante (IES-R). Las medias y desviaciones típicas de las puntuaciones alcanzadas en la IES-R tanto para la muestra total como para la muestra dividida en función del punto de corte y en función del género, se muestran en la Tabla 2.

La puntuación media para el grupo fue de 8,77. Cinco sujetos (9,3%) alcanzaron la puntuación de 22 o más en el cuestionario. No se encontraron diferencias en función del género ni para la muestra total, ni para la submuestra que estaba por encima del punto de corte. A pesar de no haber diferencias en género para ninguna de las subescalas del IES ni para la muestra total entre hombres y mujeres con una puntuación igual o superior de 22, se encontró que los hombres puntuaron 7,5 puntos más que las mujeres en Intrusión, 4 puntos menos en Hiperactivación y casi 6 más en la Puntuación Total. Se encontraron diferencias significativas en todas las subescalas entre la submuestra que estaba por encima del punto de corte y la que no.

3.3.3. *Relaciones y Correlaciones entre la EECM el IES-R*. Los 5 sujetos que superaron el punto de corte para el IES-R también tenían puntuaciones por encima del punto de corte para la EECM. Sin embargo, no se encontraron correlaciones significativas entre las diferentes subescalas del IES-R con las del EECM. Se encontró una tendencia a la significación ($r=0,867$; $p=0,057$) entre la puntuación total en el IES-R y la puntuación total en el EECM.

Discusión

En el presente estudio se ha pretendido explorar en una muestra de consumidores de ketamina los patrones y los contextos de uso, así como la valoración subjetiva sobre la influencia del consumo en la vida de los sujetos. También se ha explorado el posible efecto de la ketamina para

inducir Experiencias Cercanas a la Muerte. Debido al efecto disociativo de la ketamina, también se ha explorado la posible sintomatología postraumática a largo plazo asociada con el consumo de ketamina.

Nuestra muestra estaba compuesta por personas con alta experiencia tanto en el consumo de diferentes sustancias psicoactivas, como con alta experiencia en el consumo de ketamina, aunque en el momento de responder al cuestionario ningún sujeto estaba en consumo activo. De hecho, el tiempo medio transcurrido desde el último consumo de ketamina y la cumplimentación del cuestionario fue de 10 meses, lo que parece indicar que en nuestra muestra, a pesar de estar compuesta por consumidores experimentados de drogas, la ketamina no parece haber supuesto una sustancia que haya inducido problemas de dependencia.

Un porcentaje importante (40,74%) había experimentado con diferentes vías de administración. La principal vía de administración utilizada por los sujetos de la muestra fue la intranasal, seguida de la oral. La vía oral no es muy habitual en los contextos recreativos (Muetzelfeldt et al., 2008). Esta incidencia de sujetos que tomaron ketamina por vía oral es posible que se deba a que los sujetos provenían de diferentes fuentes de reclutamiento: una de ellas constituida más por personas orientadas al desarrollo personal (lista de correo de la Sd'EA) y otra más por el consumo recreativo (lista de correo de Energy Control). De hecho, más de la mitad de los sujetos de la muestra habían consumido ketamina tanto en contextos recreativos o “de fiesta”, como en contextos “psiconáuticos”, o de autoexploración mental (Jünger, 2000). El 70% de los sujetos refirieron haber tomado ketamina en más de un contexto diferente.

Respecto a la valoración subjetiva del consumo de ketamina con relación a su influencia sobre la vida de los sujetos, la mayoría de ellos la calificó como que había influido en su vida o muy positivamente o positivamente, respondiendo 1

sujeto que había influido negativamente y 11 (20,3%), que no había influido. También a la mayoría de la muestra el consumo de ketamina les había gustado mucho o bastante, habiendo solo 3 personas que refirieron haberles “disgustado un poco”. Este resultado es interesante porque a pesar del consumo intensivo de ketamina de la muestra no parece que los usuarios hayan dejado de consumir debido a los eventuales efectos negativos encontrados.

La puntuación media de la muestra en la escala de Experiencias Cercanas a la Muerte fue de 12,68 puntos, más de 5 puntos por encima del punto de corte establecido por Greyson. En la construcción de la EECM, la puntuación media de la muestra fue de 15 (Greyson, 1983), solo casi 3 puntos más que la puntuación media de nuestra muestra. Las puntuaciones para cada una de las subescalas fueron igualmente muy similares en nuestra muestra y en el estudio de validación de la EECM. En otro estudio en el que se exploraron las relaciones entre las ECM y las experiencias disociativas, la puntuación media del grupo que había experimentado ECM fue de 17 (Greyson, 2000). En otro estudio realizado en una unidad de cardiología, la puntuación media en las personas que puntuaron por encima del punto de corte en la EECM fue de 12 (Greyson, 2003). En nuestra muestra, la puntuación media en la EECM del subgrupo que superó el punto de corte fue de 14,95, una puntuación muy similar a las referidas en estudios con personas que atravesaron ECM. En este sentido, la experiencia con ketamina parece imitar bastante fielmente las ECM espontáneas.

Por otra parte, encontramos incidencia de sintomatología postraumática en casi un 10% de la muestra, como ocurrió en el único estudio en el que se exploró este aspecto en personas que habían atravesado una ECM (Greyson, 2001). Este fenómeno puede estar confirmando el hecho de que la aparición de sintomatología postraumática es secundaria a la ocurrencia de un episodio disociativo (Gershuny y Thayer, 1999). Concretamente, se ha encontrado una asociación entre la ocurrencia de sucesos peritraumáticos y alteraciones en los procesos de meta-memoria (esto es, la capacidad para hacer un relato de la experiencia que incluye tanto el pensar acerca de ella como ser capaz de narrarla) (Bedard-Gilligan y Zoellner, 2012; Kindt y van den Hout, 2003). Es sabido que la experiencia con ketamina produce alteraciones en la memoria episódica (la encargada de recordar eventos específicos) (Morgan, Mofeez, Brandner, Bromley y Curran, 2004), luego la sintomatología postraumática encontrada en una pequeña proporción de nuestra muestra puede estar mediada

por este efecto específico de la ketamina. Por otra parte, la relativamente baja incidencia de sintomatología postraumática en nuestra muestra puede deberse a los efectos positivos que induce la ketamina, aparte de que los sujetos de este estudio buscaron activamente el tener la experiencia, a diferencia de lo que ocurre en las ECM, donde también, sin embargo, la incidencia de sintomatología postraumática es baja quizás debido también a que la ECM suele experimentarse como algo placentero. De hecho, solo 1 sujeto refirió que su consumo de ketamina le había influido “negativamente” en su vida. En nuestro estudio no se encontró que hubiera una subdimensión ni de la EECM ni de la IES-R que sobresaliera sobre el resto y que pudiera estar mediando el efecto global de la sustancia ni en el plano agudo, ni en el de efectos secundarios a largo plazo. Si bien, sí encontramos que las puntuaciones en Intrusión y en Hiperactivación eran más altas que para Evitación. Además, separando la muestra entre hombres y mujeres, encontramos unas puntuaciones más altas para Intrusión en la submuestras de hombres y en Hiperactivación en la de mujeres. Si bien estas diferencias no son estadísticamente significativas, desde un punto de vista clínico pueden estar indicando un perfil diferente en cuanto a posible desarrollo de sintomatología postraumática entre hombres y mujeres cuando una ECM ha tenido un resultado con impacto negativo. En el estudio de Greyson (2001) las personas con sintomatología postraumática también puntuaban diferencialmente más alto en Intrusión que en el resto de subescalas, aunque en este estudio no se hicieron análisis en función del género. Futuros estudios con muestras más amplias deberían explorar más en profundidad este aspecto.

Tampoco encontramos correlaciones entre las puntuaciones de las subescalas de los dos cuestionarios, aunque sí hubo una tendencia a la significación entre las puntuaciones totales en el IES-R y la EECM en aquellos sujetos que estuvieron por encima del punto de corte para el IES-R, lo cual puede estar indicando que existe cierta relación entre la intensidad total de la ECM inducida por ketamina y el posible desarrollo de sintomatología postraumática en una pequeña proporción de usuarios de ketamina. Futuras investigaciones deberán explorar las causas por las que una minoría de personas que atraviesa por una ECM puede desarrollar sintomatología postraumática. En el estudio de Greyson (2000) se encontró que las personas que habían atravesado por una ECM tenían mayores episodios cotidianos de experiencias disociativas. Quizás hay aspectos de la personalidad que puedan predisponer a tener

experiencias disociativas y existe al menos un estudio en el que se ha encontrado esta relación (Simeon, Guralnik, Knutelska y Schmeider, 2002).

Este estudio tiene algunas limitaciones que hace que los resultados deban ser tomados como preliminares. Primero, aunque la condición de recuerdo es una estrategia habitual en el estudio de los efectos subjetivos de las drogas (Lamas, Farré, Llorente y Camí, 1994) y hay evidencias de que el recuerdo de las ECM no se distorsionan con el paso tiempo (Serdahely, 1991), nuestra muestra no era aleatoria y estaba compuesta por personas con una extensa historia de consumo de otras sustancias, por lo que los resultados encontrados aquí difícilmente son extrapolables a otras poblaciones. Segundo, casi la mitad de los sujetos desconocían las dosis que tomaron, por lo que fue imposible conocer si las ECM y las posibles secuelas postraumáticas inducidas por la ketamina son dosis dependientes. Tercero, la versión española del cuestionario de ECM de Greyson no ha sido sometida a análisis psicométricos, por lo que se desconoce su idoneidad para ser utilizado en población española. Por último, los ítems del IES-R pueden dar lugar a cierta ambigüedad, de tal forma que los sujetos lo hayan respondido no refiriéndolos a los posibles efectos derivados del uso de ketamina, sino a su situación actual sin que esta necesariamente tenga relación con aquellos. Futuros estudios deberán solventar estos problemas, administrando la escala a personas que han atravesado ECM y también a personas después de haber tomado ketamina, preferiblemente en estudios clínicos controlados. También se deberá administrar a personas tras haber sido administradas otras sustancias para comprobar la especificidad del instrumento antes de poder concluir que efectivamente la experiencia que induce la ketamina es similar a las ECM. Es necesario también conocer más en profundidad los procesos neurobiológicos subyacentes a una ECM.

En conclusión, de esta investigación se desprende que la ketamina es un fármaco que parece inducir bastante fielmente ECM medidas mediante instrumentos psicométricos. Futuros estudios controlados deberán confirmar nuestros resultados preliminares. Las implicaciones de este hecho permitirá conocer mejor las potencialidades terapéuticas de las ECM, así como las de su inducción experimental con fármacos como la ketamina. La ketamina ha sido utilizada para el tratamiento de las drogodependencias (Ross, 2008) y en personas con enfermedades terminales (Kolp et al., 2006) precisamente por su eventual potencial para inducir ECM. Por otra parte, hay evidencias de que las ECM pueden reducir el malestar

psicológico asociado con diferentes condiciones psicológicas (Greyson, 2003). Conocer más en profundidad el potencial de la ketamina para inducir ECM, así como sus posibles riesgos, permitirá perfeccionar la terapia asistida con ketamina.

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ANEXO 1: Carta de presentación y cuestionarios: de información general (nº1), de efectos subjetivos (nº2) y de efectos residuales (nº3).

Estimado colega,

Ante todo muchas gracias por tu amabilidad e interés en participar en este estudio que pretende evaluar algunos de los efectos subjetivos que pueden aparecer durante y/o tras las experiencias con ketamina. En este sobre tienes tres breves cuestionarios que debes rellenar asegurándote que no dejas ninguna respuesta en blanco. Es muy importante que elijas un momento tranquilo, para que puedas responder lo más fiablemente posible. No te llevará más de 20 minutos cumplimentar los tres cuestionarios:

- El primer cuestionario recoge información de tipo demográfico que me será muy útil para poder describir la “muestra” o “población” de participantes, es decir, las características generales de las personas que han participado en el estudio: edad, sexo, nivel educativo, etc.
- El segundo cuestionario recoge información sobre algunos de los efectos subjetivos que pueden aparecer durante la experiencia con ketamina. Verás que probablemente algunas preguntas no se refieren a efectos muy característicos de la ketamina ya que lo que nos interesa es saber si se dan otro tipo de efectos además de los más comunes.
- El tercer cuestionario recoge experiencias subjetivas que algunas personas pueden experimentar un tiempo después tras la experiencia con ketamina. Como verás, este cuestionario evalúa posibles efectos secundarios residuales. Igual que para el cuestionario anterior, a veces no son los efectos residuales más comunes, sino que buscamos algunos que pueden ser relativamente excepcionales.

Es importante que, tal y como se indica en las instrucciones de cada cuestionario concreto, tengas en cuenta que el segundo cuestionario se refiere a los efectos que se experimentan durante la experiencia con ketamina, mientras que el tercer cuestionario se refiere únicamente a si has experimentado alguna de esas posibles experiencias residuales durante los últimos siete días, independientemente del tiempo que haya transcurrido desde la última vez que has tomado ketamina (una semana, un mes, o varios años).

Por favor, cuando hayas cumplimentado los tres cuestionarios (nos vendría muy bien si lo hicieras en un plazo de 5-10 días máximo), introdúcelos en el sobre con sello que se adjunta en esta carta y envíanoslo por correo postal. Como ves, en el sobre aparece mi dirección por lo que no tienes que poner nada más, ni siquiera el remite. Si tienes alguna duda sobre los cuestionarios, no dudes en preguntármelo vía e-mail:

jcbouso@correo.cop.es

Muchas gracias por tu participación y recibe un cordial saludo,

Fdo: José Carlos Bouso.

CUESTIONARIO Nº 1: INFORMACIÓN GENERAL

(Marca con una X lo que corresponda; si te falta espacio para algún apartado puedes anotarlo en el reverso de la página correspondiente haciendo mención con un asterisco [*])

1. Edad: _____ años; 2. Sexo: Hombre Mujer

3. Nacionalidad _____

4. Estudios terminados:

E.G.B., 2º de la E.S.O., o equivalente

B.U.P., 2º de Bachillerato, o equivalente

Diplomado Universitario, o equivalente

Licenciado Universitario, o equivalente

Doctor

Otros (especificar):

5. ¿Cuándo consumiste ketamina por primera vez (aproximadamente)?:

6. ¿Cuándo consumiste ketamina por última vez (aproximadamente)?:

7. ¿Qué otras drogas has consumido y cuántas veces (aproximadamente)?

.....
.....

8. Número de veces que has consumido ketamina (aproximadamente) y vías de administración utilizadas. Si alguna vez la has mezclado con otras drogas, indica con cuáles y las veces:

Oral _____ veces

Esnifada _____ veces

Intramuscular _____ veces

Otras (especificar vía y número de veces por vía).....

.....

9. Dosis aproximadas en miligramos que has tomado por cada vía de administración. Si desconoces las dosis aproximadas consumidas no rellenes este apartado. Si algunas veces no has sabido las dosis pero otras veces sí, anota las veces que has conocido la dosis en la cantidad y vía de administración que le corresponda. Si has mezclado con otras drogas, anota con cuáles, las veces y las dosis:

Oral menos de 100 mg, _____ veces

entre 100 y 300 mg, _____ veces

entre 300 y 500 mg, _____ veces

más de 500 mg, _____ veces

- Esnifada menos de 30 mg, _____ veces
entre 30 y 75 mg, _____ veces
entre 75 y 125 mg, _____ veces
más de 125 mg, _____ veces

- Intramuscular menos de 30 mg, _____ veces
entre 30 y 50 mg, _____ veces
entre 50 y 100 mg, _____ veces
más de 100 mg, _____ veces

Otras (especificar dosis aproximadas y número de veces):

.....
.....

10. Setting (contextos y situaciones en las que has consumido ketamina):

- Psiconáutico (contexto tranquilo para la auto-experimentación) _____ veces
- Festivo (discotecas, raves o similares para la desinhibición) _____ veces
- Operación quirúrgica (indicar si se coadministró algún fármaco
.....) _____ veces
- Terapéutico (tratamiento continuado; indicar dosis, lugar/es en los que se tomó y si se
coadministraron otros fármacos) _____ veces
- Otros contextos (especificar cuáles).....
..... _____ veces

11. ¿Cómo piensas que ha influido el consumo de ketamina en tu vida?

- Muy positivamente
- Positivamente
- No ha influido
- Negativamente
- Muy negativamente

12. En general, tus experiencias con ketamina:

- | | |
|--|---|
| <input type="checkbox"/> Te han gustado mucho | <input type="checkbox"/> Te han disgustado un poco |
| <input type="checkbox"/> Te han gustado bastante | <input type="checkbox"/> Te han dejado indiferente |
| <input type="checkbox"/> Te han gustado un poco | <input type="checkbox"/> Te han disgustado bastante |
| | <input type="checkbox"/> Te han disgustado mucho |

CUESTIONARIO 2: EFECTOS SUBJETIVOS

INSTRUCCIONES

En este cuestionario se describen algunas experiencias subjetivas que pueden aparecer cuando se está bajo los efectos de la ketamina. De las 3 opciones posibles para cada pregunta, rodea con un círculo solamente una, la que más se corresponda con tu experiencia personal. No hay respuestas correctas o incorrectas, ni buenas o malas; simplemente trata de recordar con la mayor exactitud que te sea posible cuáles de los efectos que se mencionan has experimentado, aunque haya sido solamente en una única ocasión. Si en alguna pregunta concreta piensas que hay 2 respuestas posibles, elige la que más se corresponda con tu experiencia, aunque la decisión sea difícil de tomar. No es necesario que te tomes mucho tiempo para responder a cada pregunta, trata de hacerlo de una forma natural. Es muy posible que se dé el caso de que no todos los efectos los hayas experimentado en todas las tomas, o que unas veces hayan aparecido unos efectos y otras otros. No te preocupes por ello; simplemente responde a cada pregunta de acuerdo a tu experiencia aunque un efecto concreto solamente haya aparecido en una ocasión. Trata también de elegir la experiencia que mejor se aproxime a cada pregunta concreta, aunque no haya sido para ti la experiencia más importante. Asegúrate al finalizar que no te dejas ninguna pregunta sin responder.

1. ¿Te pareció que el tiempo se aceleraba?
 - a) Toda la experiencia pareció transcurrir al mismo tiempo
 - b) El tiempo pareció transcurrir más rápido de lo habitual
 - c) Ni una cosa ni otra

2. ¿Se aceleraron tus pensamientos?
 - a) Iban increíblemente rápido
 - b) Iban más rápido de lo habitual
 - c) Ni una cosa ni otra

3. ¿Reviviste escenas de tu pasado?
 - a) Pasaron por delante de mí escenas del pasado a toda velocidad, fuera de mi control
 - b) Recordé muchos sucesos del pasado
 - c) Ni una cosa ni otra

4. ¿Te pareció que súbitamente lo comprendías todo?
 - a) Lo comprendía todo sobre el universo

- b) Lo comprendía todo sobre mí mismo y sobre los demás
 - c) Ni una cosa ni otra
5. ¿Experimentaste una sensación de paz o de gratitud?
- a) Una sensación increíble de paz o de gratitud
 - b) De alivio o calma
 - c) Ni una cosa ni otra
6. ¿Experimentaste una sensación de gozo?
- a) De un gozo increíble
 - b) De felicidad
 - c) Ni una cosa ni otra
7. ¿Sentiste una sensación de armonía o de unidad con el universo?
- a) De unidad, me sentí fundido con el mundo
 - b) No sentí conflicto alguno con mi propia forma de ser
 - c) Ni una cosa ni otra
8. ¿Te viste o te sentiste rodeado por una luz brillante?
- a) Por una luz de origen claramente místico o como de otro mundo
 - b) Por una luz especialmente brillante
 - c) Ni una cosa ni otra
9. ¿Eran tus percepciones más vívidas de lo habitual?
- a) Eran increíblemente más vívidas de lo habitual
 - b) Eran más vívidas de lo habitual
 - c) Ni una cosa ni otra
10. ¿Te pareció que eras consciente de cosas que estaban ocurriendo en otro lugar, como si fueran percepciones extra-sensoriales?
- a) Sí, y los hechos luego fueron corroborados
 - b) Sí, pero los hechos no han podido ser aún corroborados
 - c) Ni una cosa ni otra
11. ¿Se te aparecieron en la mente escenas del futuro?
- a) Del mundo futuro
 - b) De mi futuro personal
 - c) Ni una cosa ni otra
12. ¿Te sentiste separado de tu cuerpo?
- a) Abandoné claramente mi cuerpo y existía fuera de él

- b) Dejé de ser consciente de mi cuerpo
 - c) Ni una cosa ni otra
13. ¿Te pareció entrar en otro mundo, un mundo ultraterreno?
- a) En un mundo claramente místico o ultraterreno
 - b) En un lugar extraño, poco familiar
 - c) Ni una cosa ni otra
14. ¿Te pareció encontrarte con un ser o presencia mística?
- a) Con un ser definido o con una voz de origen claramente místico o como de otro mundo
 - b) Con una voz no identificable
 - c) Ni una cosa ni otra
15. ¿Viste espíritus de personas fallecidas o figuras religiosas?
- a) Los ví
 - b) Sentí su presencia
 - c) Ni una cosa ni otra
16. ¿Tuviste la sensación de llegar a un límite o a un punto de no retorno?
- a) Llegué a una frontera que no se me permitió cruzar; o fui “devuelto” a la vida involuntariamente
 - b) Tomé la decisión consciente de “regresar” a la vida
 - c) Ni una cosa ni otra

CUESTIONARIO 3: EFECTOS RESIDUALES

INSTRUCCIONES

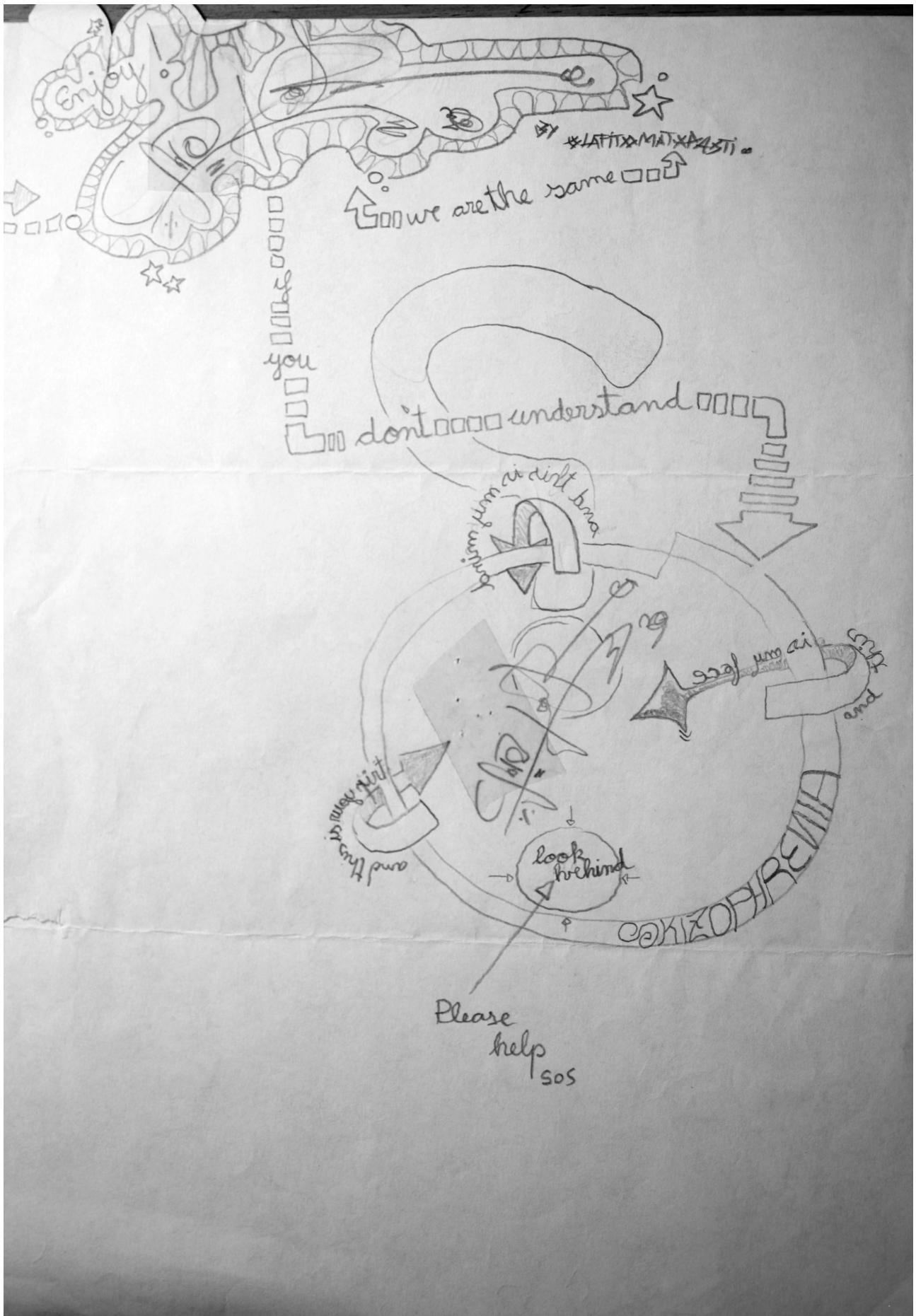
En este cuestionario se presenta una lista de dificultades que algunas personas pueden tener durante algún tiempo después de haber atravesado por una o varias experiencias estresantes con ketamina. La intención de este cuestionario es conocer el grado de importancia de esas dificultades. Lee detenidamente cada frase y rodea con un círculo la respuesta que más se aproxime a tu experiencia personal. Es importante que tengas en cuenta que da igual el tiempo que haya transcurrido desde que has tomado ketamina (un mes, un año, etc); simplemente anota la intensidad con la que se ha dado cada una de esas dificultades EN LOS ÚLTIMOS SIETE DÍAS. Muchas de estas dificultades las presentan algunas personas después de haber atravesado por otras experiencias especialmente estresantes, pero debes anotar únicamente el grado de dificultad relacionado exclusivamente con la/s experiencia/s con ketamina.

