

Psychedelic Psychotherapy and Spirituality
Neal M. Goldsmith, Ph.D.

On September 19th at 8PM, I will be giving a talk on “Psychedelic Psychotherapy and Spirituality” at the ASP Network meeting. In advance of that meeting, I am glad to be able take the opportunity afforded by the *PsychoSpiritual Dialogue* Newsletter to explain why substances purported to cause “hallucinations” could possibly be good for healing.

The History, Safety and Efficacy of Psychedelics

Psychedelic plants and compounds have been used safely for millennia by indigenous peoples. This tradition of shamanic practices provides the context for the use of psychedelics in psychotherapy and the foundation for our discussion of the methods of psychedelic psychotherapy. Once this foundation is laid, we will discuss the phenomenal explosion of interest and research (both inside and outside the laboratory) that occurred in the West from 1947 through 1976. During this time, thousands of peer-reviewed research papers were published in the scholarly literature, assessing safety and clinical methods.

In fact, the clinical literature agrees that psychedelics are generally “safe and effective when used as directed” (see “Ten Lessons of Psychedelics, Rediscovered,” below). From a chemical perspective, the classic psychedelics are relatively non-toxic in adults, especially as compared with other drugs of abuse.

Nonetheless, psychedelics are powerful psychoactive chemicals and when used outside the professional context, or even in an improper clinical setting, can cause considerable, although generally transient, psychological distress. (Psychedelics do cause sensory distortions, but not true hallucinations.) When subjects are properly selected and treated, however, the research clearly and repeatedly has shown no long-term deleterious effects from the use of psychedelics under professional supervision. The question of whether medical or psychospiritual supervision is most appropriate is an important issue and one yet to be effectively addressed by policy makers.

There has also been a half-century history of research on the psychological effect of psychedelics (see Grinspoon & Bakalar’s *Psychedelic Drugs Reconsidered*, for the best review available, along with an extensive annotated bibliography). In the therapeutic context, psychedelics are generally used either one time with much preparation and a single high dose (*psychedelic*, or “mind-manifesting” psychotherapy) or in smaller doses on a weekly or monthly basis, interspersed with talking therapy (*psycholytic*, or “mind-loosening” psychotherapy). In psycholytic psychotherapy, psychedelics have been shown to be useful in facilitating transference and in bringing repressed childhood memories to the surface. While no medical use is currently accepted in the United States, many of the earlier individual practitioners and clinical researchers produced extremely promising – and due to subsequent constraints on research – largely unexploited results.

In the clinical research that has been conducted, psychedelics have been shown to be useful in:

- ? Criminal recidivism
- ? Relationship counseling
- ? Substance abuse and addiction, especially alcoholism
- ? Post-traumatic stress disorder
- ? Obsessive-compulsive disorder

- ? Depression
- ? End-stage cancer psychotherapy
- ? Stimulation of the meditative state
- ? Elicitation of a mystical experience

Clearly, psychedelics have potential use in psychiatric research and practice and since 1990, the FDA and NIDA have resumed approving human-subject research with psychedelics. New findings from the contemporary clinical research, as well as current research on psychedelics and spirituality, will be overviewed during the presentation.

The Ten Lessons of Psychedelics, Rediscovered

Over the past 50-plus years, Western researchers have systematically "reinvented the wheel" of ancient practice in roughing out the contours of safe and effective psychedelic psychotherapy (and these "best practices" will be described and explained). If just about every clinical "innovation" discovered in the West for the use of psychedelics has been a re-discovery of a methodology honed through centuries of hard-won tribal experience, then we must begin to embrace, deepen and expand upon the true foundations of Western practice.

Here are ten "lessons learned" for psychedelic psychotherapy, along with the tribal foundation for each:

1. Each drug has a specific effect.

Match effect to purpose. Familiarity with the particular substance, its action and usual constellation and arc of effects is crucial to a successful experience.

Tribal peoples had a very purposive and articulated natural psychopharmacopia.

2. Setting can strongly constrain and influence outcome.

Early researchers often strapped subjects to beds in hospital rooms, but over the years that has changed to a pleasing, non-threatening, comfortable, safe environment, often with a specific familial (e.g., pictures) or religious (e.g., icons) content. Some psychotherapeutic use of psychedelics has employed carefully designed and controlled intensity as a lever.

The tribal context is inherently safe and a psychedelic experience supported by family and other authority figures is the norm. Many tribal practices have a fearful and intense context, to stimulate change during a rite of passage.

3. Mindset can scuttle a beautiful context or transcend a hellish one.

Open-mindedness and willingness to "surrender" to the process, confidence in people/surroundings, motivation to learn and heal, rather than for recreation or escape, are all associated with successful outcome.

Tribal participants are completely "bought into" the practice and positive about the benefits to be accrued. Tradition communicates the appropriateness and value of the experience.

4. In general, dose can determine whether it is a mild or extreme experience, although it is often less important than setting and mindset.

Match of dose to purpose can be crucial. While dose can have powerful effect, the mental state, openness and receptivity, mindfulness and intentionality are even more important in determining outcome. There is a difference of opinion on whether ramping up over a number of experiences reduces the potential for panic or simply enables the subject to maintain and incrementally increase defenses. Generally, smaller doses are used for psychotherapy; larger doses for transformative practice. The “psychedelic” approach alternates periodic large doses with ongoing smaller doses.

Tribal practices are very precise as to the recommended doses for purposes such as hunting, healing, or divination.