	En Absolut o	Ligera- mente	Modera- dament e	Mucho	Muchísimo
1. Cualquier recuerdo me hacía volver a sentir lo que sentí durante la experiencia con ketamina	0	1	2	3	4
2. Tenía problemas para permanecer dormido	0	1	2	3	4
3. Otras cosas me hacían pensar en la experiencia	0	1	2	3	4
4. Me sentía irritable y enojado	0	1	2	3	4
5. Procuraba no alterarme cuando pensaba o recordaba la experiencia	0	1	2	3	4
6. Pensaba en ello aún cuando no quería	0	1	2	3	4
7. Sentía como si la experiencia no hubiese sucedido o no fuese real	0	1	2	3	4
8. Me mantenía lejos de cualquier cosa que me recordara la experiencia	0	1	2	3	4
9. Imágenes de la experiencia asaltaban mi mente	0	1	2	3	4

10. Me sobresaltaba y asustaba fácilmente	0	1	2	3	4
11. Intentaba no pensar en la experiencia	0	1	2	3	4
12. Me daba cuenta de que quedaban muchos sentimientos sin resolver pero no me enfrentaba a ellos	0	1	2	3	4
13. Mis sentimientos sobre la experiencia estaban como adormecidos	0	1	2	3	4
14. Me encontraba como si estuviese funcionando o sintiendo como durante la experiencia	0	1	2	3	4
15. Tenía problemas para conciliar el sueño	0	1	2	3	4
16. Me invadían oleadas de fuertes sentimientos sobre la experiencia	0	1	2	3	4
17. Intentaba apartarlo de mi memoria	0	1	2	3	4
18. Tenía problemas de concentración	0	1	2	3	4
19. Cosas que me recordaban la experiencia me causaban reacciones físicas tales como sudoración, problemas para respirar, náusea, o latidos cardíacos	0	1	2	3	4
20. Soñaba con la experiencia	0	1	2	3	4
21. Me sentía vigilante y en guardia	0	1	2	3	4
22. Intentaba no hablar de ello	0	1	2	3	4

ANEXO 2: Dibujos de un voluntario del estudio reflejando su experiencia con ketamina.





On Integrating Numinous Experiences: A Case Study

Viajes Sobre la Integración de Experiencias Numinosas: Un Estudio de Caso

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Abstract

The following case study analyzes Maya's psychotherapeutic journey, which was initiated by her attempts to manage the emotional impact of intense familial conflict. Within the context of her psychotherapy, Maya also sought to integrate her private entheogenic experiences, which provided powerful catalysts for the recovery of her sense of self, and the revival of her relationships. Her therapeutic work took place within an integrative context, with strong influences from Jungian analytic psychology, offering the framework for working through and integrating her entheogenic and therapeutic processes within the timeframe of two years and two months. The material that emerged in Maya's entheogenic journeys were explored through the same principles that would be applied when working with integrating material arising from dreams or active imagination. This paper addresses the potential contribution of entheogens within a therapeutic framework, and emphasizes the importance of integration for the benefits of such experiences to be thoroughly released.

Keywords: alchemy, altered states, entheogens, integration, psychedelic psychotherapy.

Resumen

El siguiente estudio de caso analiza el viaje psicoterapéutico de Maya, iniciado por sus intentos de gestionar el impacto emocional de un intenso conflicto familiar. En el contexto de la psicoterapia, Maya también trató de integrar sus experiencias enteogénicas realizadas fuera del contexto de la psicoterapia, y que le proporcionaron poderosos catalizadores para la recuperación de su sentido de sí mismo, y la reactivación de sus relaciones. Su trabajo terapéutico se llevó a cabo en un contexto integrativo, con fuertes influencias de la psicología analítica de Jung, que ofreció el marco para trabajar e integrar sus procesos enteogénicos y terapéuticos a lo largo de dos años y dos meses. El material que surgió en los viajes enteogénicos de Maya se exploró a través de los mismos principios que se aplicarían cuando se trabaja integrando materiales derivados de los sueños o la imaginación activa. En este trabajo se aborda la contribución potencial de los enteógenos en un marco terapéutico, y hace hincapié en la importancia de la integración para poder aprovechar al máximo los potenciales beneficios de este tipo de experiencias.

Palabras clave: alquimia, estados alterados, enteógenos, integración, psicoterapia psicodélica.

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“The unconscious is the mother of consciousness”
-C. G. Jung, 1968b, p.281

This paper unfolds the healing journey of Maya, a young woman in her early 30's, who began her psychotherapeutic process while trying to cope with the emotional impact of her strained relationship with her mother. It is not uncommon to work with people that address familial conflict and its intrapsychic remnants. What was unusual about Maya was that alongside her psychotherapy she also sought to support her healing process through the use of entheogens. Maya's psychotherapy provided the space and framework for integrating her entheogenic experiences, and the significant openings they supported into her unconscious, allowed her to journey deeper within her Self (in this article self with a lower 's' is used to denote the ego, the centre of consciousness, and Self with a capital 'S' refers to the psychic totality of conscious and unconscious).

As terms, both 'psychedelic' and 'entheogenic' unravel a significant aspect of the psychedelic experience, however for the purposes of this article it is primarily the latter that will be used. Entheogens, a term first used in a paper published by Ruck, Bigwood, Staples, Wasson and Ott (1979), refers to the capacity of psychedelic experiences to generate God or spirit within, signifying their sacramental potential. Maya's entheogenic experiences explored through a Jungian framework were understood as states of inner communion that unfolded to numinous encounters. For Jung numinosity was an inevitable component of encounters with one's psychic depths. “For when an archetype appears in a dream, in a fantasy, or in life, it always brings with it a certain influence or power by virtue of which it either exercises a numinous or a fascinating effect, or impels to action” (Jung, 1966, p.70). The term 'entheogens' implicitly references Jung's assertion that God represents an archetype of the Self. He argued that “the soul is assuredly not small, but the radiant Godhead itself” (Jung, 1969a, p. 513) and that “through uniting with the Self we reach the God” (Jung, 2009, p. 338)

Michael Fordham (1985) postulated that differentiation of the self unfolds through a series of deintegration and reintegration stages of the 'primal Self', that mediate between conscious and unconscious states. He considered the 'primal Self' to be the infant's state of integrated wholeness, and saw it's continuous disruptions by states of 'deintegration'-meaning the disruption of the original integrated state- as a developmental necessity

for differentiation and individuation. This model is resonant with the death-rebirth model that has been explored most notably within Jungian, psychedelic, and spiritual frameworks, all exploring the transformative and healing potential of such a process. Within the psychedelic literature ego death refers to the experiencing of a complete loss of subjective self-identity, a process that is accompanied by “anguish and joy of overwhelming intensity” (Grinspoon & Bakalar, 1997, p. 13). Entheogens have the capacity to very definitively facilitate the developmental process of deintegration and reintegration of the self. Transformation during a deep entheogenic journey takes place in a rhythmic process of taking the self apart and then putting it back together, in evolutionary service. Chaos gives birth to new order that is of greater complexity than before (Papaspyrou, 2014). The early alchemists saw chaos as the pool of infinite possibility, the primordial creative space. That chaos is our unconscious and the new order is its assimilation into our consciousness. According to Jung, “the descent into the depths always seems to precede the ascent” (Jung, 1968a, p. 19).

Jung (1968d) distinguished between the personal and the collective unconscious. He described the personal unconscious as a superficial layer made up of contents, once conscious, that have retreated into the unconscious by being forgotten or repressed. He saw the collective unconscious as a deeper layer, comprised of contents that have never been in consciousness or individually acquired. For Jung, this was a universal and impersonal layer, filled with timeless primordial images, the archetypes (Jung, 1968a). Archetypes are core elements of Jungian psychology and enormously relevant when studying the psychedelic experience. Archetypal energies express themselves primarily in symbols and metaphors, giving structure and meaning to the collective unconscious, while mediating between unconscious depths and everyday consciousness, with the aim of restoring wholeness of the Self. Conscious will by itself can not always unite a personality (Jung, 1968f), for the formation of the Self, primordial powers of great depth need to awaken and intervene. The symbols that emerge from the collective layers bring into consciousness thoughts, intuitions, and affects, deeply buried within oneself. Their meaning can only be inferred with an 'as if' quality. These symbols, if harnessed and integrated into consciousness, can allow us to overcome an initial situation on a higher level (Jung, 1968a) leading the ultimate human goal of

individuation, which is the journey towards unity of the Self. According to Jung:

The underlying, primary psychic reality is so inconceivably complex that it can be grasped only at the farthest reach of intuition, and then but very dimly. That is why it needs symbols (Jung, 1968g, p. 159).

Jung was the first to extensively psychologise alchemy (Jung, 1968c). He saw the alchemical opus as a reflection of the process of individuation, and the search for the philosopher's stone as a process of seeking inner transformation. For Jung the essential purpose of the alchemical opus was the development of the alchemist's soul.

Alchemy was based on a series of cyclic operations where every stage would be taken apart and then put back together, until eventually lead would transmute into gold, and the object would become the philosopher's stone. The alchemists believed that they were simply speeding up the natural processes that took place within the bowels of the earth (Robertson, 2009). This echoes the potential of entheogens to act as catalysts, speeding up the evolution of our individual and collective consciousness, through a thinning of the veil that separates conscious and unconscious mind, and by facilitating conditions for a greater degree of integration between the two.

The alchemical process of transformation was a three-stage process, evolving from chaos to full life (Robertson, 2009). It started from the chaotic dark space of the *nigredo*, associated with the black colour. In psychological terms this is the stage of suffering and darkness. If the alchemist could successfully navigate the darkness of the *nigredo*, this would give way to the *albedo*, associated with the white colour. In psychological terms this is the stage where one emerges from the dark night of the soul with a new understanding. If the work continued successfully on a material and a spiritual level, the *rubedo* would emerge, associated with the red colour. In psychological terms, in this stage the new understandings are slowly integrated into life. For Jung, a mental union marked the completion of the *nigredo*, a union of mind and body marked the completion of the *albedo*, and a union of mind body and ultimate reality marked the completion of *rubedo* (Robertson, 2009).

This paper is a case study of Maya's process and development within the framework of her psychotherapy over the timeframe of two years and two months. It is based on case notes that were kept throughout Maya's process, and has been

published with her consent, a couple of years after the end of her treatment. Maya was a young professional woman in her early thirties, originally from Italy, who had immigrated to the UK during her early 20's. She appeared competent and self sufficient, managing well in most aspects of her life, with early experiences that had built a resilient outward persona. She entered her therapeutic process at a point of intense conflict in her relationship with her mother, which for 20 years was caught in alienation and disconnection. For two decades they had remained stuck in a cycle of anger, resentment, and guilt, precluding any real intimacy. These relational patterns culminated in the breakdown of their relationship. They ceased all contact, and denied each other's existence, along with their need for each other. During this relational breakdown of a year and a half, Maya's developing psychotherapeutic process, along with three separate experiences with three separate entheogens, gradually provided the catalysts that unlocked their relationship from its fixed conflictual narratives. Maya's psychotherapeutic work took place within an integrative theoretical framework, with an emphasis on the transpersonal elements of her work (e.g. Grof, 1975; Jung, 1965; Maslow, 1971). A clear focus was established on integrating her experiences in altered states of consciousness, which were explored within her sessions in the same way that dreams, artwork, or material emerging from active imagination would be worked through. In practice that meant that we engaged with the symbolic nature of the material emerging from her entheogenic experiences through exploring the associations, amplifications, characters, structure, mood and emotional content, of her visions. In doing so we were working towards harnessing the underlying messages and energies from Maya's unconscious that emerged in a symbolic form, by unravelling deeper layers of meaning. Maya, by establishing meaningful connections between her experiences in altered states of consciousness and her life in everyday consciousness, was able to journey through the deeper layers of her Self. Maya's entheogenic experiences were outside the therapeutic space, and brought in retrospectively. She would undertake these within a therapeutically minded set and setting, with a clear intention that usually related to healing and inner reparation, and supported by a sitter.

The goal of this paper is to explore the impact of the integrated material that emerged out of Maya's entheogenic experiences and to consider the relevance of such material for emotional healing and growth. It is a qualitative case study

and the results were obtained through content analysis of the case notes of Maya's therapy. Maya's process has been filtered through the three stage alchemical model of transformation: a. the nigredo phase, b. the albedo phase and c. the rubedo phase. This provided an in depth framework for understanding the transformative processes that unfolded through Maya's therapeutic process and the integration of her entheogenic experiences, and the results are outlined in a way that reflects that.

The Nigredo phase

The nigredo phase reached its crescendo when all communications between Maya and her mother had ceased. This was a profoundly disturbing and hopeless time for Maya during which her vital energies were driven underground. She experienced the loss of her relationship to her mother as a psychic amputation that was infecting her sense of self, delivering her to inner lands of bewildering confusion. The disconnection from her mother, the most elemental link between her and the wider world, led to a primal terror, and a loss of meaning and purpose.

Four months into her therapeutic journey Maya had an entheogenic experience that captured in a symbolic form the very essence of our work up until that point. She accessed the concentrated insights of this healing phase by the use of Changa, and then integrated these through our work together.

Changa is a herbal mixture of Banisteriosis Caapi leaves and a natural extract of DMT, that create a powerful and short acting psychoactive blend (Chen Cho Dorje, 2010). Due to its short acting nature, Changa has been often used as a quick 'psychedelic hit', neglecting its immense insight potential, when used with attention to the set and setting, and with appropriate integration.

Two visions from this journey illustrated the psychological tension that was the basis of Maya's nigredo phase:

Vision 1. This vision brought to life a wooden sculpture of two fused entities. Their fusion was the source of painful friction. Maya witnessed what looked like dramatic growth spurts resulting in awkward movements and a push-pull dynamic, that seemed physically intolerable.

Vision 2. The second vision took her to a room with a cot and a baby in it. The

baby was fast growing until the room could no longer fit it, as it started growing through doors, windows, and walls.

In combination these two visions, through symbolism, pointed at the necessity of Maya detaching herself from her 'origins'. The first vision, in clear and simple symbolic representation, depicted in an embodied form the need for separateness, in order to allow space for Maya's growth and development. It also offered a powerful image of Maya's ambivalence between her need for fusion and attachment and her need for separateness. Maya's attempts at separating from her mother were abrupt and painful, keeping her need for connectedness unacknowledged and hidden within her shadow. In Jungian psychology the 'shadow' refers to the unconscious, unknown or denied, aspects of oneself. In encountering her shadow Maya made contact with her paralysing anger, rage, and distrust towards significant others, the world and ultimately her self, and got in touch with powerful destructive forces that lived deeply within. While acknowledging and relating to these darker territories of her soul, she started unravelling layers and tales of inner woundedness that lay beneath these. The images that Maya encountered in her experience with Changa became symbolic reference points and meditating objects of the deeply buried and disavowed self aspects Maya was learning to explore in her attempts to find ways of inhabiting her darkness.

The child motif appearing in the second vision relates to the individuation process. The child as an archetype holds a futurity within it (Jung, 1968h). Its symbolism, speaks of the anticipation of a future development, and signals a future change of personality. It is a mediator between the present and the inherent future, signifying how fragile the psychic possibility of wholeness can be. Unconscious communications can transcend linear time as "the unconscious psyche is not only immensely old; it is also capable of growing into an equally remote future" (Jung, 1968b, p. 287).

The nigredo phase is characterised by chaotic unconsciousness (Robertson, 2009). It is a time of inner turmoil, confusion, and uncertainty. "This is the dark night of the soul, the hellish place, the place of putrefaction. The nigredo is the place where a person is most enmired and stuck but this state of dissolution is a prerequisite for the redemptive process that follows" (Read, 2014, p. 154). During this psychic descent into our own underworld we come to face our shadow, and it is through this chaos and the integration of the

shadow that the philosopher's stone can ever truly emerge.

The Albedo phase

The catalyst that facilitated Maya's transition to the albedo phase was the integration of a secondentheogenic journey, ten months into her therapeutic process, with lysergic acid diethylamide, more commonly known as LSD. We have known of LSD's psychedelic properties since Albert Hofmann's 'bicycle trip' in 1943 (Hofmann, 2005). LSD is a substance that carries a reputation of danger and unpredictability due to its widespread misuse and the resultant media sensationalism in the 60's and 70's, and that legacy is sustained by both mainstream and countercultural misconceptions and misrepresentations. However a closer look at early psychedelic research reveals LSD to be a substance of immense therapeutic and psycho-spiritual value, if used with care and attention to the conditions of set and setting (e.g. Fadiman 2011, Goldsmith 2011, Grof 1975, 2001, Hill 2013).

Two visions from this journey mobilized emotional states that allowed Maya to enter deeper layers of her unfolding process:

Maya focused on a growing tension throughout her body and an image emerged, the stone sculpture of a broken goddess. The broken goddess, the wounded mother, the aged woman all flashed before her soul in this image. She felt an immense emotional opening and her heart was flooded with love. She described feeling like her ego-structures were melting away.

A second vision followed up and it was a visual journey that narrated the story of her mother's soul. It told Maya through images that it is a very old soul that has over many lifetimes been trapped in series of terrible deaths. It showed her an early time where the first death was in a desert and birds were eating away the defeated, decaying flesh, a later death in the dark Middle Ages, under an emblem of authority, being condemned to extinction, a whole series of unspeakable endings. Maya was also told that this soul, neither male nor female, is in her mother's body today, and that Maya has some responsibility for helping it transcend this Karmic obstacle. Maya entered her heart and in its core she

found only love; all other layers she could now recognise as her protection. Maya, for the first time in a very long time, felt peaceful in her love for her mother as a fellow soul, free from the restraining dynamics of their material reality, and the inflexible strings of their mother daughter relationship.

Theistic ideas are strongly associated with parental images. "The concept of the Great Mother belongs to the fields of comparative religion [and mythology] and it embraces widely varying types of mother-goddess" (Jung, 1968e, p.75), derivatives of the mother archetype. In search of meaning for Maya's vision, we entered the realm of the vulnerable goddesses (Bolen, 2004), and there we unravelled and explored the myth of Demeter and Persephone.

Demeter, a maternal archetype, goddess of harvest, grain, and earth's fertility, sank into depression and grief when Hades, lord of the underworld, raped and abducted her daughter Persephone. In response to Demeter's grief the season's halted, Earth became infertile, and famine threatened to destroy humankind. In the face of such destruction, the Gods intervened and Demeter and Persephone were reunited, with the compromise of Persephone spending two thirds of each year in the upper world, and a third in the Underworld, and fertility and growth on earth was restored. The myth became the basis of the Eleusinian mysteries, the most important rituals of ancient Greece, where initiates through undisclosed sacred rites, that some scholars believed to include the use of entheogens (Hofmann, Wasson & Ruck, 2008), experienced the renewal of life after death, mirroring Persephone's annual return from the underworld.

The myth reflected Maya's vision image of the broken goddess in the form of Demeter, as well as the second vision of her mother's metempsychosis, the transmigration of her soul through different body existences and reincarnations with the continuity of Karma, reflected in the death-rebirth ritual that was enacted in the Eleusinian mysteries. The notion of metempsychosis might be a questionable one in our western culture, but time is a different construct when it comes to the language of the soul, "whereas we think in periods of years, the unconscious thinks and lives in terms of millennia" (Jung, 1968b, p. 280).

The Demeter archetype embodies a dual nature, (Bolen, 2004), Demeter before the abduction, symbol of a nurturing, giving, and

fertile mother-goddess, and Demeter after the abduction, a depressed, destructive, and withholding maternal archetype. Persephone, through leaving her origins, is transformed from Kore (maiden) to queen of the underworld. As queen of the underworld, reigning over the kingdom of the dead and guiding the living through it, Persephone has come to her own Self. Immersing into the underworld denotes the necessity for Persephone to enter the deeper layers of her Self, where the personal and collective unconscious reside, in order to transform. Persephone, in her Kore and Queen duality, is an active archetype for entheogenic journeys, representing our ability to move back and forth, mediating between the ego based reality of the real world, and the unconscious or archetypal reality of the psyche. The Persephone archetype is also of a daughter that is too close to her mother to develop an independent sense of self (Bolen, 2004). Separation is important, as Maya's earlier Changa vision had revealed, and reconciliation can only be realised after she has grown nearer into her individuated Self.

The myth provided a metaphor that allowed Maya to recognise and consciously relate to the active archetype of Demeter within her mother, and recognise and work through the active archetype of Persephone within herself. She gradually came to recognise that both herself and her mother held both these archetypes within themselves. Through her work Maya was able to witness and acknowledge the possibility for herself and her mother, reflected in Demeter and Persephone, to grow through their suffering, and recognise that their familial narrative had become stuck at the 'abduction level'. Through the myth Maya gained a different conceptualisation of their relational difficulties, as well as early hints at possible solutions.

The hermaphroditic element of her mother's soul in Maya's second vision, neither male nor female, was another meaningful symbol at this stage of her inner alchemical transformation. The joining together of the opposites is the perfect symbol for what has been accomplished during the albedo phase, which is the union of the strongest and most striking opposites (Jung, 1968h). The hermaphrodite is a "subduer of conflicts and a bringer of healing" (Jung, 1968h, p. 174). The bisexual primordial being symbolises the unity of the personality, the coming to one's whole Self, where conscious and unconscious integrate. In this journey Maya's anger, rage, and distrust, were finally making contact with the hidden subterranean layers of her love, need, and hope.

This journey supported a visceral breakthrough that was a powerful facilitator in Maya's sessions and therapeutic progression. In this journey powerful emotional tides were released for Maya, allowing her to connect with feelings long held back. Jung suggested that the completion of the albedo stage was based on a union of mind and body (Robertson, 2009) and the main function of emotion is to co-ordinate the two (Pally, 2000).

In the albedo phase something tries to emerge from the collective unconscious layers, which gives it a numinous quality. "The catalyst may be a manifestation of the animus/anima archetype, perhaps the emergence of a wise figure, a higher guiding principle that leads us out of the darkness" (Read, 2014, p. 155). It releases one from black and white positions, allowing greater nuance of meaning to emerge. The ability to hold the opposites long enough, will give rise to new truths. "The alchemist has reached the final part of the albedo stage, having passed through the darkness of the nigredo, and emerged with an early glimpse of the numinous light that will eventually form the philosopher's stone..." (Robertson, 2009, p.100). The final stage of the work depends on loosening identification with the archetypes. Identification with these powerful forces can be psychologically destructive (Jung, 1968i; Stein, 2006; Robertson, 2009). It was now time for Maya to find her way home to the human world, bearing the gifts of the vital energies of the imaginal world.

The Rubedo phase

Maya's transition to the final alchemical phase of transformation was well under way and further facilitated by an ayahuasca journey a year and two months into our work. Ayahuasca is a powerful psychoactive brew of mixed Banisteriosis Caapi vine and DMT containing shrubs. Ayahuasca has had a very long history of shamanic use for medicinal, spiritual, and healing purposes (e.g. Dobkin De Rios 1972, Kilham 2014, Luna 1984, Shultes & Hofmann, 1992). A vision from this journey guided Maya in gaining a deeper understanding of the wounding her and her mother carried forward through their relationship:

Maya was on the first cup and thoughts floated through that put her childhood in order. She felt that her personal unconscious had thoroughly unlocked and granted her pristine clarity. Her mother entered the scene, and the spirit of the vine took Maya in her mother's heart

and showed her, her mother's love for her. She witnessed a vibrant field full of potential. The vine guided her through their relationship. It showed her on one side and her mother on the other and in between a black maze that appeared as an obstacle. Maya asked the vine about this obstacle, and it informed her it was her father's death. It showed her how his death had been an active wound in her relationship with her mother, and how grief had drifted them apart. Maya was advised to visit her mother on her father's imminent death anniversary and share with her what she had learned.

For Jung, in psychological terms, the final stage of rubedo marks the union of mind, body, and ultimate reality (Robertson, 2009). It is associated with the red colour, which symbolises blood, reflecting the process of the alchemist coming into full life. This transition is based on the integration of the earlier insights into the real world and actual life. "The insights are incorporated into our everyday lives as the new ego-Self structure of the individuating person gives us a sounder platform for a life well lived" (Read, 2014, p. 155). Unable to travel on her father's 21st death anniversary, Maya made contact with her mother on the day, a year and a half after their last shared and destructive contact, and exchanged memories of her father's life and death. Maya was astonished to discover from that contact how little she knew about his final days, and how much was left unsaid between her and her mother since his departure from their physical reality. A few months later Maya was able to travel and share with her mother her inner and outer journeys of transformation through her entheogenic and psychotherapeutic explorations and integrations. Her mother confirmed Maya's encounters in the realms of altered consciousness, and the detailed insights from her childhood the vine had granted her, were now grounded between them.

The work that entheogenic journeys facilitate is not miraculous, although it does not fall far short. But it takes work, effort, and a commitment to work with the openings that these intelligent agents and our incredibly wise unconscious facilitate. These are openings that reach completion when supported by integration; otherwise they easily sink back into the unconscious. Maya continued her therapeutic work for another year, and while the real world has its own rhythms and operates on many levels, she had by that point developed sufficient ego strength to maintain her sense of self while being in

relationship to her mother. Her visits back home became more frequent, and like Persephone's annual return to the upper world, this released the mythic and archetypal energies of reunification. For Maya, reading this account of her experiences and therapeutic journey, and granting permission for these to be published, is yet another layer of bringing her rubedo phase to completion, allowing her integrated insights to reach a union of mind, body, and ultimate reality.

In the nigredo stage we must lose our essential nature, the philosopher's stone, in the albedo stage we find it again, and during the rubedo stage we are tasked with bringing it back into the 'real' world (Robertson, 2009).

Discussion and conclusions

Between the 50's and mid 60's, psychedelic research flourished with an output of over 1000 published papers on psychedelic therapy for a wide range of disorders, (Grinspoon & Bakalar, 1997), and revealing positive results with very low rates of significant risk and complications (Cohen 1960, 1966, Malleson, 1971). The two main therapeutic modes that emerged were psycholytic psychotherapy, based on low to medium doses of psychedelics and on traditional verbal depth psychotherapy frameworks (Curtner 1959; Stolaroff 2002), and psychedelic psychotherapy, based on medium to high doses of psychedelics, and on inducing transcendent peak mystical states that were seen to have a radical effect on one's personality or life view (Grof, 2001). These two approaches, despite their differences, shared common ground, as one can never fully separate the transcendent from the analytic aspects of a healing process (Grinspoon & Bakalar, 1997).

Jung himself opposed the use of psychedelics, as he considered the uprise of unconscious contents a significant threat to ego-structures, but this was a concern he felt was also inherent in the process of traditional psychotherapy (Hill, 2013). Such experiences are certainly not without their dangers for they are also the very matrix of psychoses. Numinous encounters have a dark side, as powerful as their light, and "archetypes can profoundly disturb [and possess] consciousness" (Stein, 2006, p. 48). To remain stuck in numinous lands equals to becoming assimilated to the unconscious, which Stein (2006) argues can lead to a pathological state of grandiose inflation, the loss of ego boundaries and ego integrity, and in the most serious cases to

entrapment in a paranoid psychotic defence. To be possessed or rely defensively on archetypes, can be very destructive on a personal and a collective level (Stein, 2006). In these journeys one is treading the liminal borderlands between conscious and unconscious, which can be as full of creative potential as of disastrous ruin. Here is the stuff of madness, spiritual realization and artistic inspiration. Set and setting, with particular emphasis on our ego strength and integration, is what determines our ability to withstand and navigate the emergence of unconscious contents (Fadiman, 2011). To integrate our journeys is to carry forward the responsibilities that such endeavours come with.

Experiences of this kind, when adequately supported and integrated, have the potential to provide us with developmental turning points, and can be great aids to individuation, life's ultimate developmental goal (Jung, 1968b). They offer the potential to widen our consciousness through the union of conscious and unconscious, what Jung called the 'transcendent function' (Jung, 1969b). Unconscious material are abundantly available, but valueless unless one can creatively extract from these something meaningful to support their integration to our conscious self.

In Maya's entheogenic journeys her underlying psychic reality unravelled as she encountered the numinous and mythic dimensions of her psyche. The mythopoetic function of the unconscious is based on archaic mythological thought forms (Jung, 1969a). The myths and symbols we bring back from these deep soul journeys are part of our psychic life, imbued with vital meaning. Our task is in translating the archaic speech of vision into a meaningful narrative. The unconscious is reality in potential, and for Maya entheogenic agents were powerful catalyst for the emergence of this potential.

The analysis of Maya's psychotherapeutic process, aided by her entheogenic experiences, and framed by the alchemical stages of transformation as these were formulated by Jung (1968c), gives some support to the therapeutic potential of psychedelic psychotherapy. However, individual case studies can always be challenged as their results can not be necessarily generalised, or could have emerged from client and/or therapist bias, and individual recovery case reports can be seen as subjective narratives. Further research with larger samples, as well as controlled comparative studies between traditional and psychedelic psychotherapy, would produce better efficiency indicators. There is a long process ahead of gathering data and forming evidenced-based

practices in order to support effective and safe clinical work with such powerful tools, as well as for developing frameworks that would indicate who would benefit more from psychedelic and/or psycholytic psychotherapeutic modes, and who would benefit more from traditional psychotherapeutic interventions. Although early research assessed risk to be lower than initially expected (Curtner, 1959) its potential needs to be acknowledged, and further studies need to be conducted on the issue of patient-treatment suitability.

The war on drugs has jeopardised the place of entheogens as agents of transformation within the healing spheres. Research has been halted for 40 years and only recently a professional movement seems to have been coming together, with research studies being approved by regulatory bodies. Promisingly, the first training schemes in psychedelic psychotherapy and psychedelic studies are starting to appear (Guss, 2013, MAPS, 2014), aimed at equipping researchers and therapists for working with these substances within legal research settings. One can hope for the future that we can create and live in societies that embrace the transformational potential of the various consciousness states, and support ways to include these for the unfolding of the psycho-spiritual potential of our individual and collective selves.

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Trips into Inner Space: A Phenomenological Approach to the Experience of the Use of Psychedelic Substances

**Viajes Hacia el Espacio Interior: una Aproximación Fenomenológica a la
Experiencia del Uso de Sustancias Psicodélicas**

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Abstract

Psychedelic substances have been used by different cultures all over the world for thousands of years. In Portugal evidence of such use is provided essentially by epidemiological studies, but little is known about this reality. In the present article we propose a phenomenological approach to the study of the use of psychedelic substances. Conducting in-depth interviews with people who use psychedelics, we have been able to collect elements of their use, experiences, and representation, tracing a portrait of the experience and the actors. The experiences reported are unique and take multiple forms, underslyng the complexity of the relation people establish with the substances they choose to use. Applying Content Analysis to the material collected in the interviews we have extracted common points from singular experiences reported. Psychedelic experiences are said to be transformative both of the person and their visions of others and the world, essentially with positive connotation. However, negative episodes are also discussed, as well as prevention and minimization/management strategies in the case of its occurrence.

Keywords: Phenomenology, Experience, Psychedelic Experience, Psychedelics, Hallucinogens.

Resumen

Las sustancias psicodélicas han sido utilizadas por diferentes culturas de todo el mundo durante miles de años. En Portugal la evidencia de su uso es proporcionado esencialmente por estudios epidemiológicos, aunque se conoce muy poco sobre esta realidad. En el presente artículo proponemos un ejercicio de acercamiento, desde una postura fenomenológica, a la experiencia de la utilización de sustancias psicodélicas. Realizando entrevistas en profundidad a personas que usan drogas psicodélicas, hemos recogido elementos de sus experiencias, usos y representaciones, trazando un retrato de la experiencia y de los actores. Las experiencias reportadas son únicas y toman múltiples formas, evidenciando la complejidad de las relaciones que las personas establecen con las sustancias que deciden utilizar. A través de la aplicación del Análisis de Contenido al material recogido en las entrevistas, hemos extraído puntos en común de las experiencias singulares reportadas. Las experiencias psicodélicas son consideradas transformativas, tanto de la persona como de su percepción de los demás y el mundo, y generalmente con una connotación positiva, pero también son referidos episodios negativos, así como estrategias de prevención y minimización/gestión de estos episodios negativos.

Palabras clave: Fenomenología, Experiencia, Experiencia Psicodélica, Psicodélicos, Alucinógenos.

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Introduction

Illegal drug use in Portugal has a public dimension that began to appear only in the 70s of the twentieth century. Three years after the April 1974 revolution, which returned democracy to the country, the first structures of the so-called "war on drugs" appeared. The "drug problem", as the socio-political debate and the language of the media designated it, was dominated in the following decades by the expansion of heroin consumption and heroin street markets, leaving little room for attention to other psychoactive substances and other uses that did not configure dependence. We have already named this period as "the long brackets of heroin". The progressive association of heroin addicts to small street crime (heroin, "dangerous drug"), to troubled urban contexts (heroin, "periphery drug") and to HIV and hepatitis epidemics (heroin, "infectious drug") would lead to its decline in the psychotropic preferences of the youth sector. The apogee of the 80s and 90s was followed by the heroin crisis (Fernandes, 2000; Gamella, 1997). On the other hand, over the 90s and more openly at the beginning of the new millennium, the pressure created by the Cannabis social movements (Gamella & Rodrigo, 2004) and the emergence of new youth party contexts (Calado, 2007; Carvalho, 2007) originated a diversification of the psychoactive substances in circulation, as well as the meanings of their uses.

The aim of this paper is to put its scope beyond the 'long brackets of heroin', asking about another range of substances and another type of psychoactive experience that were almost silenced by heroin's main role. It aims to make a contribution to the rescue of practices and experiences that, in Portugal, were still given very little attention from the community of experts of the drug phenomenon.

Purpose and central concepts

The field of psychedelic substances is characterized by several controversies, starting with the question of naming substances and which substances can be classified as belonging to the group after it has been named. Physiological effects of psychedelics are diverse and variable and there is a wide variety of other substances, activities and physiological conditions that are capable of producing similar effects (Grinspoon & Bakalar, 1979). To this consideration of the cultural and ideological values of the names available is

added. The name chosen for these substances, besides revealing ideological positions, may influence the content and after effects of subjective experience of their use, creating pre-existing models of signification.

In this article the we take is the term "psychedelic" as proposed by Humphry Osmond (1957b), which is derived from the Ancient Greek words *psychē* (ψυχή, "soul") and *dēloun* (δηλοῦν, "to make visible, to reveal"). It was chosen over other commonly used names such as "hallucinogen" (that which causes hallucinations), "psychomimetic" (that which mimics psychotic states) or "entheogen" (that which manifests god/the divine) because it is more accurate and more neutral, and less focused on certain aspects of the experience. While it may be vague, the term is the most comprehensive, and does not make assumptions about the meaning of the manifested or revealed material, which is what we seek in a phenomenological approach.

Throughout this article we intend to explore the experiences of the psychedelic drug users such as they are described and valued by the actors, subjects themselves. The pharmacological concept of *effect* is widely used in the medical-health model of intervention in the "drug problem". In this investigation we choose to use the concept of *experience*, which we've already defined similarly in a previous study (Fernandes & Carvalho 2000, pp 24, own translation):

The concept of experience aims to introduce the subject's work in the relationship between the individual and the external elements with which he/she comes in contact with. (...) The psychotropic experience is the result of the work of the subject in the relationship between him/herself and the substance, making this result highly singular because it depends on the combination of elements such as expectations, prior knowledge, ritual, technologies of intake, symbolic boundaries of context and, of course, the elements related to the substance itself. Experience is the set of heterogeneous elements surrounding the consumption, from expectations to ritual, from technologies of intake to the psychotropic fruition; but experience is also the way in which the subject incorporates the fact of using drugs in his/her system of significance: as related to his/her needs and desires, in his/her acts of daily management and, more generally, in his/her own trajectory of life - when ques-

tionning the role of the drug(s) in his/her existential course.

In this way we enter the intersubjective level of meanings and experiences, trying to fit them into the complex system that is the person and his/her lived world. The aim is to be the subject who tells about him/herself and about his/her experiences and relationships with the chosen substance(s) of use. We seek an approach to the other's world, his/her *lebenswelt*, "as if" we were they, to get a picture as complete as possible of the experience(s) of the use of psychedelics.

Method

The stated question then, calls for a qualitative methodology, choosing techniques that were able to assist the subject to voice which was both informative of a practice and reflexive of an experience - and that could be produced outside the constraints induced by the sight of "drug" as "problem".

Interview script and semi projective excerpts.

The script was designed to put the focus on the experiential world of the subject, addressing it with a phenomenological attitude. To facilitate this from the first moment, we've started the interview using a strategy we call *semi projective excerpts* (Fernandes 1997; Fernandes & Carvalho 2003, pp 146; own translation):

The aim of the semi projective excerpts is, starting from a verbal stimulus whose content has to do with drugs, to produce some degree of recognition of the experience and lead the subject to mobilize a personal position regarding the proposed stimulus. It is as if the person could project themselves before such stimulation, with a more loosely and less predictable way than that is required using a question, since it appeals more to rationalization and the semi projective excerpt appeals more for identification.

We chose, from the writings of psychonauts (literally: 'sailors of the mind/soul'), three of these excerpts - regarding a positive experience, a negative experience and one with a more ambiguous content. The interviewer read the excerpts in that order, and the possibility to read the sentence again was offered:

1. I think that going to the grave without having a psychedelic experience is like going to the grave without ever having sex. (Terrence Mckenna).

2. I started to feel scared, will I always stay like this? Will I ever be the person I used to be? I was so terrified that all I could think of was hoping for it to pass – this only made it worse. I remembered that I was not breathing; how can I forget to breathe?! I sat down, and suddenly everyone there seemed to be staring at me. (Maria Pomar).

3. I don't want comfort. I want God, I want poetry, I want real danger, I want freedom, I want goodness. I want sin. (Aldous Huxley).

Participants and interviews.

This is a subject matter on which no specific research has been developed in Portugal. In addition to incipient knowledge, it is in order to point out that the psychedelic users configure a particular example of what is defined as "hidden population", that is, they present a

... difficult location, less determined by the prevalence of the trace than the occultation of it, usually by initiative of the subjects themselves, given the associated stigma. Characterized also by the absence of contact with formal services and social control systems (Pearsons, 1992) or clinical and institutional contexts (Walters and Biernacki, 1989); and they exhibit some correspondence, according to P. Adler (1990), with deviant populations in general (Fernandes & Carvalho, 2003).

Snowball sampling was used to access the population¹. The initial subject of each chain was recruited from the social networks of the researchers, and it was constituted of five subjects, which gave rise to other chains. Due to time constraints, the chains did not go beyond the second level. After obtaining the consent for audio registration of the interviews, ten of them were conducted, with a length between 45 and 73 minutes. Of the 9 participants, 7 were male and 2 female. Most respondents were between 30 and 39 years, one was aged 40, and three in the range between 20 and 29. They were individuals who mostly completed high school or vocational courses and completed or attended college. In the sample, we found people with occupations related

to design, music production and education, craft works, machinery and financial market. One of the individuals was unemployed at the time.

Interviews were conducted in the area of Porto. Thus, we had people residing both in the city and nearby. However, despite their current residence, there were subjects natural from other cities of Portugal, and a Brazilian native as well. The education and professions of the families of origin allow us to classify the sample into middle to upper middle class social range. Except for one case, whose parents had low qualifications and occupations in industry, most had a high school degree, and more than a half of the cases had at least one parent with a college degree.

Empirical material treatment and analysis.

After the interviews were fully transcribed, their codification was guided by a grid (see Appendix 1), adapted from one built on a previous work (Fernandes & Carvalho, 2003). Thematic content analysis was applied to the data collected (Bardin 1977). We then made a descriptive analysis seeking to extract elements of three major dimensions: demographic data, psychedelic drug consumption (objective dimension) and experience (subjective dimension).

Results

At this point we will present the main results of our research. We will discuss various substances that users mentioned during the interviews. We've divided the presentation of each in consumption (objective dimension) and experience (subjective dimension). We will also mention the psychedelic experience in the abstract, with no reference to the substance used, as referred by our subjects. Respondents reported uses and experiences with psychedelic substances (salvia divinorum, mushrooms, mescaline...) that are not included in here because they are of episodic use and not so well known, which allows less reference to description from an experiential perspective. We will also take a moment to analyze the perception of the risk(s) associated with the use of this type of substances and the spontaneous strategies adopted to reduce or mitigate those same risks.

LSD – “Self-discovery and revalue”.

Consumption

This substance was used by all the respondents, with different ages of onset of use. There are people who report experimentation at around the age of 18, others that started to use at 15 and three that only experienced it later, when they were around 30 years old. Despite all subjects being more or less regular attendees at psychedelic trance parties, we can divide the preferential contexts of use into two groups: there are those who like to do it in the party context and associate both experiences, and those who prefer tripping in smaller, cozy environments, surrounded by trusted friends, and often in contact with nature. Frequency of use is variable from subject to subject and with the time of year - in the summer an increase in use is reported. We have subjects using LSD on a monthly basis, others who do it two or three times a year, and one using LSD every two years. Most of the interviewed reported LSD use in two forms: acid and drops, the former being easier to obtain and, therefore, the most used.

Experience

When we take a deeper look into the description of the experience of LSD inevitably two poles appear: the negative experiences (not always totally bad) and the positive ones.

The experimentation is usually associated with reports of people close to them that raise curiosity. Except in one case, all people had information (reports of people close to them, internet research...) prior to the first use.

*After all this has to be interesting...
I want to try this at least once before I die, if
not I will die stupid (N., male, 19 years old).*

The experience, however, is not comparable to any description.

*It's more than whatever people tell
you, beyond all you imagine, nothing is
comparable to being in that situation (M.,
male, 37 years old).*

On the positive pole, the experience is characterized as a new way of looking at the world. It is also characterized as an enhancer of attention to detail, sense of connection and harmony, accompanied by an increase in sensitivity to the environment and people

The experience of LSD use is, to some interviewees, a tool for access to spiritual dimensions and to increase the fluidity and speed of thought. References to personal transformation in

terms of spirituality, increased tolerance and understanding with others and situations is common.

Somehow it allows you to think about things in a different way, in a way that, I don't know, did not occur to you before - a new way! And that's when I realized how this can be a tool, above all! (...) Thinking becomes much more complex, in a much larger spectrum, much more... just more! (N. male, 19).

Also common is the reference to LSD experiences as breaking mental monotony and escaping the organization of society:

This is an escape from the prison that is this programming society! A 12-hour-escape from the normal, from the routine! LSD is like a vacation, something like going for a trip inside my very own self! (B., male, 40).

I really enjoy these experiences, breaking mental monotony a bit! I think it is a good thing to me, it makes me feel well! (C., male, 39).

This change in the speed and structure of thought is described by another participant:

The LSD (...) stores things in drawers! Like, you are a bit confused and it helps you to see things more clearly, to fit everything together, (then) you no longer care about the subject, it is over! And who I am today, completely, has to do with the experiences that I had all along the way ... It fits pieces together, and leads to self-discovery, above all self-discovery, because it's so rare these days to stop and think about important things within us ... So many pieces that are loose that do not fit, and sometimes this clarity and this welfare, because above all, the feeling of clarity of LSD has to do with well-being, you learn to revalue things around you (A., female, 30).

Regarding the possibility of occurrence of bad experiences, it was recognized and described by respondents as happening occasionally, although infrequent and usually associated with having had little experience with LSD, strong doses, or contextual factors which stemmed experience (unforeseen external events). It is described almost as with opposite traits to the

positive experiences: lost of connection with "reality" (the others and spaces), perception of all stimuli as threatening, feeling of awkwardness and discomfort, loss of notion of time.

At that moment I thought I could not come back to reality, to normal. And that moment was not only a moment; it was a lifetime to me! (J., female, 39).

Consuming a stronger dose than usual is also often described as being the cause of bad experiences. Being with reliable people who understand and support the person in case of occurrence of a bad experience also seems to be an important factor that helps to overcome the situation.

It was at a party in Fafe, at the time very powerful Hoffmans were circulating. And I, with all my adrenaline up, got there and soon took a whole one. The buzz was so big, so overwhelming that I was not able to keep up. I had to leave the dancefloor, everything was confusing to me, everything: noise, people, colors ... I walked away and sat down and fell right on the ground! I could not react...! At this time, two friends were passing by and recognized me, came to rescue me, so to say: spoke with me, took me to drink water, walked around for a while, and helped me getting out of the situation, I started to give more of my attention to them and it got better bit by bit until everything was cool again... But I had a difficult time! With the help of my friends I overcame it, but it illustrates the importance of control! (C., male, 39).

These negative experiences do not seem to dissuade the people we interviewed from the use of LSD. They are seen as consequences of misuse (by quantity, by personal/environmental context) and as growth enhancing and individual development experiences:

You are faced with the ultimate experience! And that peak of experience can cause you something, which can range from person to person, that will lead to one's growing in awareness, the way you see things, and sometimes this doesn't happen smoothly ... (M., male, 37).

DMT – “Put oil in my hinges”.**Consumption.**

Of the respondents only one did not mention DMT consumption and another one said she hasn't tried it yet, but has it at home "waiting for the right time" (A, female, 30 years). Two forms were reported: crystal DMT, synthetic, and changa, organic. There is recent usage of this substance by those who constitute our sample, most within the last three years, even those who have a long history of use of psychoactive substances.

Some report only one time use, however the average is five, with one person reporting more than ten intakes. Our respondents do not define a usage frequency:

When I talk about DMT I say it is spiritual, the use must have a purpose (N., male, 19).

There is in DMT another distinctive feature from the substances previously referred: all respondents agree that it is not to be used in recreational settings or at parties, relating its use with self-exploration in quiet and modest contexts, under ceiling or in contact with nature. The duration of the effects is also shorter than with other psychedelic drugs, however, the loss notion of time is a characteristic of DMT experiences, with the subjects reporting they could not tell, at the end of the experience, if it lasted minutes or hours.

Experience

The experience of DMT use is described as being very intense, often with feelings of dissociation, accompanied by strong visual hallucinations that often include geometric patterns. Also frequent are the reports of loss of space and time references. As for the visual hallucinations, J. (female, 39) tells us:

You see things yes, but it is not ... is not hallucinogenic, you only see things that are already there, it's just that you do not realize it with your normal sensory impairment.

Most tells us that these experiences are, though with a common substrate, all different:

...That thing of experimenting with DMT is a bit relative, because it seems that every time is an experiment! (N., male, 19).

There seems to be a distinction with DMT that places it in a separate category from other substances:

It's more pure than the others, with others you always feel this thing ... added! In DMT you do not feel anything strange (...) (G., male, 20).

I don't consider DMT a drug because it isn't something you crave or wish to consume (B., male, 40).

DMT, to me, is "the substance" (M., male, 37).

Negative experiences are not mentioned but it seems general agreement that some care in the context of use is required, such as a quiet environment without interruptions, as well as some kind of personal preparation for the experience. Everyone we spoke to agrees that it is not a substance to be used at parties, because of the intensity of its effects and the "fragile condition it puts the body into" (G., male, 19).

The experience seems to be a source of knowledge and teachings transmitting. The feeling of "return" is described as smooth and quiet, with feelings of peace:

[The coming back] was brutal ... I felt light, I felt very calm, very calm, calm as I rarely was in life ... It was all in peace within, the heart was good, everything was working well ... Feels like I've put some oil in my hinges! (B., male, 40).

Coming back is... Coming back ... is ... Look, coming back is good! Coming back is so good ... You can't compare it with anything ... Almost all the others "coming backs" have their downside, but not this! It's completely different; here you really come back, because you really went out there! And as you went and came back there is no room for anything else to happen, you were and are and when you come back you return to be, but with more knowledge ... and this is spectacular! (M., male, 37).

Ayahuasca – “Therapy”.

Consumption

Two people mentioned ayahuasca in the interviews: one that would like to try it and said that would happen at the age of 30 (about half a year after the interview) in a context of reevaluation of life choices, and another who has had about ten intakes of the drink over the last four years. When this person sought for ayahuasca, she found the Santo Daime Church. She manifested herself little pleased with this context and says she is currently looking for a shamanic context to do it, less influenced by religious dogmas.

Experience

The experience of the use of ayahuasca, as with DMT- its active ingredient - is not reported to be recreational. Imported from the Amazon, where it is traditionally used as folk medicine, its use is closely related to specific ritual contexts. It is said to have healing powers for physical, psychological, mental and spiritual ailments, and it is also referred to as being a provider of self-knowledge, renewal and transformation:

My son, as I told you, he suffers from borderline personality disorder, and on Saturday he will attend a new ritual in UDV, I think ayahuasca, for those who have some kind of psychosis, does not cause harm, I think it can be a form of healing. (...) The ayahuasca alone is therapy ... I do not see much where the person could get lost! (J., female, 39).

I think that, somehow, maybe because it is so closely related to nature and animals ... Animals don't have these things as we do, these bad cycles of life and relationships ... They don't have it at such complicated level. And I think that ayahuasca is probably able to reduce us to a more primal scene. Your animal instinct is to be well, be in a good life ... It can be interesting; I want to know more about it (R., male, 29).

Regarding the role of ayahuasca experiences in her life, another participant tells us:

The ego, it is necessary for survival but sometimes it starts wanting to manipulate, to control our lives, and our

mind starts like: oh this and that and the other, and begins to have certain concepts, attachments and limitations ... And that's what ayahuasca and other psychedelics helped me release. Not entirely, I'm here on the way, but ... that's what I feel. That's how I feel like, to let this inner god, my being manifest instead of my ego, of the situation ... (J., female, 39).

The Psychedelic Experience: Transformation and spirituality.

A common substrate in references to psychedelic experience is that it is transformative, although this transformation acquires different contours in each case, again supporting the subjectivity and complexity of the relationship that each person builds with substances that chooses to use. Here, descriptions of the psychedelic experience always refer to that induced by the intake of substances, stressing that there are other types of psychedelic experiences induced by other activities (meditation, breathing, sensory deprivation...).

The psychedelic experience is referred as a facilitator of spirituality, improving the capacity of thinking about questions in new ways and establishing new links between concepts or ideas. Thus, psychedelic use has an impact on creativity, but also in relationships with him/herself as well as with others, with frequent assignments to the psychedelic experience of more positive characteristics in person. Most respondents reported not being the same person after a psychedelic experience – they mention learning, exploration of consciousness, evolution, new perspectives and ego dissolution. When we asked what characteristics they attributed to the ego they want to dissolve, people refer to comparing themselves to others and placing high demands on themselves and others. It is also common to mention mystical and spiritual experiences.

[I seek], but it is not that God who is up there, you know? It's that God that is in here, self-knowledge, which somehow awakened when I took psychedelic substances. This God awakens and I'm full. At the same time, when the effect wears off then, yes, I think I don't want to be alone in here, rather I want to be all the time at that vibration ... I know you can even (feel) without having used, you know? (...) My

daughter, after a couple of months, told me "Mom, you look like a different person!" And I said, "Sure I'm different." I thank the psychedelic drugs because they did it, certainly with help, it helps to have a certain predisposition ... (J., female, 39).

It's something you learn with psychedelics, that God is not an old man with a white beard that is sitting on the clouds and judging people. God is us, we forgive ourselves in our conversations with ourselves and, so, we are God. Psychedelics, as I said, were for me a crutch for spirituality! (B., male, 40).

And I think psychedelics have a great importance in all this... Especially with a religious education as I had. When I had the opportunity to try psychedelics they opened up for me a door to explore, with dignity and respect, things that I did not relate to at the time ... I think psychedelics managed to make a better version of me! (...) The state in which you stay [while on psychedelics] is the state in which I would like to live in my day-to-day ... It's hard to remain in this state, the complete state of happiness, the status of total connection to godless without cuts, the feeling of comfort ... This state – and I know that there are states greater than these – but this to me is the state that I have ambition for as a human being! And yes, psychedelics were of much help in it, and yes, they made me a different person! (M., male, 37).

I think these experiences are fundamental to the person I am, I obviously can't speak for others, but I'm not the same person after each experience I have! I can count on the times it was not anything interesting. All other times there was evolution, there was openness, there was expansion ... Clarification of who I am, what I want ... So to say it is expansive, or rather, more than anything, is clarifying! It won't create situations that are not already there, waiting to be discovered and developed, and that's why I think it opens doors, you are constantly opening doors and exploring! (A, female, 30).

The psychedelic experience makes you see things differently. You start to see life differently, you start to think things you

never did before, you begin to be more aware of yourself... There are people who don't, but most people have it. (Was it like that with you?) Yes, after the first acid, the following day I was not the same, and I have this notion. (What do you think has changed in you?). The level of consciousness was brutal. At the spirituality level it was a crutch to start my contact with spirituality. It was practically my religion! (Laughs) Hum, you know, much has changed! (B., male, 40).

Less positive aspects of the psychedelic experience are also reported. We were told that it has two poles, the very positive and the very intense, which can induce anxiety and fears. However, a positive potential and personal growth is assigned to the successful resolution of difficult experiences:

Chaos can be a good deal: you learn to reorganize yourself! (B., male, 40).

Imagine you are now grabbing a little balloon and begin to rise. Don't feel fear "Hey, that's high"; if you do, you won't be able to feel the experience of the climbing! You see, with the buzz is the same! If you are going to live the buzz like: "Hey, I'm so high right now, I'm so damn high, and everyone is looking at me" and stuff like that, then it becomes anxiety producing and you only want it to pass! But if you embrace the experience and you know how to properly be in it, oh, then you have a lot of fun! (C., male, 39).

I think it's a very important experience and really no one should [miss it]... not in a sense of obligation, it's not that the person shall be required to use before going into the grave, no. But certainly if you don't, you will be losing an important experience, a door to grow up! (G., male, 20).

I don't think everyone will have to have the psychedelic experience! I think each one should choose their own path and that there are people who don't have ... Hum ... That is not part of the path of everyone's path! It opens too many doors that, if the person is not [comfortable] with this type of perception, maybe they shouldn't do it ... (A, female, 30).

Alternately another participant states:

... They all end up being experiences that ... If you don't have them, ultimately you're missing an important experience to your development as a human being! "(K., male, 30).