5. Preparation, expectations and knowledge can enable lasting value.

Be knowledgeable about expected effects through discussions and reading. Be aware of your own inner issues, through either psychotherapy or spiritual practice.

Through their upbringing, tribal participants are very familiar with the expected effects. Relatives and shamens focus the participant on the problem, illness, object lost, mate’s infidelity, etc.

6. Ritual can transmit prior wisdom and guide successful practice.

Benefit from the accumulated wisdom of previous practitioners - have procedures, guidelines, logistics and security in place. The Santo Daime Ayahuasca church is a good example of an accepted approach to therapeutic ritual in a church-like setting; another example is the Native American Church meetings with peyotl. But remain flexible, as some individuals may not adhere to ritual. Even so, meta-protocols for specific types of need, such as for church study groups, substance abusers, teen-agers, newlyweds and the dying may one day provide methodological anchors with which to successfully bring psychedelic practice to the general population.

Tribal rituals instantiate the trial-and-error discoveries of ancestors, yet they remain much more uniform and deterministic than much of Western psychotherapeutic practice. Frequently, rituals are organized around specific rite-of-passage issues. The use of ritual in psychedelic psychotherapy provides a way to imprint – to inculcate dramatically – safe and effective methods. Psychotherapeutic ritual also offers an outlet for needs formerly met by highly-organized, highly-ritualized religions, such as Catholicism.

7. Support from experienced guides reduces fear and increases benefit

Have trusted significant others – family, therapist, physician, etc. – communicating before, at hand during and involved after a psychedelic treatment. Focus is on experience and benefit of the participant; guidance is responsive.

In tribal practices, the whole family is there! As well as the doctor-therapist-pharmacist-priest – that is, the shaman – and the mayor/police – that is, the tribal chieftain. As well as the uncle, grandparents, etc., etc., etc. As such, when difficult developmental challenges are faced, then or later, they are done so with the full knowledge and support of role models.

8. Re-entry to a supportive socio-cultural/community context helps retention.

So many epiphanies are lost and resolutions broken by the “after-the-marathon-weekend” effect – that is, reentry into the same context in which the problem was developed. This is one of the reasons why the hippies of the early 1960s decided to “get back to the land” and create remote communes. To maintain benefits, a client’s life context should be supportive and active (not illicit and secretive).

The tribal context is an excellent example of such a unified, supportive community context (one actively acknowledged and emulated by the hippies).

9. Accompanying depth psychotherapy (if needed) and ongoing spiritual practice offer the main opportunity for lasting growth.

Since psychedelics can only provide grounding and direction and so generally don’t affect “cures,” gains in psychological peace and spiritual maturity must be maintained through an ongoing practice – at one level, psychotherapy, and at another, spiritual practices, such as yoga, meditation and prayer. The spiritual world view that results, has been correlated with improved and maintained health.

Tribal spiritual practices are already a deep part of the fabric of their lives, before, during and after a psychedelic rite and so new gains are integrated into a pre-existing fabric of personality-in-culture.

10. A revised world view is both a requirement for and a result of integrated psychedelic practice.

The post-modern world view integrates mind and body, spirit and the “real” world. This perspective accepts and reinterprets phenomenon such as emergent properties, mind, music, synchronicity, health, chi, spirituality and psychosomatics, into a view of the Universe as fundamentally alive and minded.

So what then, can healing mean? Healing of our psyches, our relationships and families, our nation, our politics and history? Do we heal through psychotherapy, drugs, love, compassion, spiritual practice, service? Moreover, what would be a reasonable action path to a future with a healing world view, a world view that is transcendent, but not apathetic?

To begin, we must consider spirituality as simply the advanced end of the spectrum of normal adult developmental psychology and redefine “neurosis” as spiritual immaturity.

The tribal world view is what we in the West are coming around to, full-circle. Animistic cultures exist in a world seen not only as alive, but also as spiritual in essence, by nature. The Universe, and us within it, are seen as magical, but not supernatural. The post-modern Western view integrates mind, body and spirit to both reflect and distill the tribal view.

[“The Ten Lessons of Psychedelics, Rediscovered” is excerpted from a book-in-progress, *Psychedelic Healing*, with John H. Halpern, M.D., Harvard University.]

Conclusion

It is clear from the history and the research that psychedelics are poised to become accepted once again as valuable psychospiritual tools. We need more human-subjects clinical trials, a more proactive

regulatory environment, including a less restrictive rescheduling of psychedelics by the FDA and, above all, a curious, open, accepting intentionality toward the future of humanity's psychospiritual development.

Biography

Neal M. Goldsmith, Ph.D. is a psychotherapist specializing in psychospiritual development – seeing “neurosis” as the natural unfolding of human maturation. He is also an applied research psychologist working with companies such as AT&T, American Express and Gartner to foster innovation and change. Author of dozens of popular and scholarly articles, he is a frequent speaker on emerging technology, public policy and the post-modern future of society.

Dr. Goldsmith holds an M.A. in Rogerian client-centered counseling from New York University. He received his doctorate from Claremont Graduate School, with specialization in policy research utilization. He conducted his dissertation research as a federally-funded research assistant at the Woodrow Wilson School of Public and International Affairs at Princeton University.

Dr. Goldsmith lives and works in a roof-top electronic cottage in New York's Park Slope community. He may be reached by email at neal@inch.com or by telephone at 718-369-9100