Regarding the hallucinogenic feature of this type of substances it is referred in the reports, however it doesn't tell the total of the psychedelic experience:

There are many people that, when taking some psychedelic, think that all they are experiencing is merely a hallucination (...) and then people say that all they have is hallucination: "Oh, what a hallucination, I was seeing such a thing" ... Myself I don't believe it to be only a hallucination ... Of course there are things that are, I've hallucinated yes, but I already begin to discern "Oh, I'm hallucinating,", then later I look again and I no longer see that ... So yes, there is a hallucinogenic part, but it doesn't make the whole picture! (J., female, 39).

Perception of risks and its control.

In the interviews we tried to understand if there would be some risk perceived as inherent to the use of psychedelics. The answers we've obtained led us to understand that the perceived risk has to do with negative associations with other substances and dosing issues, as well as concern regarding the purity of the substances and contexts of use. When these issues were taken care of, for most the subjects we spoke to, the risk felt is almost non-existent. The question of what the personal preparation was needed for this type of experiments was also referred. One person mentioned the increased risk for people with mental disorders like psychosis. It was common the reference to the lack of serious and pragmatic information to enable experiences informed of pleasures and risks involved.

Everyone recognized some kind of risk inherent in the experience, but considered that the experience was worth the risk, and that such risks are likely to be reduced when some factors are controlled.

I think that the same way a guy decides to smoke tobacco or ride in a car,

everything has risks. Before you do it, you have to measure them and decide if you are willing to take that risk or not. Maybe people look at a car and it is more common, a day-to-day object, and they don't take it too seriously ... I think (the risk involved with psychedelics) has to do with the cultural stigma and also the lack of credible information and education! (G., male, 20).

I think there is the risk of the dose ... If you have too much then there can be consequences ... Likewise if you take too much alcohol you can vomit and it is solved, you can get into a fight, you can get in the car and make the greatest mistake of your life ... Isn't it like that? In this case it's different because it's not something as discussed or explained –[with alcohol] you already know that if you drink too much, you get drunk and what can happen, there is consumer awareness! Ignorance can be dangerous! (A, female, 30).

We call spontaneous strategies of harm reduction to the actions the users develop by their own initiative to reduce the likelihood of negative consequences associated with the use of psychedelics (Fernandes, 2003).

There seems to be agreement on most aspects of harm reduction, in particular the importance of ensuring, when possible, the quality of the product (buy from a person you trust), use of the substance in an environment that the person perceives as safe and comfortable, with friends or people they can rely on. The necessary care in the mix with alcoholic beverages as well as respect for the doses and the body and its time of rest were also mentioned several times.

Most people sometimes don't have a good experience because they aren't using the right substance, in the right dose with the right people at the right time. You can be with people who have no knowledge of the substance and don't know how to help you, you may not be doing the right dosage because of ignorance, you may not be able to find substances with the purity level required for the experience you want to have, and (in any of these ways) you can bring harm to yourself, your body and your mind ... (K., male, 30).

In the event of a bad experience or unpleasant feelings, our respondents point out the

importance of talking with friends and remembering that they've ingested a substance and they are having a psychedelic experience:

There is this thought I never forget, which is «I'm on some substance.» Never ever forget it ... When I feel confused what I do is to step back and I think about this and I get cool again. Because I am aware, I never cease to be aware ... (C., male, 39).

If you are experiencing any situation, or you have any fear ... If it is messing with you, you can talk to someone and that person can get you out of that trip, support you in any way, because there are fears that it is just like offering an apple, doing anything to change the focus of attention, because if you are fixed on thoughts like «I'm not so well, I see certain things and I am thinking of certain things, I am not very well» it only gets worse! (J., female, 39).

When the authors asked about the ideal context for psychedelic experience, the common substrate in the answers identifies a safe and comfortable environment, doing it with friends or trusted people, and having no important appointments the next day. We have two main types of responses, which can be related to what the person sees as comfort and safety: the ideal experience to be at home or in nature, but without contact or third party interruptions; or the ideal experience as being in an electronic music festival, for several days, in the summer, where there is contact with nature, music and a sense of freedom. The contact with nature is referred as an amplifier of the experience but, in some cases, the person may do it without contact with nature at the expense of a more homely environment, if it cannot be done in conditions of some privacy and / or is not perceived by the person as a safe environment.

Conclusions and final comments: The subversion of meaning

Being this study an exploratory investigation, there is much more to study and many questions to unfold about the Portuguese psychedelic reality. It would be pertinent to explore more deeply the personal transformation that our actors associate with the psychedelic experiences. It would also be interesting to

compare objective and subjective measurements of this transformation, including the perception of people that are close to the psychedelic user.

It is common the reference to the spiritual dimension of the use of psychedelics, so one direction for future investigations could be focused on the use of psychedelics as sacraments and tools to connect with the divine.

Concerning the results in the Ayahuasca section, in which one of our interviewers refers to the beneficial use of the substance by her borderline diagnosed son, it would be pertinent to explore the use of this substance by people who suffer from various disorders or mental illness.

None of these proposed questions are new, and various investigations have been made worldwide but the Portuguese reality is still yet to be discovered.

The history of drugs throughout the twentieth century shows us how the meaning construction around them had a dominant direction: the one that converted them into a problem (Agra, 2009; Escohotado, 2008; Romani, 1999). The first questioning made the drugs into elements linked to the breaching of the rules, putting them at the center of the concerns of the criminal legal device; the second questioning made them the cause of diseases, turning them into the object of medico-sanitary device. Thus, we came to the turn of the millennium with a social representation of "drug" that endowed it both with the power to change individuals and the social system itself, marked by the problematic side. For the individual it involved the risks of addiction, diseases associated with certain forms of consumption and psychiatric co-morbidity (Alcaide, Fernandes, Pinto & Calatayud, 2015). For the social it contained the risk of association with delinquent activities, and it was increasingly connoted with areas and population fringes that were traditionally segregated in large cities (Burgois, 2003; Chaves, 1999; Kokoreff, 2000).

However, taking psychedelic uses as a field of analysis, our article points another way for the transformation that the psychoactive operates. In our study, we have seen how personal transformation is the constant across the variety of experiences with LSD, DMT and ayahuasca. What is different in the relationship between individuals and psychedelic drugs is that it reverses the assumptions of the dominant discourse: while one sees in substances such as heroin or cocaine vehicles for a transformation of the self-characterized by dependency, with a whole series of problematic elements at the level of physical and mental health, our actors see their use of

psychedelic substances as a vehicle for transformation that they value, well summarized in the phrase "I think psychedelics managed to make a better version of me" referred by one of our subjects.

We have exposed the meanings that our subjects attribute to the effects experienced, and how they reevaluate their experience, considering how this was magnified by the experience provided by the psychedelic substance. We can say that these drugs are still instituted today, as they were in the 50s and 60s, as counter hegemonic by how their users find meaning for the psychotropic experience in direct opposition to the core elements of the dominant social representation of "drug".

Notes

¹ For a literature review on the snowball method in the access of hidden populations see Fernandes & Carvalho (2000).

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Appendix 1: Grid used for the codification of the interviews and the content analysis.

Actor's file	Sociodemographic data
	Biographic data
Uses	LSD
	Mushrooms
	DMT
	Ayahuasca
	Mescaline
	Salvia
	Others (non psychedelics)
Experiences	LSD
	Mushrooms
	DMT
	Ayahuasca
	Mescaline
	Salvia
	Others (non psychedelics)
	Generic (refers to psychedelic experience without naming used substance)
	Ideal experience
	Spontaneous strategies of harm reduction
Perception of risk	

Actor's file: In this category we gather all the elements useful to construct a portrait of the interviewed person. Sociodemographic data, on one hand, and demographic data, on the other, constitute the principal elements of actor's characterization.

Uses: In this category we gather the information concerning the drug's *mode of utilization*: which drugs are or were used, the frequency, contexts, ways of ingestion, stiles of use. We also fit here all the elements related to problems of any order associated to the use or the substance and management strategies implemented. There are as many different subcategories as substances referred.

Experience: In this category are included all the elements that relate to the subjectivity of the use: the way it originates the construction of a way of *being in the drug*, a way of personal relation to it. Cognitive and affective/experiential dimensions are included. Besides the experiences with different substances, that form the various subcategories, there is the inclusion of the subcategory “Spontaneous strategies of harm reduction” that gathers the emergent strategies of harm reduction being used in the actor’s practices. There is also the subcategory “Perception of Risk” that relates to the conception and understanding of the risks associated to the use of this type of substances.

Death and Rebirth in LSD Therapy: An Autobiographical Study

Muerte y Renacimiento en Psicoterapia con LSD: Un Estudio Autobiográfico

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Abstract

This article explores the dynamic of death and rebirth in LSD therapy beyond ego-death. Drawing upon my experience in 73 high dose LSD sessions conducted between 1979 and 1999, it asks three questions: (1) Why does death become as large as it sometimes does in psychedelic therapy? (2) Why does death repeat itself so many times? And (3) what is actually dying and being reborn in this extended transformative process? It argues that death and rebirth is a cycle that repeats itself at different stages of initiation into the universe. While its core dynamic is always the same, the experiential texture of each death – its flavor, focus, and function – changes as deeper levels of reality open, requiring us to move beyond a model of individual transformation and beyond a focus on ego-death.

Keywords: transpersonal theory, LSD, psychedelic therapy, ego-death, perinatal, death and rebirth, psychedelics and philosophy, collective consciousness.

Resumen

Este artículo explora la dinámica de muerte y el renacimiento que tiene lugar en la terapia de LSD más allá de la muerte del ego. Basándome en mis experiencias en 73 sesiones con dosis altas de LSD realizadas entre 1979 y 1999, el artículo se formula tres preguntas: (1) ¿Por qué la muerte se convierte en algo tan grande como a veces sucede en la terapia psicodélica? (2) ¿Por qué la muerte se repite tantas veces durante la terapia?, y (3) ¿Qué es lo que está realmente muriendo y renaciendo a lo largo de este extenso proceso transformador? En el artículo se argumenta que la muerte y el renacimiento es un ciclo que se repite en diferentes etapas de iniciación en el universo. Mientras que su dinámica central es siempre la misma, la textura de la experiencia de cada muerte -su sabor, el enfoque y la función- cambia en la medida en que se van abriendo niveles más profundos de la realidad, lo que nos obliga a ir más allá de un modelo de transformación individual y más allá de un modelo enfocado en la muerte del ego.

Palabras clave: transpersonal theory, LSD, psychedelic therapy, ego-death, perinatal, death and rebirth, psychedelics and philosophy, collective consciousness.

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Introduction

The experience of dying and being reborn is one of the central dynamics of deep psychedelic work (Grof, 1980, 1985, 1988). Death is the price one is often asked to pay to gain access to the myriad worlds that lie beyond the body-mind ego, death not as a metaphor or symbolic enactment but the agonizing loss of everything you know to be real and true, the spasm of your last breath, the terrifying surrender. Death comes in many shapes and sizes. It may steal in softly, melting your resistance slowly, or break through the door violently with drums pounding. Either way, if we want to experience the deeper currents and hidden secrets of the cosmos, sooner or later death calls to us.

In this essay I want to share some reflections on the dynamics of death and rebirth as I experienced them over the course of a 20 year psychedelic self-experiment I undertook between 1979 and 1999. Specifically, I want to ask three questions about this process: (1) Why does death become as large as it sometimes does in psychedelic therapy? (2) Why does death repeat itself so many times? And (3) what is actually dying and being reborn in this extended transformative process? In attempting to answer these questions, I also want to revise the discussion of death and rebirth I published in *Dark Night, Early Dawn* (Bache, 2000).

Methodology

Let me say at the outset that I believe the incorporation of psychedelics into philosophical inquiry that began with William James (1902) represents a significant turning point in philosophy. Through systematically moving back and forth between psychedelically-generated states of consciousness and one's ordinary waking state where these experiences can be recorded and systematically evaluated, philosophical discourse is expanded and deepened. The loss of control demanded by psychedelic immersion is balanced by the rigorous demands of sustained critical inquiry. In this process I think we are witnessing the emergence of a new and valuable philosophical method (Bache, 2000: Chapter 1).

It was as a philosopher that I undertook 73 therapeutically structured LSD sessions following Stanislav Grof's protocol – completely internalized sessions with a sitter, eyeshades, and carefully selected music (Bache, 1980). There were two

periods of active work, the first lasting four years (18 sessions) and the second ten years (55 sessions), separated by a hiatus of six years during which I suspended my work for reasons that are not relevant to this inquiry. After getting my bearings in four low dose sessions (200-250 micrograms), the remaining sessions were all high dose LSD sessions at 500-600 micrograms. They were all conducted in a private residence under conditions that assured complete privacy. Set and setting were standardized and spiritually focused. Sessions started in the morning after a period of yoga and meditation and lasted all day. An account of each session was written up within 24 - 48 hours with careful attention paid to phenomenological accuracy and completeness, resulting in 355 pages of typed notes.

This paper emerges from years of attempting to reflect critically on my psychedelic experiences in the context of reports published by other psychedelic researchers, especially Stanislav Grof (Grof, 2002; Grof, 1976, 1980, 1985, 1998, 2006; Metzner, 1999, 2004; Strassman, 2001). As a qualitative heuristic study, this paper honors the insights and strategies recommended by Braud and Anderson (1998), Lincoln and Guba (2011), and Moustakas (1990) for generating strong and reliable personal narratives. As an exercise in critical autobiography, it pays particular attention to reflexivity and self-transparency (Findlay, 2002; Tracy, 2010).

As many researchers have pointed out, psychedelic therapy is an exceptionally powerful vehicle of self-exploration that unleashes many surprises (Grof, 2002; Grof, 1980; Metzner, 1999). In a sustained psychedelic inquiry, one is repeatedly forced to recast one's assumptions and recalculate what is possible. This perpetual rethinking of assumptions has certainly marked my attempts to fathom the inner workings of death and rebirth in LSD therapy.

Framing the Inquiry

For the purposes of this discussion, I'm going to divide my psychedelic journey into three broad phases – a first phase leading up to ego-death, a second phase centering on the collective death-rebirth experiences reported in *Dark Night, Early Dawn*, and a third phase marked by a deepening spiral into what I perceived to be the Divine. In a sustained regimen of psychedelic therapy, a doubling back and reprocessing of material at deeper levels is common, so I don't intend to suggest a strictly linear pattern of

development. That said, it has been my experience that when the external variables are standardized as much as possible in a long series of sessions, a gradual and somewhat systematic unfolding takes place into progressively deeper levels of consciousness.

When I began this work, I was primarily interested in spiritual enlightenment. I wanted to cleanse my system of its habitual constrictions and realize spiritual freedom. Because the spiritual traditions I had studied emphasized death of self as the gateway to liberation (Smith, 1958; Teresa of Avila, 1961; Underhill, 1961), this was my initial focus – challenging my ego, emptying my bucket of illusions, and reconnecting with my Essential Nature. Though I felt reasonably well prepared for this undertaking – 30 years old with a doctorate in philosophy of religion and socially grounded in a marriage and career – I did not fully appreciate what I was getting into. No amount of reading can completely prepare you for what you will encounter on this path. The journey turned out to be much deeper, much longer, and much wider than I ever dreamed possible in the beginning.

I chose to work in high dose *psychedelic* sessions rather than low dose *psycholytic* sessions because time for inner journeying was hard to arrange in a dual career marriage and I wanted to make the most of each session. The spiritual literature described one's karmic conditioning as being ultimately finite (Govinda, 1969; Guenther, 1974; Thera, 1962), and I naively thought that I could work through mine faster by using this accelerated method of transformation, in effect biting off larger pieces of karma in each session. I knew from Grof's early books (1976, 1977, 1980) that the sessions would be more challenging, but I thought that if I confronted my shadow conscientiously and could endure the intensity of the work, it would get me to my goal of liberation sooner. It turned out that I was completely wrong about this, or rather that *all the assumptions I was making were wrong*. I began this work thinking in terms of a therapeutic model focused on individual transformation. I found, however, that working with such high doses of LSD activated consciousness so powerfully that it expanded the scope of the work *beyond the individual and beyond personal enlightenment*.

I should mention that with the wisdom of hindsight, I don't recommend taking this aggressive an approach to the deep psyche. Though I deeply cherish the many blessings this journey gave me, they came at a certain cost. There is significant wear and tear on one's physical and subtle energy system driving it this hard, and it is

eventually painful to be immersed in depths of cosmic beauty one cannot keep. Were I to do it over again, I would adopt a gentler strategy, balancing organic with synthetic medicines, low with high doses. And if one's goal is enlightenment as this is conventionally understood, this work is better done closer to where the ego lives in the world, and that means working with lower doses¹.

The first phase of this journey lasted two years and ten sessions. These sessions were largely perinatal in nature, involving intense existential confrontations, convulsive seizures, and fetal experiences combined with many forms of surrender and dying² The physical cleansing was particularly intense. This series eventually culminated in a poignant ego-death in which my identity was turned inside out and shattered. Starting the day as a middle class, white male philosopher obsessed with the meaning of life, I was forced to become completely female and to live lives that were the opposite of "me." Stripped of all vestiges of my masculine identity, I became countless women of all shapes and sizes, women of color at the laundromat with no prospects, women trained in the art of living by television with no horizons beyond the here and now. It was the perfect hell for a male professor with layers of metaphysical and existential anguish folded into it. It wasn't women that were the problem, of course, or race or poverty; it was the tight grip that my physical and social identity had on me, telling me that "I" was not any of these. When I let go of my life as I had known it, I died...and was reborn into a new world, the extraordinarily beautiful world of the feminine explored under the arm of the Great Mother.

Why does death become as large as it sometimes does in psychedelic therapy?

Shortly after this sequence had completed itself, a second phase began that brought with it a very different series of death-rebirth experiences. After a transition in which my compassion for humanity was deeply aroused, I entered an "ocean of suffering" that eventually expanded to encompass what appeared to be the entire history of the human species. Broadly drawn, this phase lasted 28 sessions spread over four years – one and three years of active work separated by a hiatus of six years.

During this phase I was repeatedly and systematically immersed in experiences of collective anguish that shattered all frames of

reference, completely dwarfing the previous phase. The dying in these sessions was almost entirely collective; the surrender demanded was the ordeal of repeatedly opening to the sheer enormity and savagery of this ocean of pain. Two short excerpts will give the flavor of these episodes.

Excerpt #1:

When the music shifted to primal chanting, the anguish thickened into a terrible horror acted out around me on all sides. The forms of the horror were so many that there is no way to describe it. Disembowelings by the score, the mauling of lives, deaths in the thousands. Swirling forms so complex, multidimensional, and multi-thematic that isolated images do not stand out. It was war, savagery, destruction, killing, anguish. Trying to articulate it I am reminded of Dante's Inferno but sped up incredibly fast and overlaid many times. It lasted hours. (Session 13)

Excerpt #2

I don't know how to describe today, the places I was in, the destruction I was part of, the searing pain and torment of thousands of beings tortured to their breaking point and then beyond. Not individuals but waves of people. The tortures not specific but legion. Driving sitar and drums tearing me apart, plunging me into more and more primitive levels of anguish. Passing through previous levels, I eventually reached a new one I can only liken to hell itself. Unspeakable horror beyond any imaginings. I was lost in a rampaging savagery that was without bounds. The worst pictures of the world's religions only touch the surface. And yet the torment cleanses one's being. (Session 15)

My early interpretation of these experiences was to see them as constituting a deepening of ego-death, as leading to a more complete ego-death. My assumption was that if any form of death and rebirth were taking place in a session, even these very collective deaths, there were probably pieces of ego dying somewhere in the mix. What did the sensation of dying attach to if not to an ego?

Eventually, however, this assumption was overwhelmed by the sheer volume and intensity of the collective suffering involved. These episodes

went on for too many years and were too extreme in their content for me to continue seeing them as collective experiences drawn in through resonance to a "core" of unfinished ego-death. This forced me to reassess the goals and the boundaries of this entire therapeutic enterprise. The conclusion I eventually came to, both intellectually and experientially, was that these collective episodes were *not* primarily aimed at the transformation of my personal consciousness. Instead of seeing them as a deepening of ego-death, I became convinced that they were aimed at nothing less than the death and rebirth of the species mind as a whole.

Dark Night, Early Dawn was written in large part to answer the question: Why did death become as large as it did in my psychedelic journey? What is driving the healing process when it opens to such collective tracts? In that book I abandoned the person-centered narrative I had been assuming – that the goal of this therapy is the healing and transformation of the individual – and adopted an expanded narrative. By integrating Rupert Sheldrake's concept of morphic fields into Stanislav Grof's paradigm, the way opened to viewing these collective ordeals as part of a larger transformational process aimed at healing the scars of humanity's collective unconscious, scars accumulated through history and still carried in our collective memory (Sheldrake, 1981, 1988, 1991). I argued that in highly energized psychedelic states, the collective unconsciousness is sometimes activated to such a degree or in such a manner that it triggers a collective healing process. Through some fractal flip or quantum entanglement I had not anticipated or even thought possible at the time, the "patient" in my sessions had shifted from being me to being humanity itself, or some portion of humanity.

In my attempt to integrate this expanded narrative into Grof's model of consciousness, I kept the term "perinatal" for these collective ordeals while trying to expand the rationale for their appearance. Rather than let go of the perinatal vocabulary, I stretched it by proposing that a person's experience of the perinatal domain could "slant" toward one or the other pole of the personal/transpersonal interface. If one's perinatal experience slanted in the direction of the personal psyche, persons may experience the loss of their physical identity and the recovery of their spiritual identity interwoven with reliving their biological birth. On the other hand, if one's perinatal experience slanted toward the transpersonal side of the interface, persons may undergo the death-rebirth sequence in deep identification with the human species as a whole. When this happens, the

biological birth canal shifts to the birth canal of human history. The therapeutic process of making conscious the trauma of the past, of holding that trauma in one's awareness until it is reintegrated thus freeing the present from the burden of the past, seems aimed at the species mind itself. Trying to hold together Grof's theory and my experience, I further suggested that there were two tiers of death and rebirth intertwined in these episodes, one aimed at personal ego-death and a second aimed at collective ego-death (Bache, 2000).

At the present time, however, I have shifted to what I think is a simpler and more elegant way of understanding these collective episodes. My current thinking emphasizes that death and rebirth is an archetypal *cycle* that repeats itself many times as one moves through successive stages of psychedelic initiation. It is a wheel that like the wheel of the Buddha Dharma turns multiple times. Being an *archetypal* cycle, any single death-rebirth experience may incorporate material from multiple levels of reality. However, looking back at the larger trajectory of my sessions, I now recognize that this cycle was repeating itself *in different forms* as I moved into progressively deeper dimensions of consciousness – to use a familiar typology, into the psychic, subtle, causal, and Absolute levels of experience³.

The essence of my revision of *Dark Night, Early Dawn*, then, is this. Rather than seeing the episodes of collective suffering reported there as a *protracted first-turning* of the wheel of death and rebirth, I now see them as a *second turning* of that wheel, one coming after the perinatal ego-death that had taken place previously and before the cycles of death-rebirth that followed in later sessions. They are the second movement of a larger symphony, a movement taking place at the subtle level of consciousness, a movement whose dynamics are inherently collective, focused on a collective patient and aimed at a collective transformation. This is a revision that Grof supports. In a personal exchange on this topic he wrote: "I feel that for clarity, we should change the terminology and make it clear that the term perinatal should be used only for fetal experiences...and not for experiences of death and rebirth on higher levels of the transpersonal spectrum with no relation to biological birth" (personal communication, October 25, 2006.)

While death may take many forms at different stages of the psychedelic journey, the core experience is always the same: complete surrender to whatever one is confronting, a loss of control and collapse of all reference points, and a

disorientation so deep that it dissolves reality as we have known it. Similarly, the essence of rebirth is consistent across levels: the experience of awakening inside a new and unanticipated dimension of existence, the birth of a new identity with new capacities, and the experience of absolute grace, of having been given infinitely more than one has given up. Within this basic structure, however, the details of dying and being reborn will reflect the specific level of consciousness at which one is working. The experiential texture of each death – its flavor, focus, and function – changes at different stages of initiation. I think that we may even say that *what* is dying and being reborn also changes. I will return to this point below.

While my early orientation valued psychedelic therapy for the contribution it might make to my spiritual liberation, eventually I came to recognize that much was taking place in my sessions that fell outside this narrow project. My sessions became a journey of cosmic discovery exploring what appeared to be the Creative Intelligence of the universe. This was a different track from enlightenment aimed at a different outcome – equally legitimate and equally if not more demanding to realize. One does not have to transcend time, be embraced by archetypal beings, or return to the birth of the cosmos in order to realize one's Essential Nature or rest in the transparent condition of *Śūnyatā* (emptiness). These are distinct if mutually reinforcing undertakings.

The transpersonal vistas that opened during the second phase of this journey compensated me generously for the time spent in the hell realms of collective suffering. They seemed to be focused on the psychic and subtle levels. There were many experiences of opening to what I came to call "deep time" – experiencing my life as a single whole from birth to death with insights into its core purpose and partners. There were also openings into the archetypal domain, making contact with collective structures that underpin life's diversity and being drawn into humanity's evolutionary future.

When the collective suffering eventually subsided and this second phase ended, I had a deep sense that I had accomplished my primary task in life, the core reason I had incarnated. This was followed by several overwhelmingly positive sessions in quick succession that seemed to constitute a mega-rebirth, a transition too large to fit into a single session. Together they constituted an initiation into orders of reality beyond any I had previously known. What little "I" was left could not have been happier. In the last chapter of *Dark*

Night, Early Dawn, I let session 38 represent this sequence, but it actually continued for five sessions.

Why does dying repeat itself so many times in psychedelic therapy?

At this point, I did not know what to expect. After all these years, I hoped that the ordeal of dying might stop. Sooner or later, I thought, the transition into transpersonal reality would stabilize and become easier. And it would have, I think, *had I stayed within the boundaries of the transpersonal territory I had been initiated into thus far*. For better or worse, however, the method of exploration I had adopted was so powerful that it kept pushing me beyond my experiential edges. Without fully realizing the consequences of what I was doing at the time, I kept stoking the fires of transformation and new vistas of reality kept opening. I did not appreciate then what I have come to understand now – that dying is part of an *endless* cycle of discovery and that it will keep returning as long as one keeps challenging the limits of one's experience. I had expected closure. What I received instead was initiation into the infinite depth of existence.

Over the next six years and 35 sessions, a third phase unfolded in which I was propelled through a series of initiatory experiences that drew me ever more deeply into an intelligence and power so vast I can only describe it using the vocabulary of the "Divine" even while the experiences themselves were demonstrating how limited and childlike our historical conceptions of the "Divine" have been. When this phase was over, I counted six cycles of death and rebirth. There were many deaths, of course, but six seminal breakthroughs.

This work had a rhythmic cadence to it, a systematic pulse of meltdown followed by initiation. I began to recognize that my system seemed to be accumulating and storing energy across multiple sessions. Initially I had thought that each session stood on its own energetically. I watched each session begin more or less where the previous session had ended, but I assumed that the energetic exertion of each session was separate and distinct from other sessions. Slowly, however, I began to realize there was a momentum building across my sessions. My system was somehow storing energy generated through multiple sessions and then releasing that energy in periodic breakthroughs of massive proportions. This was a sobering realization as it changed my calculation

of the true cost of each breakthrough. Each new initiation was being underwritten not by hours but by months and in some cases even years of work.

I came to dread the sessions immediately following these breakthroughs because they tended to involve intense "cleaning up" work. There was often a turgid "carrying out the garbage" quality to them. After observing this pattern many times, I began to understand that *deeper* states of consciousness are *higher* states of energy. Entering what can be described as a deeper level of reality shifts one into a higher energetic register, and this higher energy "shakes loose" debris in one's physical, subtle, and spiritual being. By debris I mean qualities, psychological patterns, and energetic constrictions that are incompatible with the purer energy one has entered. In my post-breakthrough sessions, my system seemed to strain to accommodate this purer energy, sweeping out the old to consolidate the new, eventually establishing a clearer and stronger energetic platform on which the next cycle of work would build. An analogy from mining comes to mind. After an explosion opens a new vein of ore deep in a mountain, you still have to carry away the rocks to get complete access to the gold.

It is difficult to describe the content of these late breakthroughs in a succinct way for several reasons. First, they require the context of sequence to give one's words meaning, as words carry different inflections at different levels of reality. Second, the experiences were often formless in nature and devoid of content as we know it, in contrast to the more imaged-filled experiences of subtle level reality. And third, many of the distinctions language assumes break down at these deep levels of reality. Differences between inner and outer, between "I" and "It" cease to hold. I can only speak in shorthand here.

After the collective purification ended, I was spun into the radiance of what, using Buddhist vocabulary, I perceived to be *Sambhogakāya*. I call it the domain of Diamond Luminosity. I had known light many times before but this was an exceptionally Pure Light. This domain captivated me so completely that it immediately extinguished any interest I had in continuing to explore the subtle levels of reality that had previously fascinated me. This was a different order of reality altogether. Its clarity was so overwhelming, its energy so pure that returning to it became my deepest agenda in future sessions⁴.

After my first initiation into the Diamond Luminosity, it took five sessions of intense purification before the doors opened again and I was returned to this reality, now experienced in a

slightly deeper and purer form. Then another cycle of *purification-unto-death* lasting about another year before again being drawn back into these Diamond Fields, experienced in a still deeper modality. It is the pattern of experience that is important to the point I want to make here – *that death and rebirth is a cycle that repeats itself at successive levels of experiential initiation.*

It was during this third phase that I learned that though we tend to think of death as an on/off phenomenon – you're either dead or you're not – there are in fact many *degrees of dying* in this work and the deepest breakthroughs tend to follow the deepest deaths. With this discovery, death became my closest ally in the work. What began as confronting my shadow morphed into a discipline of actively embracing death whatever form it might take. Instead of being something to be feared, death became something I actively sought out, repeatedly plunging myself into its purifying fire. I was not a glutton for pain; rather, I was a glutton for what lay on the other side of the pain.

Let me give one example to document this cycle of initiation, though by itself it will catch only one facet of this deepening spiral. The following pair of sessions constituted the first of the six initiatory cycles that took place during this third phase. I was 15 years into the journey and 45 years old. The entire first session was spent mining death while the second harvested the rebirth.

After a long introduction that yielded many insights into various family relationships, the theme of fear began to enter powerfully and tenaciously. I yielded and followed.

So much fear. Where was it coming from? What lay behind it? I had to work to keep open to it. Very few images came to give the fear any specific shape or form.

As things went on, I began to sense a fear of dying. Many variations on the fear of dying. I became people who were dying and they were afraid – afraid of the pain, of the unknown, of separation from loved ones. Fear and death intertwined in countless variations. A small part of me recognized the symptoms of engaging a collective COEX system, sensed that this was part of a death-rebirth cycle, but soon all this was swallowed by the specter of death. Dying swallowed even fear. Everything was death. Death and dying. I was dying. The parameters of this dying

exceeded anything I had previously known. How can dying reach such proportions?

Somewhere in here I realized that there were many degrees of dying. I had already died much through the years. Now I was being invited to die more. I could choose to die as much or as little as I wanted today.

I found myself suspended in a crystal of light. The bottom of the crystal was pointed and clear; the top was tinged with red and disappeared into radiating bands of shining light. My arms were stretched out from my body at 90 degrees in complete surrender, and I could choose how much I would die, how much I would allow myself to be dissolved into the light that was beaming through me. In the light, as light, infinite experience was possible. I could feel the extraordinary diversity of experience available to me as light. To surrender myself to this mode of experience would be to surrender all localized, individualized experience.

In this transfixed condition, I began to consciously choose death. I chose to open myself layer by layer to deeper currents of light. I could feel it reaching into me, changing me, transmuting me into something different. With my feet still frozen in the point of the crystal, my torso dissolved into pure light. I moved in light. I was light. It was joyous, a completely different world, a completely different reality.

After a relatively brief period of time in this reality, I was returned to the currents of fear. I cannot say what directed me back there or why. Fear was simply present again, and so once again I dove into it, seeking to get to its core.

This time the fear was many times greater than before. It had many more layers to it, many more variations. Fragments from my present life swirled in symphony with fragments from former lives and lives that seemed drawn from the collective psyche.

From one perspective, I was melting a collective COEX system, a Meta-Matrix of fear; from another perspective I was engaged in shamanic combat with demons of fear. But what strange combat this was. Here one "conquers" by surrendering, by becoming vulnerable to what surrounds you. I kept holding still and opening, taking into myself whatever presented itself to my

experience, opening to wave after wave of fear, always searching for some sign of its origin but finding none.

Then something shifted. In the midst of the collective mayhem, a more personal theme arose. Fear merged with a feeling of helplessness. I was suffering, dying, and reaching out. Old memories surfaced from what appeared to be a previous life as a soldier dying on a battlefield after the battle had ended. "Help me!" I cried, but no one came. I died alone. My mother entered my awareness and I recognized layers that derived from my early experience as an infant and child in her home. A soldier's dying gasp blended with an infant's helplessness. No comrades, no mother, no help. The core of my fear was helplessness. Somewhere in history death, helplessness, aloneness, and fear had fused. Now the pieces were coming out and separating.

I stayed with these experiences for a long time. They played and played for hours of clock time and centuries of session time. After giving up all hope of ever reaching the bottom of them, they finally and nondramatically released me. Something had played itself out and I was free.

It was late in the session and I was bone-weary tired. As I began to move about mentally, I found myself in a world shimmering around the edges with light, but I was too exhausted and it was too late in the day to do more than briefly touch the edges of this domain. (Session 44)

(One month later.)

Today is a day I have waited many years for. How can I express the gratitude I feel for every person and circumstance that made today possible? How can I say thank you enough?

After a long period of opening, I found myself repeatedly saying, "I have earned the right to die." Far from fearing death, I was seeking it out, demanding that it come to me. I was deflecting half-measures and insisting on my right to a complete and final death. I had done my work; I had earned the right to die, and I was calling on this right. My litany focused me and carried me deeper and deeper until I reach a point of complete concentration.

From this position of absolute focus, I began to die. Oh, what sweet death! I began to savor what was happening! What I

had previously feared now opened to me as incredible sweetness. How wonderful to experience death! What a surprising reversal! Thank you, thank you.

Upon dying I moved into an ecstatic mode of experience I cannot describe adequately. It was a different mode of experience from anything I had known in previous sessions; the entire flow of the experience was different. Light-filled, yes; a universe composed of nothing but light. What stood out for me, however, was something I cannot articulate well.

It was as if I had moved inside the inner flow of God's being, as if my life was now bending and flowing through a being of infinite dimensions. There was nothing amorphous or fuzzy about the experience; on the contrary, it was extraordinarily clear and precise. The boundaries of this clarity exceeded anything I had previously known.

Apparently, one death was not enough in my case. I found myself standing in the middle of a circle, surrounded by a swiftly spinning band of holographic images of my life. All the time-moments of my life were present in this circle. Everything I had ever thought, felt, and done. I fell into the circle and experienced some part of my life, but as I did it suddenly "died out from under me" and I instantly found myself in the luminous death-state beyond individual identity. Then I was returned to the center of the circle and the process repeated itself, now falling in a different direction and touching a different part of my life. This was repeated many times as if to drive the point home, as if to say, "See, whatever direction you turn, there is only death. Death in all Directions." It was teaching me that in this transition, the outer form of one's life may remain, but the inner substance is the Light itself.

The repetition kept expanding the scope of the transition, taking me deeper and deeper into ecstasy until eventually there was no center to return to, only the pure, seamless condition of the death-state. What strange language to describe our true nature.

The death-state.

Incredibly clear.

Luminous beyond measure.

Incredible age; incredible extension.

*A seamless intelligence running not
above but inside existence.
Pieces of reaching out and moving
into large "wholes" of experience.
Blocks of experience encompassing
thousands, millions of people.
Human-experience folded into
Earth-experience.
Just touches, tastes.
Ecstatic reverence for the integrated
movement of life
throughout the universe.*

*For several hours I was carried
along the currents of this condition about
which one says either too little or too much.
The price of saying nothing is to risk
forgetting the subtler textures of the
experience, yet to speak creates the illusion
that words are adequate to the task and they
are not. Even after fifteen years, today was
so unlike any previous mode of experience
that language truly fails me. Silent
appreciation seems the best recourse,
combined with ceaseless prayers of
thanksgiving. My song springs forth from my
heart.*

*How can something so crystal clear,
so devoid of earthly form evoke tears of
homecoming?
What are we that such imprisoned splendor,
once released, floods us with rivers of
gratitude?
Whom shall we thank for what we are?
Where do I direct my deep appreciation?
There is no one place,
so I send my prayer into the seamless fabric
of existence
left and right, high and low,
in infinite dimensions all around.
My attempts to describe the experience keep
breaking down,
and I end up repeating the same words over
and over.
I was home
...and free
...and Light.*

(Session 45)

As complete as this rebirth was, it was in time followed by more experiences of dying as the spiral of initiation continued to turn. My understanding of this pattern is that death repeats itself not because it has failed to hit its mark and something of ego survives but because the Divine

is an infinite landscape with countless levels to explore. As our transpersonal experience deepens and refines itself, one undergoes many deaths, for each death is but a gateway to what lies beyond. Levels of reality that we are born *into* at one stage we are later challenged to die *out of*. Dying out of humanity, dying out of space-time, dying out of the *bardo* echoes of space-time, dying out of the archetypal flux.

After one has died and been reborn many times, eventually the very concept of death begins to lose its meaning. One learns through repetition that at the deepest level of one's being, it is impossible to die. The form that one is can be shattered, one's entire reality can be repeatedly destroyed, but one's innermost essence always reemerges. The phoenix always rises. *Death becomes simply a measure of the degree of purification being enacted.* When purification reaches burn-through proportions, when it reaches so deeply that it begins to dissolve the form that you are, then dying has returned to grace you.

It was during this third phase that I surrendered one more assumption about death and rebirth – the assumption that there is an ultimate end to this cycle, a final death. I no longer believe this is the case. The dying stops when one's capacity for discovery is simply exhausted and one can take no more.

Let me qualify this carefully. When one's private existence is dissolved, one can enter a state of Oneness that is completely and utterly satisfying. One rests in the source of existence, one with all that is. You cannot imagine anything more complete. And yet my experience has been that with repeated immersion in this condition, new dimensions of the Oneness eventually reveal themselves, with new levels of joy associated with each. The One exists in many modalities and therefore can be known in many modalities, always One but in different depths of expression. I must strain language to make the point.

It was not theory that changed my thinking on this but experience. First, it was simply the fact that, in my case at least, dying always returned no matter how complete or soul-satisfying earlier rebirths had been. As long as I was willing to return to the fire, the universe was willing to take me deeper, until eventually I simply could no longer endure the energetic consequences of the exercise. And second, one particular session showed me that no matter how deeply one enters the Divine, there are always deeper dimensions still. The following excerpt is taken from a session that came five sessions after the session cited

above, at the end of my second initiation into the Diamond Luminosity.

It had been a particularly rich day. I was resting in a state of super-luminosity far beyond space-time, completely at peace and one with the Light, when the following occurred:

Suddenly everything pivoted 90 degrees, and a huge gap opened to reveal entire worlds beyond the world I was in. They looked something like magnificently beautiful distant galaxies floating in space, and shining through them was the most sublime, exquisite, Absolute Light. This Absolute Light was "beyond" even the Diamond Luminosity where I presently was, an exponential increase in clarity. The rays of this Absolute Light hit me, completely transfixing me and leaving me utterly stunned in rapture. Such splendor! In only seconds it completely redefined my life's agenda. The progressive realization is endless. Any cost, any cost! (Session 50).

What is dying and being reborn in this transformational process?

This brings me to the third and final question: What is actually dying and being reborn in this spiral of death and rebirth? In attempting to answer this question I want to affirm a delicate both/and balance. On the one hand, I want to affirm the position of the individual. The individual registers and absorbs these successive deaths. They become part of his or her life story, and so they "belong" to the individual in ways that I do not want to negate or deny. On the other hand, I think these deaths also "belong" to the Universe in ways that transcend the individual. They are something *It* is doing. The Universe appears to use these opportunities to heal *Itself* and commune with *Itself* in ways that reach beyond the individual. I think both these perspectives are important and true. With this said, let me suggest four overlapping answers to the question of what is dying and being reborn in this deepening transformational spiral.

The ego

In the early stages of the journey, what is dying is our body-mind identity, the small self, ego. More specifically, what is dying are the constrictions and wounds, the illusions and habits created by our earthly history. But in later sessions

after ego has surrendered its grip on our consciousness, what exactly is dying then? There is often an acute sensation of dying in these subsequent sessions, but what exactly does this sensation attach to?

The species ego

As argued in *Dark Night, Early Dawn*, when the wheel of death and rebirth is turning at the subtle level of reality and the deaths are largely collective, what is dying, I believe, is *some part of the species ego*, that is, some collective nodule of ignorance and pain inside the collective unconscious of our species. If the patient in these sessions expands from the personal psyche to the collective psyche, then what is being reborn is some aspect of our collective mind. Though we may participate in these events, what "we" are has shifted. We participate less as an individual and more *as a member of our species* or even *as the entire species itself*.

The pulse of the life one is living in these hours is not our private life but the pulse of human history. The COEX systems that are resolving themselves in these exercises are not personal complexes but Meta-Matrices within the collective unconsciousness (Bache, 2000). The intelligence that initiates and guides this collective rebirth is not the individual's "higher self" but something like the "higher self of the human species," the archetypal intelligence that connects our species consciousness to the Creative Intelligence of the universe⁵.

The shamanic persona

A third part of the answer to the question of what is dying in post ego-death sessions may be found in what I call the *shamanic persona*.

I think all journeyers have had the experience that after a session has ended, we sometimes cannot consciously retain all the experiences, knowledge, and insights that we had during the session. And yet when we reenter psychedelic space in subsequent sessions, this "missing" knowledge is present once again, waiting for us. As a session opens, we often have a sense of resuming our "psychedelic identity," an identity that is familiar to us and deeper than our egoic identity. This common experience suggests that the psyche remembers and integrates our psychedelic experiences at levels deeper than egoic consciousness.

Ego-state psychology has demonstrated that this compartmentalizing of experience is

actually a common feature of our psychological makeup. Many areas of our inner life have this encapsulated, semi-autonomous quality⁶. I think that this psychology may throw an interesting light on how the psyche manages the extreme swings of awareness generated in psychedelic therapy, with one proviso. Ego-state psychology tends to see ego-states as created in reaction to trauma. Here the shamanic persona is born from a surplus of blessings.

I want to suggest that in the repeated opening and closing of awareness, a *semi-autonomous, state-specific consciousness* is formed that retains and integrates those psychedelic experiences that the egoic self cannot hold on to. This consciousness not only remembers our experiences, it preserves the knowledge and capacities we acquired in them. I call this psychedelically-generated entity *the shamanic persona*. The shamanic persona can be thought of as a state-specific alter ego. In calling this entity the shamanic *persona*, I am not suggesting that it has a “masking” function but am drawing attention to the fact that it changes as experience deepens. If one prefers, one may call it the *shamanic identity* or *shamanic self*.

The more experience one has accumulated at a given level of transpersonal reality, the stronger the shamanic persona will be at that level. If one’s psychedelic experience has been chaotic and fragmented there, the persona will be weaker. If one’s experience has been well focused and clear, the persona will be stronger and more stable. The more successfully we have integrated our psychedelic experiences into our conscious awareness, the “closer” and more familiar our shamanic persona will likely feel to our ordinary sense of self. Conversely, the less well integrated our experiences have been – either because of poor session management or because the content of a session was particularly deep – the more “distant” and “other” the shamanic persona will feel⁷.

Because the shamanic persona is a synthesis of a specific set of experiences, it is a specific entity with a specific identity. It is the living memory of our psychedelic history, and as such it has built into it the limits of that history. A shamanic persona that embodies stabilized psychic level transpersonal experience, for example, is a very different entity than a shamanic persona embodying stabilized subtle level experience. By “stabilized experience” I mean that we have entered a specific level of consciousness often enough that we have acclimated to the territory and learned the terrain. Our psycho-physical system has undergone the necessary purifications and

adaptations for us to maintain coherent awareness and good recall at this level.

If this line of thought has merit, it may give us a new layer to the answer to the question what is dying in these sessions? When one’s system begins to open to levels of transpersonal reality that are deeper than levels we had previously experienced, our earlier psychedelic experience must itself yield to this new territory. Our previous psychedelic knowledge *and the identity based on that knowledge* must surrender control before a still deeper mode of transpersonal awareness can fully emerge. In essence, then, what I think is sometimes dying in these openings is the shamanic persona – the living memory of one’s psychedelic experience. Though its surrender may feel like a personal death, it is not the ego that is dying here but a deeper sense of identity that has been birthed *inside* one’s previous sessions. Like all identities in our fluid world, the shamanic persona is a working construct and like all constructs, it has limitations that must be transcended if consciousness is to continue to open to new depths.

In a sustained psychedelic regimen, one’s shamanic persona may die and be reborn multiple times. After one’s first shamanic persona dies and one’s experience becomes stabilized at a deeper level of transpersonal consciousness, a new shamanic persona emerges to hold and integrate these new experiences, or to put it more precisely, it emerges *as* the living integration of these experiences. This second persona will retain the memories and knowledge of the previous persona but will now add to them new knowledge and new capacities. Down the road when a still deeper dimension of reality opens, this second shamanic persona will in turn have to surrender in order for this deeper modality of experience to become fully operational.

A dimension of the cosmos

Let me suggest a fourth answer to the question of what is dying in this spiral of death and rebirth, eclipsing even the shamanic persona.

Using the vocabulary of psychic, subtle, and causal levels of experience, the threads that make up the shamanic persona at the psychic level of transpersonal experience will be personal or soul-centered in nature. At the low subtle level where collective patterns begin to predominate, the threads become increasingly collective and species-wide. At higher subtle levels where the currents of experience are more archetypal and deity-related, the threads become correspondingly

archetypal. If we continue this progression into causal levels of reality, eventually the threads become so universal in scope that I think the category of shamanic persona becomes less useful to describe what is actually dying in these meltdowns. For me, the category of shamanic persona is always tinged with personhood; it is an extension and deepening of my individual identity. As such, it is too small an entity to adequately describe the experiential quality of these later deaths, at least as I have experienced them. Clearly we're marking stages on a continuum here, but eventually it feels more accurate to let the category of the shamanic persona go and try to conceptualize these combustive implosions from within a still larger frame of reference.

The same can be said for the species ego. As broad a reality as the species ego is, it is a human-centric phenomenon. In the context of the vast cosmos, it is a comparatively small thing. Sooner or later, transpersonal experience outgrows these anthropic proportions and we must look for still larger explanations of what is "dying" in advanced sessions. But here the clear road runs out and things become more uncertain. At this point I can only share intuitions I've formed over the years, and these intuitions are tentative and incomplete.

How does one describe the larger arc of life that sparks in these deeper meltdowns? How much can we truly know about the function these meta-deaths may serve in the deeper web of life? What need do such deep levels of reality have of "rebirth" at all? I do not know the final balancing of these accounts, but I believe we should begin by viewing everything that takes place in deep psychedelic work from the perspective of the Great Chain of Being as a whole.

Let me begin by sharing an observation I made in the closing pages of *Dark Night, Early Dawn*:

To use Ken Wilber's vocabulary, if we are a holon functioning as a part within a series of ever-enlarging wholes, then the death-rebirth dynamic may have different functions for different levels of reality, all of which are being realized simultaneously. From the perspective of the smaller holon, for example, the effect of death-rebirth may be liberation into that which is larger, while the effect of the same transition from the perspective of the larger holon may be to allow it greater access to and integration with the smaller field. An event that functions as spiritual

"ascent" from below may simultaneously function as "descent" from above (Bache, 2000: 298).

This observation invites us to think about the dynamics of death and rebirth more multi-dimensionally. It is a process observation that generalizes across multiple levels of reality. At the subtle level of consciousness, for example, death and rebirth may open a portal that serves not only to drain destructive energies *out of* the species mind but also to infuse healing energies *into* the species mind from a higher source (Bache, 2000: Appendix B). At still deeper levels, such portals may allow any number of transcendental blessings to be infused directly into "lower" orders of existence. The question then becomes: How does the addition of this principle of *infusion-from-above* influence the question of how we might conceptualize what is dying and being born at these deep levels of psychedelic experience?

From my perspective, Sri Aurobindo's involutory/evolutionary cosmology resonates deeply with the cosmological vision that emerges in psychedelic states (Grof, 1998; Weiss, 2012), so let me draw upon it here. According to Sri Aurobindo (Aurobindo, 1970; Satprem, 1993), in the cascading involution of the Divine many levels of existence are manifested. While these levels may be porous from "above," they are less porous from "below." Like looking through a series of one-way mirrors, the Divine looking "down" sees everything It has become, but lower levels (also of the Divine) looking "up" see less. When we who are below manage by labor or by grace to access some of these higher levels, a special magic sometimes takes place.

Assume for the moment that through the fiery exercises of psychedelic therapy we have managed to stabilize experience at the high subtle level of reality. In order to reach this level, what "we" are has changed. No longer our individual selves, "we" have temporarily become some aspect of subtle level reality. During our sessions we live as a life form that breathes this rarified air. When through further exercises a doorway opens to still deeper causal levels of reality, it appears to allow a *cosmic communion* to take place between the subtle and causal realms. Deep communes with Deep. Bringing different levels of spiritual reality into conscious communion with each other, even if for only a few hours, seems to nourish and bring joy to the weave of existence as the "below" remembers the "above" and the blessings of "above" pour more freely into the "below." What is taking place is a Cosmic Dance between deep

levels of the Divine Fabric of existence. It is God communing with God, nourishing Its self-manifesting, self-emergent being in ways we may glimpse but perhaps never fully comprehend.

What dies and is reborn, then, in these later cycles of death and rebirth? Beyond the ego, beyond the species mind, beyond the shamanic persona, I think what “dies” is something of truly cosmic proportions. Something deep in the fabric of the universe surrenders and in surrendering is nourished from above. Some dimension of being extraordinarily vast awakens more completely to Itself. And much to our surprise, the Divine appears to genuinely appreciate our collaboration in facilitating this communion.

Conclusions

This autobiographical study has attempted to chart some of the dynamics of death and rebirth in high dose LSD therapy that take place beyond ego-death, identifying features of the psychedelic process that tend not to arise within a patient-centered narrative. Looking at LSD therapy from the perspective of an expanded narrative, it has proposed: (1) that death-rebirth is a spiral that repeats itself many times at deeper stages of psychedelic initiation, (2) that at the subtle level of consciousness the “patient” can shift from being the individual to being the species mind as a whole, and (3) that at still deeper levels of consciousness what is “dying” is a state-specific psychedelic alter-ego I have called the shamanic persona, and subsequently perhaps even something of cosmic proportions as the Divine enters more deeply into communion with itself. Looking at psychedelic therapy from this broader perspective allows an account to emerge that is more self-consistent with the core insights of transpersonal psychology into our multi-dimensional universe.

Notes

¹ See Myron Stolaroff’s wise and seasoned essay (1999). Criticizing a number of assertions made about psychedelics made in *Zig Zag Zen* (2002), Stolaroff discusses the advantages of integrating low doses of LSD (25-50 micrograms) into one’s contemplative practice.

² In Grof’s model, the perinatal domain is a level of consciousness that lies between the personal level of consciousness and transpersonal levels of consciousness. As the doorway between physical and spiritual reality, it

combines birth, death, and rebirth in complex combinations, for birth and death are the revolving door between these two worlds. Entering this level of consciousness frequently involves facing one’s death while simultaneously reliving one’s birth, confronting the deepest existential questions about the meaning of existence and experiencing intense *kriyas* – physical and emotional purifications. It often blends personal and collective elements, sometimes drawing one into fields of collective anguish that exist in the collective unconscious. It culminates in the complete collapse of one’s physical identity – ego-death – and rebirth into spiritual reality.

³ Ken Wilber developed this typology, derived largely from Hindu and Buddhist sources, to describe different stages of spiritual development (1980: Chapters 8-9). He later used Emerson to represent the psychic level, Teresa of Avila the subtle, and Eckhart and Sri Ramana Maharshi to represent the combined causal and Absolute (nondual) levels (1995: Chapter 8). Grof discusses Wilber’s typology in several places but most fully in *The Future of Psychology* (2000: 65-68) where he uses these categories to describe not stages of spiritual development but states of consciousness that arise in psychedelic and holotropic settings.

⁴ Wilber associates light with subtle level experience (1995: 622), but I think this fails to recognize the many gradations of light that actually surface in transpersonal experience. I would classify the “Diamond Luminosity” I am describing as a causal level phenomenon.

⁵ I apologize for the human-centered focus of addressing the human species mind while seeming to ignore the larger landscape of life. This reflects the idiosyncratic focus of my personal work, which seems to have targeted our species as the primary threat to our planet. A more comprehensive account of the mental fields of our planet would include categories such as the minds of other species, the mammalian mind, the Gaian mind, the galactic mind, and so on.

⁶ Rowan defines ego-states as “semi-permanent and semi-autonomous regions of the personality capable of acting as persons” (1990: 8). For an excellent discussion of ego-states see Zinser (2011). See also Emmerson (2007), and Watkins (1987).

⁷ I am oversimplifying matters here to speak as though there is only one shamanic persona in existence at any given time. Perhaps this is true, but perhaps there are multiple shamanic personas existing at one time, each integrating a specific layer of our psychedelic experience. This diversity would require a more nuanced presentation. We might have to shift to thinking in terms of “clusters” of shamanic personas. I don’t think this adjustment, however, would change the fundamental recommendation I’m making here concerning the role of the shamanic persona in death and rebirth.

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Configuración de la Psicoterapia Asistida con Psicodélicos

Psychedelic Assisted Psychotherapy Configuration

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Resumen

El siguiente informe tiene la intención de detallar algunos de los puntos más importantes a tener en cuenta a la hora de cimentar las bases de la aplicación clínica de la psicoterapia asistida con sustancias psicodélicas. Citando los puntos más importantes a tener en cuenta, se propondrá un marco idóneo para el correcto desarrollo de la psicoterapia asistida con sustancias psicodélicas, partiendo de la asunción de que ésta cuenta con determinadas características especiales que deben ser cuidadosamente atendidas y respetadas.

Palabras clave: psicoterapia, conciencia, psicodélicos, LSD, MDMA, psilocibina.

Abstract

The purpose of this report is to provide some of the most important factors of the clinical application of the psychedelic-assisted psychotherapy. Remembering the most important considerations of this treatment, we will expose the basic conditions for his construction. This treatment has some special features, which we have to respect in detail.

Keywords: psychotherapy, psychedelics, consciousness, LSD, MDMA, psilocybin.

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Introducción

Después de un silencio que se prolongó de 3 a 4 décadas, según el país o la sustancia, hace ya varios años que las sustancias psicodélicas¹ han vuelto a pisar los laboratorios de todo el mundo (Frecska & Luna, 2006; Langlitz, 2010; Morris, 2006; Sessa, 2012). Resultados prometedores obtenidos en los años cincuenta y sesenta (Malleon, 1971) y el trabajo de fundaciones y asociaciones como la Multidisciplinary Association for Psychedelic Studies (MAPS) o el Heffer Research Institute, y los resultados de los estudios con psicodélicos realizados y publicados en los últimos años (Baumeister, Barnes, Giaroti & Tracy, 2014; Carhart-Harris et al., 2012; Carhart-Harris et al., 2013; Gasser et al., 2014; Gasser, Kirchner & Passie, 2015; Griffiths, Richards, Johnson, McCann & Jesse, 2008; Griffiths et al., 2011; Halberstadt, 2015) además del apoyo de instituciones como *Scientific American*, han provocado el movimiento bautizado como “renacimiento psicodélico” (Sessa, 2012). Y es que, dejando a un lado la controversia que rodea estas sustancias, los estudios metodológicamente robustos que existen parecen legitimar la continuidad de la investigación en este campo (Barbanj et al., 2007; Bouso et al., 2015; Carhart-Harris et al., 2012a; Carhart-Harris et al., 2012b; dos Santos et al., 2011; Muthukumaraswamy et al., 2013; Riba et al., 2006). Especialmente en los últimos años, con la utilización de técnicas modernas de neuroimagen, se han realizado importantes hallazgos y se han propuesto nuevas hipótesis sobre el mecanismo de acción de estas drogas (Carhart-Harris et al., 2012a, 2012b; Vollenweider & Kometer, 2010).

Gran parte de los profesionales que investigamos con psicodélicos lo hacemos con la esperanza de que en un futuro no muy lejano éstos conformen una “terapia psicodélica” validada e integrada en los servicios de salud.

Éste parece ser un escenario plausible, pues en Estados Unidos, en el caso de la utilización de la MDMA para asistir el tratamiento del trastorno por estrés post-traumático, ya se están terminando los estudios de Fase II necesarios para la aprobación de nuevos fármacos autorizados por la Food and Drug Administration (FDA). Por ello creemos necesario presentar una propuesta teórica sobre el marco en el que se debería realizar la terapia en cuestión. Este escrito cumplirá dicha función desde un posicionamiento ecléctico.

Antes de la terapia

Será indispensable la formación de equipos multidisciplinares para la correcta aplicación de la terapia psicodélica, los cuales deberán planificar intervenciones conjuntas y coherentes. Este modelo, que ya está presente en diversos tratamientos e intervenciones, se hace especialmente necesario en este caso, pues la complejidad y variabilidad de los fenómenos que tienen lugar en la terapia psicodélica exigen distintas concepciones y enfoques disciplinares, que tendrán que integrarse y adaptarse a cada paciente.

La terapia psicodélica deberá empezar, necesariamente, sin la administración de sustancias. Deberá haber un período previo de unas 2-3 sesiones como mínimo², en las que se establecerá la relación terapéutica, garantizando que ésta se caracterice por una plena confianza mutua. También se preparará al paciente para la sesión farmacológica, informándole sobre los efectos de la droga y las características de la experiencia, brindándole estrategias de afrontamiento, estableciendo los objetivos terapéuticos, pactando las condiciones de manera conjunta o resolviendo dudas, entre otros (Tartakowsky, 2014).

La intención no debe ser otra que la de llevar a cabo un proceso psicoterapéutico facilitado, en este caso, por un coadyuvante psicodélico.

La implantación de métodos de cribado será también primordial. Contamos con el conocimiento necesario como para detectar aquellas personas que son más susceptibles de sufrir alguna reacción adversa tras la administración de psicodélicos (Dos Santos, 2013; Grof, 2005; Hermle, Kovak, Hewer & Ruchow, 2008; Hofmann, 2006; Dos Santos, 2013; Smith, Raswyck & Davidson, 2014; Strassman, 1984). Algunos criterios de exclusión básicos serían la presencia de alguna patología cardíaca, antecedentes directos de trastornos psicóticos o esquizofrenia, o claros indicios de la presencia de éstos. Además de la exacerbación de enfermedades mentales latentes, otro de los riesgos a mencionar es el de sufrir el llamado *flashback* (Lerner et al., 2002), o el trastorno registrado en los manuales de diagnóstico como Trastorno Perceptivo Persistente por Alucinógenos. Éstos parecen ser poco frecuentes, o incluso anecdóticos (Halpern & Pope, 2003; Krebs & Johansen, 2013). Además, no se ha encontrado ningún caso en estudios clínicos (Griffiths et al., 2008; Griffiths et al., 2011; Studerus, Kometer, Hasler & Vollenweider, 2011)

ni en entrevistas a participantes frecuentes de las ceremonias de peyote (Halpern et al., 2005). Sin embargo, debido a que, según parece, los individuos sanos también podrían padecerlos, y que actualmente no se cuenta con ninguna hipótesis etiológica satisfactoria, deberán estudiarse minuciosamente.

Formación de terapeutas especializados

Será necesaria la formación específica de psicólogos y otros profesionales en la gestión y manejo de los estados de conciencia inducidos por estos compuestos (de ahora en adelante “estados psicodélicos”). Bajo dichos estados los pacientes pueden manifestar un amplio abanico de reacciones: Catarsis emocionales, ansiedad, experiencias cumbre, labilidad emocional, etc.

Asimismo, durante los estados psicodélicos es común que el material psíquico emergente se manifieste en forma de experiencias cargadas de simbolismo (Grof, 2005; Masters & Houston, 1974). Dicho material requiere ser elaborado adecuadamente tanto por el terapeuta como por el paciente. En este sentido, resulta necesario que el profesional que asista la sesión cuente con un marco de referencia coherente a partir del cual orientar dicha elaboración. La psicología analítica junguiana o las formulaciones de Grof, entre otros modelos teóricos, pueden servir en este caso como guías pertinentes para el trabajo clínico.

También se deben considerar supervisiones clínicas guiadas por terapeutas especializados en psicoterapia psicodélica, ya que éstos cuentan con experiencia clínica que podrían aportar a la formación de futuros terapeutas interesados en este tipo de terapias asistidas (Tartakowsky, 2014).

Además, el/la profesional deberá estar preparado para hacer frente y gestionar de forma efectiva las situaciones que emergen durante la terapia psicodélica. Esto se conseguirá a través de una extensa formación teórica, práctica y ética que incluya el aprendizaje de diversos elementos, incluyendo los siguientes:

Directrices prácticas.

Aunque, tal como se ha mencionado, los terapeutas tendrán que adaptarse continuamente a las situaciones que se presenten en las sesiones, existen diversas directrices que podrán aplicarse de forma general, como la capacidad para mantener y transmitir en todo momento un estado de

calma, no juzgar ninguna conducta o verbalización, no atender otros asuntos durante las sesiones, sostener la atención en el presente y en lo que le ocurre al paciente en cada momento, entre otras.

Estrategias generales de tratamiento.

Deberán definirse determinadas pautas y procedimientos básicos que permitan delimitar de forma general estrategias que estén en consonancia con las particularidades de la terapia. Algunas de estas serían, por ejemplo, la distancia o cercanía con respecto al paciente en distintos momentos, la promoción de fases introspectivas, no interrumpir el trabajo interno que lleva a cabo el paciente intentando darle una guía distinta al trayecto que ya está realizando, la actitud del clínico ante diferentes situaciones, trabajar las resistencias cuando emerjan durante las sesiones, entre otras.

Detalles con respecto a las dosis.

En un contexto clínico, podemos predecir de forma general qué tipo de efectos inducen distintos rangos de dosificación, aunque los factores extrafarmacológicos, como señalaremos más adelante, son especialmente importantes. Este aspecto será primordial para la planificación de la terapia, pues dependiendo del caso puede que se deba inducir un tipo de experiencia más o menos profundo, y en el grado en que el equipo a cargo pueda controlar este factor, deberá modularlo en beneficio del cliente.

Uso de técnicas auxiliares.

Será esencial el conocimiento de determinadas técnicas que permitan intervenir en momentos difíciles de manera eficaz. En ocasiones el proceso psicoterapéutico bajo los efectos de alguna sustancia puede resultar muy intenso, provocando agitación o ansiedad, o manifestando algún tipo de bloqueo. En estos casos, el conocimiento experto por parte de los terapeutas de técnicas como las visualizaciones o el control de variables ambientales -como la luz o la música-, será de gran importancia.

Cabe señalar que las técnicas corporales cumplen un rol fundamental, ya que las sustancias también actúan a nivel de la conciencia física, posibilitando la emergencia de sensaciones y traumas psicológicos que pueden ser trabajados en dicho nivel. En este sentido, emergen posibilidades terapéuticas a través del trabajo que el terapeuta puede realizar con su propio cuerpo sobre la conciencia corporal del paciente, sobre todo

mientras éste se encuentre en un estado introspectivo que no debe ser interrumpido con verbalizaciones. De esta forma, algunos actos terapéuticos pueden consistir en abrazar, contener, sostener las manos o acompañar con la respiración. Estas intervenciones pueden llegar a ser muy potentes, debido al incremento de la conciencia del paciente en su propio cuerpo (Tartakowsky, 2014).

De lo antes mencionado se puede deducir la necesidad de elaboración de, como mínimo, tres tipos de documentos, que tendrían que alcanzar el mayor consenso posible: 1) Manuales detallados para terapeutas psicodélicos, 2) Protocolos de intervención en crisis, y 3) Guías para los pacientes, donde éstos puedan obtener información detallada sobre la sustancia (dosificación, seguridad farmacológica, principales efectos fisiológicos y subjetivos, etc.), así como información sobre la terapia, el encuadre, el setting, los roles que cumple cada profesional, entre otros.

En definitiva, podemos resumir este apartado indicando que lo más importante a la hora de formar a futuros terapeutas psicodélicos será la experiencia previa en psicoterapia, pero sobre todo en las terapias asistidas con las sustancias que son de interés para el presente texto.

Aspectos referentes a la terapia

Se conoce con certeza la relevancia de los factores extrafarmacológicos cuando se consume cualquier psicodélico (Masters & Houston, 1974; Grof, 2005). Podemos hablar de una ecuación donde la personalidad del paciente, la del terapeuta, la relación entre ambos y el *set & setting*³, entre muchos otros, acaban produciendo un resultado único para cada individuo y sesión.

Este fenómeno deberá estudiarse y describirse con más profundidad, con el objetivo de controlar estas variables a favor del proceso psicoterapéutico.

Deberán diseñarse contextos específicos para las sesiones de psicoterapia asistida con drogas. Se deberá proporcionar un espacio confortable, acogedor, con diversos materiales con los que el cliente pueda experimentar y extraer un sentido terapéutico determinado en las fases de finalización de la sesión, como son flores, frutas, piedras preciosas, etc.

En el contexto también se incluye la música. Deberán elaborarse listas de música específica para cada sustancia que conduzcan de forma efectiva los distintos momentos de los estados psicodélicos, pues resulta una guía básica

en dichos estados, influyendo de manera decisiva sobre el desarrollo de la sesión.

Se debe destacar que la particular disposición de algunos elementos del contexto permitirá un cierto soporte, ordenamiento y encauzamiento de la experiencia interna del paciente. Al respecto, el hecho de que éste se mantenga recostado durante las primeras fases de la sesión, que use antifaz para no distraerse con los elementos externos, y que los auriculares le permitan mantenerse conectado con la música – regulando por tanto el intercambio verbal con el terapeuta – posibilitarán una disposición del espacio externo que influirá de forma directa sobre el espacio interno del paciente (Tartakowsky, 2014).

Se exigirá una mayor comprensión de los procesos facilitados por la terapia psicodélica. Estos procesos se analizarán también de manera longitudinal, de manera que se obtenga un conocimiento detallado de los efectos producidos por exposiciones continuadas a cada sustancia en contextos terapéuticos, así como del contenido y características del estado psicodélico en sesiones separadas.

Un estudio detallado de las experiencias cumbre que al parecer facilitan estas sustancias (Cummins & Lyke, 2013; Griffiths, Richards & McCann, 2006), que pase por retomar el trabajo de Maslow y otros autores, también será indispensable para lograr una comprensión más exacta del proceso. Tenemos que recordar en todo momento que los psicodélicos pueden ejercer su potencial terapéutico, en gran parte, gracias a la facilitación de determinados estados de conciencia, que se ha sugerido tienen propiedades terapéuticas per se (Savage, Harman, Fadiman & Savage, 1964). Por tanto, tenemos que incidir en el hecho de que el coadyuvante farmacológico no está ofreciendo unos efectos terapéuticos predecibles y en los cuales la subjetividad del individuo permanezca en un segundo plano, como en el caso de los fármacos y medicamentos comunes. Aquí tendremos que atender especialmente los contenidos psicológicos y experienciales, pues se ha propuesto que son los causantes principales de los beneficios terapéuticos (Grof, 2005; Harman, McKim, Mogar, Fadiman, & Stolaroff, 1966; Majic, Schmidt & Gallinat, 2015; Sherwood, Stolaroff & Harman, 1962).

Tendrán que elaborarse manuales con distintas características y estructuraciones de la terapia según la sustancia que se esté utilizando, pues cada una de ellas afectará de manera particular a determinadas áreas del individuo. También se hace necesaria la elaboración de manuales para terapia con grupos.

De este modo, también se facilitará su aplicación a otras patologías susceptibles de obtener alguna mejora, ya que se conocerán mejor los tipos de psicoterapia que ofrece cada psicodélico, más allá de sus convergencias básicas. Dichos manuales deben exponer con detalle todo el proceso de la psicoterapia psicodélica y moldearse a medida que se vaya adquiriendo experiencia clínica.

Asimismo, será recomendable reevaluar los modelos clásicos de psicoterapia psicodélica, salvando las distancias interpuestas y concretando los casos en los que es más conveniente uno u otro, hallando denominadores comunes y describiendo los mecanismos con los que actúa cada uno. Los mismos tendrán que detallar conceptos y fenómenos que aparecen con frecuencia en las sesiones, como la catarsis o abreacción emocional, la regresión, la modificación de la imagen corporal o la sinestesia, entre otros. En definitiva, lo que se buscará serán modelos que maximicen los beneficios y minimicen los riesgos.

Un aspecto que merece especial atención para la elaboración de manuales es la descripción detallada de los términos clínicos que se utilizan para caracterizar los procesos psíquicos que acontecen durante los estados psicodélicos, ya que ellos no resultan del todo claros en la mayoría de las publicaciones que se han realizado sobre esta materia. Esta falta de claridad puede deberse a que no se suele explicitar desde qué enfoque teórico psicológico se está posicionando el autor para abordar los conceptos y procesos que caracteriza, por lo que no se comprende a cabalidad lo que refieren cuando hablan por ejemplo de la “mejoría”, las “resistencias”, el “inconsciente”, etc. Una mayor claridad sobre estos términos clínicos y procesos psíquicos puede ayudar a la comprensión de lo que acontece durante las terapias psicodélicas, y por lo tanto puede dar luces respecto de las formas de intervención más apropiadas (Tartakowsky, 2014).

Después de la terapia

El proceso psicoterapéutico deberá finalizar también sin la administración de sustancias, pues una adecuada integración y elaboración del contenido de las sesiones es un factor fundamental para el éxito terapéutico (Grof, 2005; Majic et al., 2015).

Habrà que recordar que especialmente después de la administración de los fármacos incrementa mucho la efectividad de las intervenciones terapéuticas. El período llamado *afterglow*

deberá aprovecharse para hacer un profundo trabajo psicoterapéutico, antes de que éste se atenúe progresivamente al cabo de un mes, aproximadamente (Pahnke, 1969).

Se ha podido observar que la integración de la experiencia psicodélica es uno de los aspectos que hace que estas vivencias contengan un valor terapéutico, por lo que marca una diferencia respecto del uso de estas sustancias en un contexto recreativo. La integración consiste en un proceso que se configura a partir de diversos momentos y elementos, entre los que destacan: el recuerdo de lo experimentado durante la sesión, el ejercicio de poner palabras a lo vivido o a expresarlo artísticamente, interpretar los aspectos simbólicos que emergieron durante el estado psicodélico o la puesta en práctica de ciertas modificaciones en la vida cotidiana, entre otros (Tartakowsky, 2014).

Finalmente, se considera la necesidad de construir un marco teórico unificado basado en tratamientos sometidos a suficientes pruebas de eficacia como para consensuar lo máximo posible los procedimientos básicos. Todavía no existe un marco de este tipo, y es por eso que los terapeutas que de un modo u otro han realizado estas prácticas han partido de la corriente psicológica que les resultaba más afín -intentado extrapolar sus postulados-, o bien de varias de ellas, o directamente de modelos no científicos.

Creemos que, debido a la magnitud de este fenómeno, deberemos contar en todo momento con un marco consolidado, que permita proponer y evaluar hipótesis, generando así datos objetivos y contrastados científicamente. Hay que señalar, no obstante, que esta terapia contiene ciertas particularidades que obligarán a incluir también en dicho paradigma muchos aspectos subjetivos y fenomenológicos. Esto, a pesar de que resulta obvio, deberá ser objeto de debate para que la inclusión de estos aspectos no vaya en detrimento del rigor del método científico, y para que la terapia esté sujeta a determinados criterios legítimos y una vez más consensuados por los expertos pertinentes.

Algunos puntos que deberá abordar el futuro marco serán, por ejemplo: el énfasis en la experiencia individual a la hora de justificar y describir las técnicas y procesos de la terapia; proponer y analizar los espacios terapéuticos adecuados; gestionar los roles, aptitudes y conocimientos del terapeuta, o autoimponerse determinadas pautas o reglas que garanticen unos paradigmas en constante revisión, ya que un marco hermético sería inviable.

Conclusiones

A lo largo de este informe hemos detallado los puntos más importantes a tener en cuenta en la aplicación de la psicoterapia asistida con psicodélicos. Se ha podido observar que esta terapia cuenta con algunas particularidades que deben respetarse cuidadosamente, pues el trabajar con estados expandidos de conciencia requiere de ciertas medidas, que difícilmente encontraremos en la aplicación de cualquier otro tratamiento.

Se trata de un nuevo enfoque terapéutico en el que el contexto, así como la experiencia subjetiva del paciente, cobran un especial protagonismo por ser variables determinantes en el éxito terapéutico.

La aparición de este tratamiento en el escenario clínico puede convertirse en una oportunidad para reforzar las ciencias de la salud y en especial a la Psicología, pues conlleva unas implicaciones que instan, entre otras cosas, a un entendimiento profundo de aquello que acontece durante la terapia, partiendo de perspectivas cercanas al humanismo y de una visión mucho más respetuosa con los procesos de cada individuo. Con el objetivo de configurar correctamente esta terapia, se ha expuesto la necesidad de elaborar documentos que clarifiquen y ofrezcan cierto consenso a la hora de establecer unas prácticas clínicas determinadas. También se ha propuesto la creación de un marco teórico unificado que explicita los términos clínicos y procesos psíquicos que acontecen durante los estados psicodélicos, además de descripciones detalladas sobre las formas de intervención con que pueden contar los terapeutas.

Somos conscientes de la complejidad de esta cuestión, por lo que esperamos que próximamente este texto sea objeto de críticas y que permita abrir un debate científico en el que podamos compartir todas las distintas opiniones y enfoques.

Notas

¹En farmacología se considera que las sustancias psicoactivas son aquellas que modifican la conciencia y la conducta al actuar sobre el sistema nervioso central, y que se pueden clasificar en tres grupos: estimulantes, depresores y psicodélicos. Estos últimos hacen referencia a drogas que modifican los estados ordinarios de conciencia, como por ejemplo la dietilamida del ácido d-lisérgico (LSD), psilocibina, metilendioxi-metanfetamina (MDMA), o mescalina, entre otras. La palabra “psicodélico” deriva de “psiquedélico” (del

griego *psique* y *delos*) que significa “que hace que la mente se manifieste” o que “amplía la mente”, y se acuña en los años 50 para referir a aquellas sustancias cuyos efectos són parecidos a los de la LSD. Sin embargo, en la actualidad diversos investigadores y terapeutas consideran que el término “psicodélico” no es el más adecuado para señalar los efectos que generan todas las sustancias recién mencionadas, ya que algunas de ellas se clasifican de otra manera, porque sus efectos no se manifiestan de igual modo que los de la LSD – como es el caso de la MDMA, que se clasifica como *empatógeno* (porque genera empatía), o como *entactógeno* (porque posibilita el contacto con el propio material psicológico interno). Si bien este debate se debe tener en cuenta, en el presente texto se utilizará el término “psicodélico” para referir a todas las drogas señaladas, ya que facilita la comprensión del lector, y debido a que, hasta la fecha, no existe un único concepto que pueda abarcar a todas estas sustancias. Por esta razón, aquí se usará este término tanto para referir a las “sustancias psicodélicas” como a la “terapia psicodélica” que se puede llevar a cabo con todas las drogas señaladas (Tartakowsky, 2014).

²Este número de sesiones previas se desprende de los ensayos clínicos que se han llevado a cabo con las sustancias que son de interés para el presente texto. Sin embargo, una mayor cantidad de sesiones previas a la ingesta de la sustancia permite conocer mejor al paciente, por lo que posibilita la construcción de una relación terapéutica de mayor confianza. Esto se ha observado en vínculos establecidos con pacientes que antes de participar en un ensayo clínico ya realizaban psicoterapia con los mismos terapeutas que guiaban dichos ensayos; en estos casos se obtuvieron mejores resultados (Tartakowsky, 2014).

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Reflections

Stan Grof Contributions to FDA Drug Development Research With Psychedelics

Contribuciones de Stan Grof a la Investigación Para el Desarrollo de Medicamentos con Psicodélicos de la FDA

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Abstract

In this reflection paper I'm going to talk about Stan Grof's contributions to the FDA drug development research with psychedelics. I'm going to share my personal evolution, how I interacted with Stan Grof during different periods of my life, and how these interactions influenced my career goal towards bringing psychedelic psychotherapy back to legal contexts and becoming a legal psychedelic psychotherapist. I'm going to explain how that ended up producing the Multidisciplinary Association for Psychedelic Studies (MAPS), and how Stan and his work influenced MAPS and the psychedelic research that we are conducting. I will also describe MAPS's drug development plan for the next years. It's likely that without Stan Grof's contributions, there would be no MAPS, and I'm so proud to be able to say that I'm a friend of Stan and that he is my professional and spiritual father.

Keywords: Stan Grof, psychedelics, psychedelic research, MDMA, FDA, MAPS

Resumen

En este artículo de reflexión yo voy a hablar de las contribuciones de Stan Grof a la investigación para el desarrollo de medicamentos con psicodélicos de la FDA. Voy a explicar mi evolución personal, cómo me relacioné con Stan Grof durante diferentes periodos de mi vida, y cómo estas interacciones influyeron en mi objetivo profesional de llevar la psicoterapia psicodélica de nuevo a contextos legales y de convertirme en un psicoterapeuta con psicodélicos. Voy a explicar cómo esta influencia terminó produciendo la Asociación Multidisciplinaria para Estudios Psicodélicos (MAPS), y cómo Stan y su obra influyeron en MAPS y en la investigación psicodélica que estamos llevando a cabo. También voy a describir el plan de desarrollo de medicamentos de MAPS para los próximos años. Probablemente sin las contribuciones de Stan Grof no habría MAPS, y es un orgullo para mi poder decir que soy amigo de Stan y que él es mi padre profesional y espiritual.

Palabras clave: Stan Grof, psicodélicos, investigación psicodélica, MDMA, FDA, MAPS

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My name is Rick Doblin. I'm the founder and executive director of the Multidisciplinary Association for Psychedelic Studies (MAPS). I received my doctorate in Public Policy from the Harvard Kennedy School of government, where I wrote my dissertation on the regulation of medical uses of psychedelics and marijuana (Doblin, 2001). I also studied with Dr. Stan Grof and I was among the first to be certified as a Holotropic Breathwork practitioner. My professional goal is to help develop legal contexts for the beneficial uses of psychedelics and marijuana, primarily as prescription medicines, but also for personal growth and otherwise healthy people. Eventually I also hope to become a legally licensed psychedelic therapist. What I'm going to talk about in this reflection paper is just how probably without Stan Grof there would be no MAPS. I'm going to share a little bit of my evolution and how it interacted with Stan Grof, and how that ended up producing MAPS and how Stan influenced MAPS to do what it does.

I was born Jewish in 1953 and was heavily educated about the Holocaust as I was growing up. I think it was multigenerational trauma in a way. So I just grew up aware of the power of the irrational and how important that was to cope with it in some way or another. Then I started learning about Hiroshima, about WWII. I had the reinforcing aspect of being around 10 years old during the Cuban Missile Crisis and really having that kind of a situation in school where you're told hide under your desk, you'll be fine and duck and cover. Again this idea of the annihilation of Jews and the entire world was something that was a real phenomenon. I also became aware a little of the concerns intellectuals had. For example, Albert Einstein said at that time that it was becoming appallingly obvious that our technology has exceeded our humanity.

Then I had my *bar mitzvah* and, despite my best hopes, did not turn me into a man. I thought somehow it would vault all over this uncomfortable adolescence and I would have this transformative experience through this thousand's of year old ritual. It really didn't do much for me. When I was 16 year old, I was very interested in the other. My parents sent me to Russia. I studied Russian in high school in order to really understand the other. I spent the summer in Russia learning the language and also meeting with the young underground Russian kids because I could speak Russian. I was with a group of 60 other high school students, and me and two other guys were the designated liaison to selling all of our stuff. We

had a copy of Abbey Road by the Beatles sold for 100 rubles. It cost like 2 bucks. We had all sorts of stuff. So here it is, I've got thousands of rubles and I'm lighting a Cuban cigar. The important thing here is that I went for a walk on the beach where we were with a Russian girl. And I was just super shy in high school, but to be able to have a friendly conversation with somebody from a culture that I was trained wanted to kill us and were in a deathly battle for control of the world with and to see that wasn't really what she was interested in, it wasn't what I was interested in. There was a lot more that we had in common than difference.

So I started being radicalized at this early age and recognizing that we are all in this together. Then I had to cope with Vietnam and I was in the last year of the lottery. I was trying to figure out really how to address that. I didn't really want to kill people. I didn't really see that they were the enemies. I didn't feel that they were a threat. And this was of course the Civil Rights period and so I read this from Dr. Martin Luther King Jr.:

I submit that an individual who breaks a law that his conscience tells him is unjust, and who willingly accepts the penalty of imprisonment in order to arouse the conscience of the community over its injustice in reality expressing the highest respect for the law.

So based on this, I decided that I was going to be a draft resister and I was going to go to jail. My parents were sympathetic but they were like: "okay you're not going to be able to become a doctor or lawyer or anything that requires a license".

So I was now adrift in my career, but I felt like killing people was not a price that I was willing to pay to have a traditional career. And needless to say I was also in the era of Timothy Leary and the whole psychedelic 60s and I initially thought that LSD made you permanently crazy. It was something that if you took it just once you were always off balance and in serious risk of mental institutions. I believed that initially. There was this whole thing about tune in turn on drop out. I was raised to be part of the mainstream. I didn't really like this idea of dropping out, but it was LSD became the symbol of cultural rebellion. It got connected with the Beatles who were protesting the Vietnam War, so that started making me wonder: "maybe this isn't a social menace maybe this drug really has some kind of important potential for consciousness". But it wasn't exactly clear to me what to do, so my image of myself at

age 18 was that I was a counter culture drug using draft resisting criminal. Fortunately, I had a trust fund from my grandfather. It wasn't a whole lot but it was enough to pay for food and rent. That made me independent in my mind. I thought: okay now I can do anything that I want. I don't have a whole lot of needs. If I just have survival covered and I can't be something normal.

I started doing LSD more and more as a way to try to get in touch with myself. And it was very difficult because I was so emotionally constricted, really overly intellectualized. I had these series of increasingly difficult trips where I could never let go. I would get to this point I had this one trip where I was feeling that my brain was melting. It was sloshing around in my head. I had like a nasal drip and I was convinced that it was my brain leaking out because I was resisting so much that it was overheating. I felt like I had to do something. I kept doing it but I finally was at this college, I decided I needed to go talk to the guidance counselor and get some advice. And so this is where the turning point of my life took place.

I went to the guidance counselor and lo and behold he gives me a manuscript copy of Stan Grof's *Realms of the Human Unconscious* (Grof, 1975) in 1972, before it was published. When I read that book, I was just utterly transformed and shocked, because there was something about the way Stan wrote about it, and the values that he had in there, and the signs that he was talking about, that it all came clear to me what I needed to do. What I felt Stan was doing wasn't philosophy, which in a sense could go on and on forever. It wasn't about power. I was reading Carlos Castaneda at the time and, if you look at the books, they're about struggles for power. One of them was called *Tales of Power* (Castaneda, 1974) I think you can actually see in some way that's why I think Castaneda went off the path and it wasn't dogma. Stan was really coming from, it was about spirituality but it was science. It was the mystical experience. It had the unitive aspect that had political implications and it had the reality check of healing, and I think that mix of elements made me feel calm. I need science; I don't trust religion. Science is more of my religion. But I need spirituality and I felt the political implications were there.

I started reading more and more of what Stan was writing. And then I learned about the *Good Friday Experiment*. And that experiment was further scientific confirmation that people could what was either resembling life or actually a genuine spiritual experience (Pahnke, 1963, 1966,

1969). And people reported positive benefits from it. The core of it was a sense of unity. I think this idea that we live in a world, Stan talks about a little bit earlier, how religion makes you divide into "us and them", and that there's not enough empathy for the other. There's not enough identification with them. They're not really the other. We're all in this together. I think the mystical experience, which didn't come to me from *bar mitzvah*, doesn't come to most people through the religion that they were born into and that we experience. Here was a way with psychedelics and it felt like what Stan was saying it was genuine. Then I learned that it was part of the Western cultural heritage. It wasn't some foreign thing. It had been for 2,000 years the world's longest mystery ceremony. The Eleusinian Mystery involved a psychedelic drug, involved the mystical experience and it was wiped out in 396 by the Catholic Church, but its part of our Western cultural history. It didn't seem alien. And then I read this from Albert Einstein:

The splitting of the atom changed everything save man's mode of thinking, thus we drift towards unparalleled catastrophe. We shall require a substantially new manner of thinking if mankind is to survive.

So what is this new manner of thinking? I think its about this sense of togetherness, it's about how we really share more in common than not, and if we can think that way, then maybe we can save ourselves from what's going on. I read the UNESCO Charter:

Since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed.

And all of this really led me in the summer of 1972 to take a seminar with Stan Grof and Joan Halifax. That was a great experience. But I was this 18 year old, and so Stan would and they would be there during the scheduled times and then they'd be gone. You know. And then they had just gotten married a week before something like that. So we had this rumor that they were off doing this special thing called tantric sex and that was this magical mystical thing. I felt like again the road was clear but I wasn't able to fully embrace it. I wasn't mature enough. I couldn't really do it. But I did change my self-concept.

So now I was a countercultural drug using draft resisting criminal with trust funds to pay food and rent, but my career goal now was to become a legal psychedelic psychotherapist and to bring

psychedelic psychotherapy back, and it was in order to provide an antidote to all these things that were impairing me and the world. Finally I had this anchor in my life. This is now what I'm going to try to do. It took basically ten years of working little bits of LSD small trips on my own, not being connected in anyway to the psychedelic community. Just reading books, trying to work on myself getting grounded building houses, being in construction. And after ten years I felt ready to go back, and where I went was Acid Land, and then I went back ten years later and did a week long and then a month long workshop with Stan and Christina Grof. And what I was so impressed by and I think one of the most important things I learned from Stan and Christina was the work with the Holotropic Breathwork (HB) (Grof and Grof, 2010). Because when the main road, it's like a river falling, you know, down the hill, and there's an obstacle. The river goes around it, but it's still going in the same direction. So the work most people had involved with psychedelics had left to do non-drug alternatives, different kind of things.

HB is evocative and psychedelic in its own right, and it's with breath, that cannot be made easily illegal. I just was really impressed by the way Stan and Christina kept going forward, that they found a way creatively. That was a message for me for the rest of my life. The other thing is that I learned about MDMA at that workshop; not from Stan and Christina, someone came to Esalen who talked to others and me about MDMA. And my first thought was "this is not very interesting". This is supposed to feel better and you can talk more with people, and I saw groups of people doing it together. And I'm like "I love the fireworks of LSD, the drama of mescaline and here they don't even seem like they're affected that much. They're sitting around talking, they're still conscious in the same way that they were before". But I was smart enough to buy some and take it home. Once I did that I was amazed at how subtle it was and how deep and powerful it was, and it was still legal.

I felt like I came to the party of LSD when it was too late. Right when it was shut down I woke up to the potential, and here it was, and I learned about MDMA when it was still legal. And I start trying to get more and more involved, and one of the things I did was to write to Robert Mueller, who was the Assistant Secretary General of the United Nations, and he had just written a book, *New Genesis: Shaping a Global Spirituality* (Mueller, 1982) and he's the mystic of the UN there for about 30 years or so. And what he basically was saying was that we have the religions

of the world and they're in conflict. We have the United Nations to mediate conflicts between nations. But we don't have anything to mediate conflicts between religions. And what he said would do that would be the mystics, and the mystics of the different religions would have things similar to each other, and they would appreciate each other, and if we could have people move from fundamentals to mysticism and global spirituality, that would be a deeper source of grounding of peace.

I wrote to him and I said "I really understand what you say, but you don't say a word about psychedelics in your book". And I told him about the *Good Friday Experiment*, I told him about MDMA. To my shock he wrote me back and he ended up encouraging me to write to a bunch of different people who were mystics: Brother David Steindl-Rast, Vanja Palmers, Rabbi Hershel Schacter, Wayne Teasdale, all these people. And the subtext was: send them MDMA. So I did that, and they also reported back to him actually.

One of the ironies of Stan and Paul Grofs life together is that when the Drug Enforcement Administration (DEA) tried to criminalize MDMA in the United States and we filed a lawsuit to try to stop that. Then it became clear to us that the DEA was trying to criminalize MDMA internationally through the World Health Organization (WHO). And Paul Grof, Stan Grof brother, was the chairman of the WHO expert committee that was evaluating the data about whether MDMA should be criminalized or not. Astonishing. Robert Muller helped me go to the committee and present information about MDMA. And the committee unanimously, except for Paul, voted to criminalize MDMA, over the objections of the Chairman, because Paul was the chairman. There was able to add a little footnote that said that this could inherit research, nations of the world should facilitate research. It felt like a big defeat, they voted to criminalize. But it was also a tiny little victory. But only a few years later the Swiss government cited that footnote to open the door to MDMA research in Switzerland in 1988.

And so it was the Stan and Paul Grof connection that helped that to happen. Then I started doing research. I did a follow up to the *Good Friday Experiment*, because in the '80s you couldn't get permission to give MDMA or any psychedelics to anybody. But you could ask people their reflections on something that had happened before. You could do a long-term follow up. And Walter Pahnke, who conducted the experiment, died in a scuba diving accident. So I did that 25 year follow up and I interviewed these people

(Doblin, 1991). To find them was hard enough, but then I found them and I interviewed them. They were all men. What they said was that the mystical experience they felt was valid, they felt that it had long-term implications, they felt that it contributed to their movements with social justice activism. It increased their tolerance of other religions, deepened equanimity in the face of difficult life crises; develop greater solidarity and identification with foreign people, minorities, women and nature. And reduce the fear of death. So again this is a confirmation of the political implications of the mystical experience and whether it is psychedelic or not.

This led me to think, "Okay we're going to try to start MAPS. We're going to try to do non-profit drug development". And at the time there had never been a drug developed by a non-profit organization, in 1986, when I started MAPS. The first drug that succeeded in becoming a Madison was in 1999, and it was the abortion pill, RU-486, funded by the Rockefellers, the Pritzkers, and the Buffets. Warren Buffett donated about \$10 million. It was John D. Rockefeller's population council and then the Pritzkers put in a bunch of money too. So now we're actually been getting funding from the Pritzkers and the Rockefellers, we're waiting on the Buffets. In 2000, *One World Health* began as a non-profit to create drugs for the Third World. The Gates Foundation stuff MAPS and Hefters.

Non-profit drug development is not so unusual. In the methods that we are trying to develop psychedelics into medicines, particularly MDMA, we've learned a lot from what Stan Grof has done. I would say that the entire therapeutic approach that we have in the MDMA studies (M.C. Mithoefer, Wagner, A.T. Mithoefer, Jerome & Doblin, 2011a; Mithoefer et al., 2013). We look for therapists that have been through the HB training with Stan Grof. Michael and Annie Mithoefer have been through the HB training. The person who was in charge of our Canadian Study, Ingrid Pacey, was in that early group of people trained by Stan Grof in HB also. I also was in this first group of training with Stan. So we looked for people who had done HB training and, at the same time, in our therapist training programs we utilize HB, and we have done that. We brought people from a bunch of different countries for our first training in Austria in 2010. And these were people who were legitimate mainstream psychiatrist and other, and they wouldn't do something illegal. But we could do HB with them. And then, in the actual therapeutic approach and the MDMA treatment manual (Mithoefer, Jerome, Ruse, Doblin & Gibson, 2011b), again we've learned from Stan and

his therapeutic approach. So what we're primarily doing is a non-directive approach, we believe in the inner healer, the wisdom of the psyche. We're not the guide, we're the sitter, the supporter. We let it calm and the material emerge from the psyche, from the people themselves. We have this fundamental trust that is really hard to have without going through a personal process of self-exploration with non-ordinary states of consciousness.

I drew a lot of strength from Stan and Christina and others. If you can learn to trust this death-rebirth process, when you feel like you're about to die, that you're not going to come back, that you could go crazy if you can just let go and let something happen as the funeral pyre is letting and fully experiencing it. It's very hard to do, it's really scary. But that's kind of the essence of the treatment approach. And we also use a male-female co-therapist team, which was one of the ideas that Stan developed as well. And I think that has been a real key to our success in terms of how we do our studies, who is interested in working with us, just that kind of balance pairing. Not to say that you couldn't have two sensitive guys or one person or you know, it's not like it has to be this way. It is just a really good way to do things. Then the other thing that's not really talked about much, but there's enormous prejudice I'd say for plant based medicine. That if it's from nature it's good and if it's from the laboratory it's somehow tainted by humanity. And we have these discussions with Terence McKenna and others. But I think Stan was supportive to synthetic medicines by his acknowledgement of the fundamental healing and spiritual potential of LSD, which was a synthetic molecule, made by the mind of Albert Hoffmann. It's not about "does it come from the plants or does it come from the lab?" It's about how you use it, what it is. I think that's something we don't really acknowledge. I think that it's a strong counter to a lot of the cultural tendencies that we see that I learned from Stan.

Now we've had a lot of work trying to work with the other, with the military. For now a lot of it is because I was a draft resister. Years ago it was a meeting with the assistant secretary of the Navy. Richard Rockefeller arranged the navy surgeon general where Michael Mithoefer and I met. We didn't make much progress and we didn't get inside. So now we're getting inside with psychedelic healing, and then we have the support of Senator Rockefeller, who is on the Veterans Affairs Committee. He wrote this to the Assistant Secretary of Defense "I'm writing to encourage you to explore innovative treatments for Post-

traumatic Stress Disorder (PTSD) including but not limited to MDMA". And the new head of the Veterans Administration (VA) Robert McDonald, the night before his confirmation hearing, Jay had a meeting with him and said: "my cousin Richard died and it was his main legacy. This is very important for soldiers I want you to make sure that the VA continues to support MDMA research for PTSD". And this was the transformative meeting where Richard and I went to the VA and they agreed to let us fund some collaborative studies with VA therapist. So we are really moving in collaboration with the VA.

We're talking now a lot about medicines, but I began talking about how we need cultural change. We need millions, tens of millions, hundreds of millions of people that are grounded in a mystical consciousness. That really not a few politicians, but if we can have loads and loads of people, so here's how the medicine leads to that. If we look to the surveys looking to the attitude of Americans towards legalization of marijuana, in 2011, for the first time in over 40 years, more than 50% of the US was in favor of medical marijuana. I mean in legalization. The people's attitudes start changing in 1996 when California and Arizona legalized medical marijuana. And exit polls have shown that the most important factor of why someone votes for medical marijuana legalization is if they know a medical marijuana patient. It's not even if they smoke marijuana themselves.

The medicalization of psychedelics diminishes the fear and paranoia in this society, increases the balance of hope over fear, and will cause people to rethink prohibitionist policies and really make it so that these substances have a wider use beyond just people with clinical indications. Amy Emerson, who developed our drug development plan, used to work for Novartis and Kyron. So this is a person from the big pharma coming to help little MAPS work on psychedelic medicine. Our plan is pretty complicated; there are hundreds of steps (see Appendix 1). But it basically shows that in 2021 we could make MDMA into a medicine. And we don't need \$1.5 billion dollars; we just need \$15 million dollars. And then we'll have the sale of prescription MDMA. One of the concerns that people have about the legalization of marijuana, and one of the concerns about even medical use of a lot of different drugs or psychedelics is that you get unbridled. American capitalism trying to maximize profit. And what you end up getting is a lot of people who are really scared about that. What we're talking about right now is to create a benefit corporation.

So if MAPS as a non-profit can make MDMA into a medicine then, once it's a medicine, it's not a non-profit anymore. We don't want it to be for profit, so we're going to create a wholly owned Benefit Corporation where social benefit is what we maximize, not profit. And then we'll move forward with the training of therapist. We'll set up a network of MAPS clinics. And other people will be able to do this as well. Then we'll have world peace, but it might take a little bit of time between those. All of this really comes back to Stan Grof, who had the courage in the midst of massive social condemnation of psychedelics to say "psychedelics used responsibly and with proper caution will be for psychiatry what the microscope is for biology and medicine or the telescope is for astronomy ". And we are coming forward to fulfill the promise. Stan led the way and it's so proud of me to be able to say that I'm a friend of Stan and that he is my professional and spiritual father.

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of psychedelics and marijuana. His undergraduate thesis at New College of Florida was a 25-year follow-up to the classic Good Friday Experiment. He also studied with Dr. Stan Grof and was among the first to be certified as a Holotropic Breathwork practitioner. His professional goal is to help develop legal contexts for the beneficial uses of psychedelics and marijuana primarily as prescription medicines, but also for personal growth and otherwise healthy people. Eventually he also hope to become a legally licensed psychedelic therapist. Email: rick@maps.org.

***Rick Doblin** is the founder and executive director of the Multidisciplinary Association for Psychedelic Studies (MAPS). He received his doctorate in Public Policy from the Harvard Kennedy School of Government, where he wrote his dissertation on the regulation of medical uses

Appendix 1: MAPS Drug Development Plan, Clinical Overview

End-of-Phase 2/Start of Phase 3

Contract with a GMP manufacturer and begin work on GMP MDMA Q2 2015
 Generic name request submitted Jan 2015
 Request special protocol assessment: timing based on outcome of FDA Special Programs EoP2
 All dates below would be accelerated with breakthrough therapy status

Plan Two Phase 3 Studies and Expanded Access Study	Start	Stop
Develop Phase 3 protocol documents	10/15	06/16
Site selection for Phase 3	08/15	06/16
Finalize first Phase 3 protocol	06/16	10/16
SPA: Phase 3 protocol assessment and EA	11/16	04/17
Regulatory, ethics, DEA approvals Phase 3 #1	01/17	04/17
Finalize Phase 3 #2 and Expanded Access protocol	06/17	12/17
EMA Regulatory, ethics, DEA approvals Phase 3 #2	03/18	05/18

Phase 3

Phase 3 studies and Expanded Access enrollment to Final Report	06/17	08/22
Phase 3 #1 US: Multi-site: 200 subjects 10 sites 2 teams/site	06/17	02/20
Phase 3 #1 Enrollment 200 subjects	06/17	06/18
Phase 3 #1 End of Primary Endpoint	06/18	11/18
Phase 3 #1 End of LTFU	11/18	09/19
Phase 3 #1 Final Report	01/19	06/19
Phase 3 #1 LTFU Report	11/19	02/20
Conduct Expanded Access Study up to 50 sites	07/18	08/22
Enroll Expanded Access Protocol	07/18	08/22
Expanded Access Complete and Study Report	02/22	08/22
Phase 3 #2 EU: Multi-site: 200-280 subjects	08/18	04/21
Phase 3 #2 Enrollment 200-280 subjects	08/18	07/19
Phase 3 #2 End of Primary Endpoint	07/19	01/20
Phase 3 #2 End of LTFU	01/20	11/20
Phase 3 #2 Final Report	03/20	08/20
Phase 3 #2 LTFU Report	01/21	04/21
NDA Process	01/20	12/21
Write Expert Report, Safety Report, Package insert, CMC	01/20	10/20
Request Pre-NDA meeting	10/20	12/20
Submit Rolling New Drug Application (NDA) manufacturing, pre-clinical, and clinical data	12/20	12/21

Holotropic Medicine MDMA-Assisted Psychotherapy Research, Another Grof Legacy

Medicina Holotrópica. La Investigación en
Psicoterapia Asistida con MDMA, Otro Legado de Grof

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Abstract

In this paper I will describe how Stan and Christina Grof's teaching influenced the therapeutic approach we are using in our research with MDMA-assisted psychotherapy to treat Post-traumatic Stress Disorder (PTSD). First, I will describe my personal trajectory, how I started the Grof Holotropic Breathwork and Transpersonal Psychology Training in the 1990's, after ten years of practicing emergency medicine, and how in 2004 my wife Annie and I started with our first clinical trial of MDMA-assisted Psychotherapy for treatment resistant PTSD. I will describe the results of our first MDMA study, and briefly discuss and illustrate some of the most important elements of Stan and Christina Grof's teachings that we consider to be foundation of our therapeutic approach, including the female/male team, the "non-directive" approach, the use of music, eyeshades and optional focused bodywork, the recognition of the wisdom of the inner healer, encouragement to fully experience and express whatever comes, and the respect for transpersonal experiences.

Keywords: MDMA, Stan Grof, holotropic medicine, psychedelic psychotherapy, psychedelic research.

Resumen

En este artículo describiré cómo las enseñanzas de Stan y Christina Grof influyeron en el enfoque terapéutico que estamos utilizando en nuestra investigación en psicoterapia asistida con MDMA para el tratamiento del trastorno de estrés postraumático (TEPT). En primer lugar describiré mi trayectoria personal, como empecé la Formación en Respiración Holotrópica y Psicología Transpersonal en la década de 1990, después de diez años de practicar la medicina de emergencia, y cómo en 2004 comencé, junto con mi esposa Ann, nuestro primer ensayo clínico en psicoterapia asistida con MDMA para tratar el TEPT. Después describiré los resultados de nuestro primer estudio con MDMA, y discutiré e ilustraré brevemente algunos de los elementos más importantes de las enseñanzas de Stan y Christina Grof que consideramos son el fundamento de nuestro enfoque terapéutico, incluyendo el equipo hombre/mujer, el enfoque no directivo, el uso de la música, antifaces y trabajo corporal opcional, el reconocimiento de la sabiduría del sanador interno, el apoyo a la plena expresión y experimentación de todo el material que aparezca durante la sesión, y el respeto a las experiencias transpersonales.

Palabras clave: MDMA, Stan Grof, medicina holotrópica, psicoterapia psicodélica, investigación psicodélica.

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In 1991, after ten years of practicing emergency medicine I was ready for a change. Intervening in emergencies had been challenging and satisfying, but I began to long for a more collaborative way of working with people, and a deeper way of understanding the forces in the psyche that so often contributed to the wounds and illnesses I treated in the Emergency Department. None of the examples of medical practice I had been exposed to seemed to provide a model for what I was longing for. In my search for something new and compelling to do with my medical degree I came across a short article about Stan Grof that piqued my interest. Here was a physician, well-grounded in science, with a radically different approach to healing and to the therapeutic relationship. He might provide some guidance and inspiration. I went to the library at the Medical University of South Carolina (MUSC) and found a copy of *Beyond the Brain* (Grof, 1985), one of Stan's early books. The blank sheet inside the back cover showed that the book had never been checked out before. Maybe a good sign! After all I was looking for something new. Reading that book changed the course of my career, and, to my initial surprise, the course of my personal healing and growth. As soon as I could I enrolled in the Grof Holotropic Breathwork and Transpersonal Psychology Training, and simultaneously started psychiatry residency training at MUSC. Together these overlapping but very different trainings put me on a trajectory toward eventual research using MDMA-assisted psychotherapy to treat Post-traumatic Stress Disorder (PTSD).

While some of my teachers in psychiatry residency were skilled and compassionate therapists and physicians, the therapeutic results I saw at the Institute of Psychiatry paled in comparison to the depth of healing that I encountered in Holotropic Breathwork Training Modules. I saw Stan encourage people, including some people with histories of repeated inpatient psychiatric admissions, to go more deeply into terrifying or disorienting experiences. There were times early on in the training when I thought, 'I hope this guy knows what he's doing', but over time I came to see that his ability to *trust the process* was much more than a theory or an appealing idea. His trust in *the healing potential of non-ordinary states of consciousness* and in each individual's innate healing capacity was empirically derived from his personal and clinical experience. Furthermore, this attitude was not just a commentary on the nature of the healing process,

it was an essential element of the therapist or facilitator's role in safely and effectively supporting the healing process.

Again and again I saw that trusting and compassionate support, sometimes seemingly tireless support, is essential for deep healing in situations that might otherwise have been harmful or dangerous without it. For people in intense and disturbing emotional states, the message conveyed by facilitators or therapists holding this well-founded trust in the individual's innate healing ability was a much different message, with a far different impact, compared to the message conveyed by doctors in psychiatric hospitals administering drugs to suppress painful experiences. I learned in psychiatry residency that there were times when psychopharmacology was helpful in relieving suffering and could even be life saving. In my training with Stan I saw that, in many situations, there was another approach that could yield deeper and more lasting change with far fewer side effects. One woman who was in the Grof training stands out in my mind. After years of psychiatric medications and multiple, lengthy hospital admissions she came to the Holotropic Breathwork Training. During several six-day training modules she had intense and challenging Holotropic Breathwork (HB) sessions, and required lots of support from the Facilitators and the group. Finally she emerged with a profound sense of healing, peace and gratitude. She then drew a mandala with a circle of figures representing all the doctors, nurses and therapists who had worked hard over the years to help her. She was grateful for their efforts and felt compassion for their limitations, simply not knowing how to provide the help she really needed in order to access the wisdom of her own healing intelligence. This, of course, is an anecdote, not part of a controlled clinical trial, but it is one anecdote among many illustrating *the healing potential of non-ordinary states of consciousness*. As Stan and Christina teach, this healing potential has been recognized and described for millennia. This was the kind of healing work I had been looking for, both personally and in my career. It involved collaboration and deep connection with people who came for help, and ongoing discovery about myself, the human psyche and the nature of consciousness.

Coming back from one of my trips to California for a module of Grof Training, during the time I was serving as clinical chief resident on the Trauma Service at the Institute of Psychiatry, I was particularly excited about the potential for bringing more of Stan's approach to this academic

psychiatric hospital. The Director of the Trauma Unit was a psychiatrist I respected and trusted, and I had noticed he had a copy of Grof's *LSD Psychotherapy* (Grof, 1980) on his bookshelf. Another good sign! So I suggested to him, "Why don't we try something different with some of the people who are admitted in agitated states. If they're not truly psychotic, instead of giving them lorazepam and haloperidol, I'd like to try helping them process and move through their experiences rather than trying to shut the experiences down." His response served to remind me of the depth of the chasm between mainstream psychiatry and what I was learning from Stan, "That sound's like an interesting idea. Are you willing to be here 24 hours a day? Most of the nurses and doctors would freak out, so they're not going to be able to help." I let the idea go, feeling a bit sheepish because I was pretty sure that in my situation Stan would have said, "Ok, when do I start."

Where I did finally start to integrate the Grof Holotropic perspective with my psychiatric practice was when I finished psychiatry residency. My wife, Annie Mithoefer, BSN had also completed the Grof Training, and she and I began facilitating monthly HB groups and retreats. HB, and the approach to healing it instilled, informed and complemented the individual therapy we did with people in the office. Many people came to HB and then decided to come to us for individual therapy to further support and explore the unfolding process of healing and growth that had been catalyzed by their HB sessions. Others first came to the office to see us for therapy and then decided to expand their inner work by participating in our HB groups. Over the years, in our work with individuals and couples outside the HB groups, we incorporated lessons from additional training and experience in other approaches such as Jungian psychology, Hakomi Therapy, Eye Movement Desensitization and Reprocessing (EMDR) and Internal Family Systems Therapy (IFS). Used with flexibility and a broad perspective, all these methods were compatible with the foundation we learned from Stan, to trust and support the individual's own inner healing intelligence. What made that level of trust possible for us in the face of people's suffering and the novel twists and turns of each person's unique, non-linear healing process, was the example that Stan and the other HB trainers had set for us. Part of their example came in the form of generous and compassionate support for our own deep inner work that is essential for anyone aiming to support others in deep work. Over the years since then, participants in our HB groups and clinical trials

have kept adding to the empirical basis of our trust. As one research participant said:

I keep getting the message from the medicine, 'trust me'. When I try to think it doesn't work out, but when I just let the waves of fear and anxiety come up it feels like the medicine is going in and getting them, bringing them up, and then they dissipate.

Holotropic Breathwork and Stan's other teachings guided us toward powerful and deeply engaging and satisfying approaches to supporting others in their healing. These approaches proved helpful for many people who had not gotten adequate help from more conventional psychotherapy and psychopharmacology. And, as is true in medicine in general, one type of treatment was not effective for everyone. Clearly we needed a wider array of effective tools. So, after another 10 year period, this time ten years of facilitating HB groups, Annie and I made another change in the direction of our work. Supported by the Multidisciplinary Association for Psychedelic Studies (MAPS), in 2004 we started our first clinical trial of MDMA-assisted Psychotherapy for treatment resistant PTSD (M. Mithoefer, Wagner, A. T. Mithoefer, Jerome & Doblin, 2011a; Mithoefer et al., 2103). Since then we have been using MDMA instead of HB as a catalyst for reaching non-ordinary states. Instead of clinical practice, we are now focused on clinical trials approved by the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA) and an Institutional Review Board (IRB, or ethics committee). Despite the differences between HB and MDMA-assisted psychotherapy, the methods are complimentary and the approach to supporting healing is essentially the same. It is based on what we learned from Stan and Christina and other pioneers in working with non-ordinary states of consciousness. Our Treatment Manual describing our adaptation of what we learned from Stan and Christina and others is available without charge at maps.org (Mithoefer, Jerome, Ruse, Doblin & Gibson, 2011b).

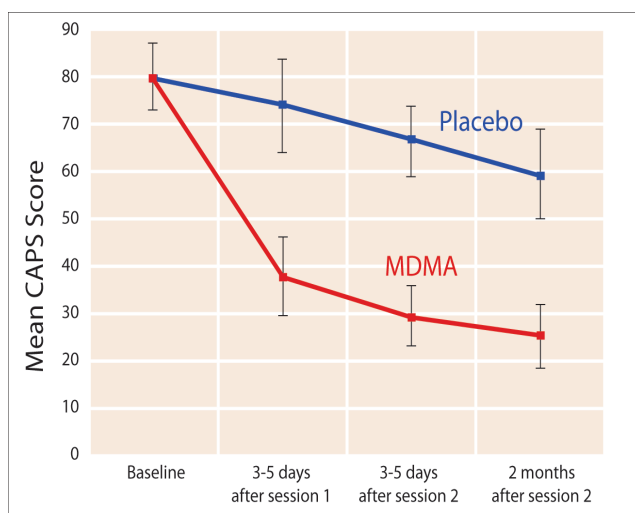
I think it is important to add that we still consider HB to be a very powerful and valuable method of self-exploration, healing and growth (Grof & Grof, 2010). We often recommend it to others, and we continue to appreciate it for our own self-care and self-exploration when we have the opportunity.

Figure 1 illustrates the results of our first Clinical Trial using MDMA-assisted psycho-

therapy for treatment resistant PTSD, previously published in the *Journal of Psychopharmacology* (Mithoefer et al., 2011a). The Clinician Administered PTSD Scale (CAPS), was our primary “gold standard” for measuring PTSD symptom severity in PTSD research. The results of this first study showed significant improvement in PTSD symptoms in both groups, those who were randomized to psychotherapy with inactive placebo as well as those randomized to MDMA-assisted psychotherapy. However the improvement was much larger in the MDMA group. Clinical response, defined as > 30% reduction in CAPS scores, occurred in 25% of the placebo (psychotherapy only) group, and in 83% of the MDMA-assisted psychotherapy group.

Stage 2, Open Label Crossover: After completing the double blind stage of the protocol, 7 of the 8 people who had been randomized to psychotherapy with placebo elected to participate in the open label crossover treatment, in which they received 2 or 3 sessions of MDMA in conjunction with the same psychotherapy, followed by essentially the same schedule of integration sessions. In this group, the mean CAPS score dropped from 65.6 after therapy with placebo to 33.9 after MDMA-assisted psychotherapy ($p < 0.05$). In this group the clinical response after MDMA was 100%.

Figure 1. Clinician Administered PTSD Scale (CAPS) Mean Global Scores



Note: Adapted from Mithoefer, MC, et al (2011). The safety and efficacy of 3,4 Methylendioxyamphetamine (MDMA)-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: The first randomized controlled pilot study. *Journal of Psychopharmacology*, 25 (4), 439-452.

Subsequent studies, one in Switzerland that has been completed (Oehen, Traber, Widmer, & Schnyder, 2013) and ongoing studies by others in Israel, Colorado and Vancouver and by us in Charleston are showing similar effect sizes.

Now I will briefly discuss and illustrate some of the most important elements of Stan and Christina’s teaching that we consider to be the foundation of our therapeutic approach.

“Non-directive” approach

Our approach is quite non-directive, supporting the participant’s experience as it spontaneously emerges. This comes directly from our HB training, although MDMA-assisted psychotherapy usually includes more periods of talking than HB, which is mostly nonverbal. There are times in MDMA sessions when suggestions from the therapist and verbal interaction can be helpful, but any suggestions are offered in the spirit of collaborative inquiry and invitation, leaving the choice up to the individual. The essence of what we mean by “non-directive” rests in the *timing* of interventions. It is not a prohibition against more active engagement under appropriate circumstances. In fact, there are occasions when failure to offer some direction in a sensitive way would be problematic, just as being overly directive is problematic. What is essential is that the pace of the session allows for the participant’s own process to unfold spontaneously; that the therapists allow ample time for this unfolding before offering direction. For example, if a participant is feeling stuck, the initial approach should be to encourage them to experience and express this stuck feeling as fully as possible, trusting that the inner healing intelligence will guide the response. In this way, delaying an intervention may make it unnecessary. This is analogous to what Stan teaches about the timing of bodywork in HB sessions. The initial approach is for the participant to “breathe into” pains or tightness that arise in the body. Staying with the experience in this way is often all that is needed to process and release the holding in the body, and this approach will always match the underlying process. If the body symptoms persist, then focused bodywork from the facilitators can be very helpful as long as it is done with attention to following and matching the breather’s process as accurately as possible.

Female/male therapist team

Stan and Christina showed us the advantages of a female/male therapist or facilitator team. This provides a sense of safety, as well as the opportunity to relate to and work out transference issues with both sexes, and the benefit of male and female perspectives, insights and intuition.

Reclining with headphones music and eyeshades

MDMA-assisted research sessions include periods of inner focus using eyeshades and music that are similar to HB. In MDMA sessions inner focus alternates with periods of talking to the therapists, quite analogous to times when facilitators and breathers use focused bodywork during HB sessions.

Optional use of focused bodywork

Bodywork is needed less often during MDMA-assisted sessions than in HB, but we do use focused bodywork with the same approach we learned in HB training. This occurs sometimes during MDMA sessions, and more often during follow-up “integration” sessions.

Recognizing the wisdom of the inner healing intelligence, “inner healer”

This is the basis for the therapists acting as facilitators rather than directors of the process. One Marine veteran in our current study described it beautifully:

It feels almost like the inner healer or the MDMA is like a maid doing spring-cleaning. It's as if you thought you were cleaning before but when you got to things you didn't really want to deal with you'd just stick them in the attic. If you're going to clean the house you can't skip the stuff in the attic.

No agenda

In HB training we learned the importance of “beginner’s mind” for facilitators as well as for “breathers” - not having an agenda about what an individual’s process will or should be. The same holds true for therapists and study participants in our MDMA research. One way this is expressed

by therapists is through unhurried and connected presence, their willingness to be present with curiosity and patience without having to know where the process is going or how long it will take. In the Grof training this important lesson was demonstrated by the trainers, and was expressed by Tav Sparks when he would say, “Stay as long as you think you need to, and then stay longer”.

Encouragement to fully experience and express whatever comes

In any approach to working with non-ordinary states, the difference between a problematic session and a profoundly healing session can depend on recognizing the possibility and the value of moving into and through painful or frightening experiences, rather than trying to move away from them. In preparing our study participants for MDMA sessions we often quote Stan’s perspective that, “a symptom is something that’s half way out”. So best not to try to push it back in. In fact, acknowledging, feeling and expressing whatever comes- with words, sounds or movement- is likely to facilitate release and unburdening. As study participants have said after directly experiencing the truth of Stan’s perspective during MDMA-assisted sessions:

I have respect for my emotions now (rather than fear of them). What's most comforting is knowing now I can handle difficult feelings without being overwhelmed. I realize feeling the fear and anger is not nearly as big a deal as I thought it would be.

I don't think I would have survived another year. It's like night and day for me compared to other methods of therapy. Without MDMA I didn't even know where I needed to go. Maybe one of the things the drug does is let your mind relax and get out of the way because the mind is so protective about the injury.

I realize I'm not trying to break through anything. It has to be softly opening. With the medicine nothing felt forced. I know I'm going to have to feel the feelings and there's still fear that the grief will be overwhelming, and I know feelings are unpredictable and the currents can be swirly, but yesterday when I put my toe in it felt so wonderful to feel. I remember every detail, it's a pristine, pristine image.

Deep inner work can change life from “being like a boxing match to being more like surfing”

This is another perspective Stan shared with us during our training that applies directly to our research. Several MDMA study participants spontaneously expressed the same perspective (without having heard Stan’s analogy):

After you've ridden a few of those waves of fear then it gets easier and easier to trust the next one.

I used to be always jumping into the waves, now it's more like riding the waves.

Respect for transpersonal experiences

As we train research therapists for further clinical trials with MDMA-assisted psychotherapy, we emphasize the importance of respecting, and not pathologizing transpersonal experiences, if they occur. Regardless of the therapists’ own beliefs or opinions about what Stan calls “the ontological status of transpersonal experiences”, it is essential for therapists to respect the importance of these experiences to individuals having them, and to appreciate the contribution they may make to healing, growth and lessons about consciousness. Stan says, “Have a big story or no story, but don’t have a small story.” As a study participant describes, these experiences can be beautiful and deeply healing.

I see huge white doors with beautiful white glass, so huge and heavy, but a master has engineered them so you can open them with one hand. It's only without the fear that the doors are so light. How interesting! If I go up to them with all the fears it makes me weak. I'm taking those fears out of different parts of my body, looking at them and saying 'it's ok but I'm leaving you here.' The fear served me well at one time, but not now for going through these doors.

The process keeps unfolding after the sessions

This lesson was taught explicitly during the Grof Training, and it was brought home by our own inner work and by watching and hearing what other people shared about their HB process over several years of training. Stan and Christina have wisely required that one cannot complete the HB

Training in less than two years in order to allow time for its lessons to be fully developed and integrated. Knowing and trusting this reality has been vitally important to supporting research participants after their MDMA-assisted sessions. It is true that major insights, shifts in emotion and energetic clearing can occur during several hours of HB or MDMA effect, often leading to a sense that more has been accomplished in hours than had been in previous years of more conventional therapy. In fact, it can be challenging for some people to accept and trust changes that happens this quickly until they experience the real ways these changes manifest in their daily lives afterward. Conversely, expecting that healing and growth must be completed during the relatively short time spent in non-ordinary or *holotropic* consciousness can make the transition back to *hylotropic* or everyday consciousness distressing and discouraging. Until one understands and directly experiences the ongoing nature of deep healing that flows from work with non-ordinary states in a conducive set and setting, they may be attached to the idea that more sessions are needed before their process can continue. Happily, if HB participants or MDMA research participants understand the ongoing nature of the process, and especially if they have support and take the opportunity for a practice, such as meditation, journaling, yoga, psychotherapy or other ways of connecting with their inner experience and their bodies, they consistently report continuing healing and growth unfolding for weeks, months, or perhaps for a lifetime.

It is with deep gratitude that Annie and I so often draw on what we learned from Stan and Christina Grof and other wonderful teachers in the Grof Training. Without their inspiration and guidance we wouldn’t have seen the possibility of the work we’re doing now with MDMA-assisted psychotherapy, or known how to do it safely and effectively. In our MDMA studies people suffering from chronic, treatment resistant PTSD are experiencing deep, lasting healing. Many are telling us it saved their lives. After thousands of hours with research participants in preparation and integration sessions as well as MDMA sessions, Annie and I are convinced that the powerful therapeutic results of MDMA-assisted psychotherapy are catalyzed by both the remarkable effects of MDMA and by the *set* and *setting* in which it occurs. In our studies the setting and the mindset of therapists and participants are based largely on Stan and Christina’s profound teachings about the deep

healing intelligence within each of us, and the possibilities and methods for accessing and supporting that intelligence in order to “change life from a boxing match to surfing”.

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Michael Mithoefer, M.D., is a psychiatrist in Charleston, South Carolina. He and his wife, Ann Mithoefer, completed the first clinical trial of MDMA-assisted psychotherapy for treatment resistant Post-Traumatic Stress Disorder (PTSD). They continue to conduce MDMA treatment research, including training and collaborating with MDMA research teams in the US and in other countries. He is board certified in psychiatry, emergency medicine and internal medicine, is a Fellow of the American Psychiatric Association, and Clinical Assistant Professor of Psychiatry at the Medical University of South Carolina. Email: mmithoefer@mac.com.

Psychedelic Research at the Frontiers of Prohibition: Moving Forwards

Investigación Psicodélica en las Fronteras de la Prohibición

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Abstract

In this paper I am going to share some reflections on the fields of psychedelic research and drug policy reform, and my involvement in these areas in the last decades. Among other themes, I will describe the changes produced in drug policy reform and psychedelic research in the last few years; the historical value and role of psychedelics on different transformational rituals throughout history; the roots of my lifetime interest in the physiological mechanisms underlying altered states of consciousness and the ego and the set up of the Beckley Foundation in 1998, with two main aims: to investigate consciousness and its changing states, and to reform global drug policy. I will also describe some of the findings of the Beckley/Imperial College Psychedelic Research Programme, and the current projects in which the Beckley Foundation is currently involved.

Keywords: psychedelic research, LSD, psilocybin, consciousness, brain imaging.

Resumen

En este artículo compartiré algunas reflexiones en los campos de la investigación con psicodélicos y la reforma de la política de drogas, y mi participación en estas áreas a lo largo de las últimas décadas. Entre otros temas, describiré brevemente los cambios producidos en la reforma de las políticas de drogas y la investigación con psicodélicos en los últimos años; el valor histórico y el rol de los psicodélicos en diferentes rituales de transformación a lo largo de la historia; los orígenes de mi interés de por vida en los mecanismos fisiológicos subyacentes a los estados alterados de conciencia y el ego, y la creación de la Fundación Beckley en 1998, con dos objetivos principales: para investigar la conciencia y los estados alterados de conciencia, y para reformar las políticas de drogas a nivel global. Describiré también algunos de los resultados del Programa de Investigación con Psicodélicos que están realizando la Fundación Beckley y el Imperial College de Londres, y los proyectos actuales en los que la Fundación Beckley esta involucrada.

Palabras clave: investigación con psicodélicos, LSD, psilocibina, conciencia, neuroimagen.

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In the last few years, the landscape has changed beyond recognition in both global drug policy reform and psychedelic science. Society seems to be entering a new, more balanced understanding of psychoactive substances and their possible role in medicine. Finally, psychedelics are a subject that can be discussed and even researched, and cannabis is slowly moving toward a regulated market in certain parts of the world - most notably the United States. Our long work, chipping at the rock face of the taboo, seems to be finally breaking through.

However, although there are many promising developments, the extent of the research is still very small, and the obstacles put in its way are immense. These include the problem of getting ethical approvals, the problem of obtaining the materials, which can cause years of delays and vastly inflate the costs, the problem of storage, and the problem of finding funding, among others.

It is an amazing indictment of human society that these naturally occurring substances that have played such a vital role in the cultural evolution of *Homo sapiens* -- aiding our development of language, spirituality, music, art and medicine -- became taboo. They have always been shrouded in mystery, but it is interesting how they became toxic in the mind of society - moving from being known as the food of the gods, the vine of the soul, the sacred leaf, to substances of damnation and criminalization.

It is a sad reflection on modern society that these compounds that formed the psychoactive essence of transformational rituals throughout history -- from the prehistoric caves, to the soma drunk by Shiva, the elixir of Eleusis and the brew of the Amazonian jungle -- should now be designated, by our highest authorities, the United Nations, as a Schedule 1 substance, i.e. highly dangerous, and with no medical benefit whatsoever. These substances are as tightly controlled as nuclear weapons, with trillions of dollars spent on trying to eradicate them from the face of the earth. Quite obviously an impossible task. So why try, one might well ask?

Interestingly, our latest research at the Beckley/Imperial Psychedelic Research Programme throws new light on this perplexing enigma (Carhart-Harris et al, 2014b; Lebedev et al, 2015). Our research shows that under the effect of psychedelics, there are changes in the brain that include a reduction in blood supply to the controlling repressive network of the brain, the so-called 'default mode network'- which is a modern, neuroscientific terminology for what Freud called

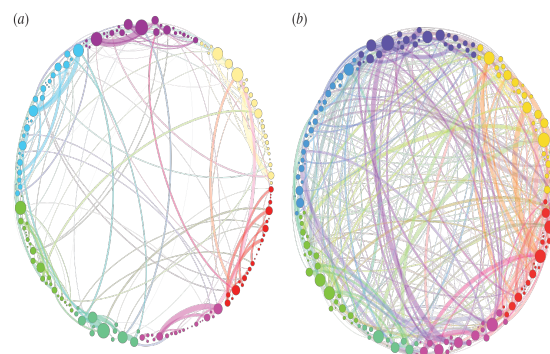
the 'ego'. By reducing its blood supply, its activity is reduced – censorship and tight control diminish, and a more open, primal state of consciousness takes over (Carhart-Harris et al, 2014b).

But there are also advantages to the disintegration of tight control: there is more contact and interaction *between* the different parts of the brain. Different networks, which normally have high integration within themselves but little communication between each other, start communicating; this explains the dissolving of the normal ego into a state which is looser and less controlled. A state more conducive to creative thought and problem solving, to the mystical experiences of unification, and to being able to reach and clear out repressed trauma.

By uncovering the mechanisms underlying the actions of these strange compounds that interact so intimately with the human body, we can learn much about why they can be such valuable tools in the healing of many of our most intractable diseases, such as depression and addiction. They interact with our neurotransmitter systems and bring about changes in consciousness, such as unblocking set patterns of negative or self-destructive thought – washing out long-embedded repressed trauma.

By combining the new science of brain imaging with psychedelics, which perturb the functioning of the brain to bring about changes in awareness, we have the luxury of correlating what a person is experiencing subjectively with the changes in blood supply and functional connectivity within the brain – an amazing new window of opportunity, similar in importance to the discovery of the telescope or the microscope (see figure 1).

Figure 1. This simplified visualisation of connectivity between functional areas and networks in the brain under the influence of psilocybin shows how the psychedelic state is associated with a less constrained mode of brain function.



Adapted from Petri et al. (2014). Homological scaffolds of brain functional networks. *J. R. Soc. Interface*, 11 (101).

The value of psychedelics is that they bring about states of consciousness different from daily consciousness. Before their use in research, normal daily consciousness would be compared with sleep or psychosis, and more recently, with meditation. Now, with psychedelics, the field of research has opened up to a much wider spectrum of conscious states.

A well-directed neuroscientific study can provide invaluable information about how a psychedelic substance changes brain function, and how this may be harnessed to treat disease and enhance health, well-being, and creativity. Brain-imaging studies are an ideal complement to clinical trials. They provide new discoveries to drive medical advances, as well as new explanations that give medical research a powerful neuroscientific underpinning.

To backtrack a bit in my personal life, in 1966 I had become passionately interested in the physiological mechanisms underlying altered states of consciousness and the ego. I had met a Dutch scientist of exceptional insight, Bart Huges, who had developed two new hypotheses: one concerning the irrigation of the brain, and the changes in blood supply to the brain underlying altered states of consciousness; and the second describing the physiological basis of the 'ego' as a conditioned reflex mechanism, based on word recognition, which directs blood to those brain centers most essential for survival, while repressing blood flow to other parts of the brain. This was the first time that a mechanistic explanation of the 'ego' had been given.

It also provided the first explanation of how brain functioning can be altered by such practices as yogic deep breathing and the ingestion of psychoactive substances, to name but two. The underlying theory is that these techniques bring about a change in blood supply to the brain, loosening the repressive control of the ego-mechanism over consciousness.

With an understanding of these mechanisms I found I could take control of the changing state of consciousness brought about by LSD - with a moderate dose, together with vitamin C and glucose (to maintain blood sugar levels), I could keep my mental concentration for creative thought and disciplined work. Higher doses would enable more mystical and psychological exploration. The expansion of awareness added sparkle to perception, allowing me to think deeper, see further, and feel more sensitively - a whole new world opened up. I was so inspired by this new knowledge that I decided to devote my life to researching and communicating it. In the

enthusiasm of the 1960s, we thought societal change was just around the corner.

This came to an abrupt end when the Establishment panicked, terrified at the new freedoms of the youth. The prison doors of Prohibition slammed shut. Scientific research came to an end, and prisons began to fill.

The new explanation of the ego, as a conditioned reflex mechanism superimposed over the rest of the brain, could not in those days be tested empirically. However, with the development of more advanced brain-imaging technologies, and particularly fMRI in the early 1990s, it became possible to observe the changes in blood supply and brain function, correlated with subjective experience, during both normal and altered states of consciousness.

In 1998 I set up the Beckley Foundation with two main aims: firstly, to investigate consciousness and its changing states, and secondly, to reform global drug policy. I invited some of the world's leading scientists - including Albert Hofmann, Alexander Shulgin, Colin Blakemore, Dave Nutt, Les Iversen, and Dave Nichols, among others - to form a Scientific Advisory Board. I realised that policy and science are intimately interrelated, and that it was essential to change policy in order to move the science forward. Now the positive results from the scientific research will, hopefully, begin to move the policy forward. They work in synergy. I also realised the enormous value of the very best science in breaking the taboo on these substances.

I won't spend time detailing 17 years of policy struggles, but after 50 devastating years of prohibition, the cracks in the edifice are beginning to show. When I founded the Beckley Foundation, all 'drugs' were inherently evil, destructive, and antisocial. People who used them were criminals, misfits, and unproductive members of society. There was no word for 'use', only 'misuse' or 'abuse'. No acknowledgement or research of their possible benefits. They are still in Schedule 1, and Theresa May, our Home Secretary in the UK, is currently planning a Bill to ban all psychoactive substances, other than those approved by the government (which include alcohol and tobacco - counted among the most harmful substances to self and society). As a minimal reform, psychedelics should be re-designated to Schedule 2, to facilitate research and to permit doctors to prescribe them.

Although changes on the ground are rare, I think the intellectual battle against the *War on Drugs* has largely been won. In the last few years the balance has changed, the hegemony of the United States has diminished, and Latin America

has gained strength. Presidents in the region, such as Pérez Molina in Guatemala, Santos in Colombia, and Mujica in Uruguay, have called for policy reform. Even President Obama has endorsed the need to explore alternatives.

Within the citadel of prohibition itself - the United States - over 50% of the population now live in a State which has embraced new approaches to cannabis. Beyond the U.S., countries such as Guatemala, Colombia, Uruguay, Czech Republic, Portugal, Spain, and now Jamaica are exploring a range of alternative policies to regulate cannabis. An additional factor is that the U.S. no longer needs the War on Drugs to enter the countries it wants to; it now has the 'War on Terror'.

Reforming Policy has always been my duty. My passion is the science. Surely, the best game in town is to better understand our consciousness and how to enhance its functioning. In the Beckley Scientific Programme, perhaps one of my greatest triumphs was in 2005 persuading David Nutt that we should set up a collaboration to research the psychedelics. This gave birth to the current Beckley / Imperial Psychedelic Research Programme. I am delighted to be working with two such great scientists, David Nutt, my co-director, and Robin Carhart-Harris, our lead investigator, and now an expanding team (Carhart-Harris et al 2011, 2012a, 2012b 2013a, 2013b, 2014a, 2014b, 2014c; Kaelen et al, 2015; Levedeb et al, 2015; Morgan, Noronha, Muetzelfeldt, Fielding, & Curran, 2013; Muthukumaraswamy et al, 2013; Roseman, Leech, Feilding, Nutt, & Carhart-Harris, 2014).

To date we have had a very productive partnership, and we finally have just completed our first LSD research, which I have wanted to do ever since I experienced its immense potential in the 1960s (Carhart-Harris et al 2014a; Kaelen et al, 2015). We are also midway with our groundbreaking pilot study investigating the use of psilocybin in the treatment of depression.

The studies so far are only opening the door. The future holds much to look forward to. It is fascinating to compare and contrast the underlying actions of the different compounds: psilocybin, LSD, cannabis, ayahuasca, DMT, and MDMA, among others. These explorations throw new light on their amazing effects and teach us more about their potential benefits. Some of the other exciting projects that I am currently involved in include:

- A series of studies in collaboration with Jordi Riba in Barcelona, investigating ayahuasca and DMT.
- A study with Val Curran at UCL, investigating the different effects of cannabis with and without cannabidiol (CBD).
- A study with John Bisson and Ben Sessa at Cardiff, investigating the effects of MDMA in war veterans suffering post-traumatic stress disorder.
- With Yuri Moskalenko, in St. Petersburg, continuing our many years of collaboration investigating changes in cerebral circulation and age-related diseases, plus developing the cranial compliance monitor, and researching the effects of trepanation.
- A follow-up study of the amazingly successful pilot study at Johns Hopkins with Roland Griffiths, using psilocybin as an aid to psychotherapy in the treatment of nicotine addiction.
- With Michael Bogenschutz, at NYU, we are in the process of developing a study using LSD in overcoming alcohol addiction.

How lucky we are to be in such a rich orchard, with so much lower hanging fruit that can bring about so much change.

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