

Psychedelic-Assisted Therapy: Breakthrough Treatments for Complex Mental Health Disorders

Peter H Addy, PhD
<https://peterhaddy.com>

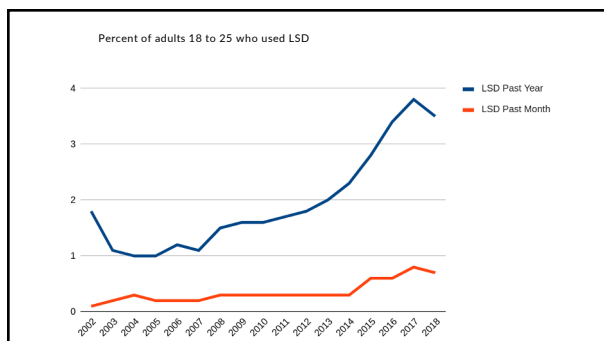
Prevalence

In 2018:

- the age group with the highest number of people who used psychedelics was 18 to 25 year olds
- people aged 18 to 25 used ecstasy most frequently
- psychedelics were primarily used by adults of the racial group "two or more races"

Percentage of population with past year hallucinogen use in 2018

Drug	Aged 12-17	Aged 18-25	Aged 26+
Any Hallucinogen	2.3	16.4	17.3
Ecstasy	0.8	10.5	7.5
LSD	1.3	9.8	11
Psilocybin/Mushrooms	0.8	8.9	10.2
Salvia divinorum	0.1	2.7	1.9
DMT, AMT, or 5-MeO-DIPT/Foxy	0.2	2.1	1
Ketamine	0.1	1.5	1.4
PCP	0.1	0.6	2.7
Mescaline	0.1	0.6	3.4
Peyote	0.1	0.5	2.6



**Indigenous Use:
How they work in
culture**

Indigenous Use

Ayahuasca has been used for hundreds or thousands of years by native people in South America

Cannabis has been used for hundreds or thousands of years by native people in India and Asia

Ibogaine has been used for hundreds or thousands of years by native people in Africa

Peyote has been used for hundreds or thousands of years by native people in North and Central America

Psilocybin mushroom have been used for hundreds or thousands of years by native people in Central America

Salvia divinorum has been used for hundreds or thousands of years by native people in Central America

Classic Psychedelics - Indigenous Use

The religious use of psilocybin containing mushrooms has been extensively studied with documented evidence of use throughout Mesoamerica as early as the arrival of Cortés in Mexico in 1519 (Metzner, 2004; Wasson, 1980; Schultes et al., 2001; Ott, 1993; McKenna & Riba 2015), and mushroom-shaped artifacts dating as far back as 500 BCE (Guerra-Doce, 2015). In Nahuatl, the language of the Aztecs, psilocybin-containing mushrooms are referred to as Teonanácatl or "divine flesh" (Schultes, 1940).

The *Lophophora williamsii* cactus has a long history of religious use among the indigenous peoples of North and South America, and is often referred to using the Nahuatl term *péyotl* (aka peyote; Prue, 2013). Religious use of peyote has been estimated to extend back more than 5,700 years (Bruhn et al., 2002; El-Seedi et al., 2005).

Complex Psychedelics - Indigenous Use

Luna (1986a; 1986b) identified 72 indigenous groups reported to use ayahuasca and 42 different indigenous names for the beverage. While the use of ayahuasca by indigenous populations dates back thousands of years (Naranjo, 1979), its broader use in a syncretic religious context is a product of the 20th century. The oldest syncretic ayahuasca church, Santo Daime, was founded in the 1930s.

Ibogaine's ceremonial use has been most extensively documented among the Bwiti religion, dating back to the early 20th century (Fernandez, 1982).

Atypical Psychedelics - Indigenous Use

Salvia divinorum has been used for hundreds of years by the Mazatec peoples of Southern Mexico. Ritual use includes physical and spiritual healing and divination.

Cannabis as a psychoactive drug has played a prominent role in the religious and ceremonial life of many peoples both past and present, including recognition as a sacred plant in Hindu scripture dating back more than 3,000 years (Touw, 1981), and religious use in Jamaican Rastafari since the 1930s (Semaj, 1980).

Motivations

Why do people use psychedelics?

Motives for use

"Hallucinogens" like LSD and psilocybin

1. Broaden consciousness
2. *Spiritual experience*
3. *Experience nature*
4. Enhance activity
5. Euphoria

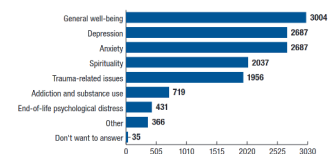
MDMA

1. Euphoria
2. Enhance activity
3. *Enjoy company*
4. Broaden consciousness
5. *Enhance confidence*

Kettner, et al. 2019. Contemporary Drug Problems, 46(3), 304-20.

Oregon Health Authority community interest survey

Figure 1. Bar plot of reasons of interest for accessing psilocybin services by count (N = 4,162*)



*Total count greater than 4,162 due to selection of more than one answer

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Psychedelics in Canada

Section 56 exemption

Since 2017:

- Exemptions for six ayahuasca churches in four cities

Since 2020:

- Health Canada grants access to psilocybin to patients and professionals

Special Access Program (SAP)

Starting January 2022:

- Health practitioners may request "restricted drugs" psilocybin or MDMA
- Patients with a "serious or life-threatening condition"
- "sufficient evidence of safety and efficacy for the treatment of [a] patient's condition" with a requested drug.

Clinical Trials

The first option is to join a research study. There are several active clinical trials investigating psychedelic-assisted psychotherapy using MDMA, psilocybin, and LSD (and observational studies tracking use of ibogaine and ayahuasca).

Clinical Trials

You know who to talk to, what's going to happen, and what you're taking.
 Research scientists think about the process of informed consent every day.
 The substances they use have known potency and purity, verified by lab testing.
 They have policies and procedures for every kind of risk you can think of.
 These studies are FDA and DEA approved so there are no legal risks for you.

Find a study (get back options)

Status

☒ Recruiting and not yet recruiting studies
☐ All studies

Condition or disease (For example: breast cancer)

Other terms (For example: NCT number, drug name, investigator name)

Country

[Search](#) [Advanced Search](#)

<https://clinicaltrials.gov/>

Let us know how we can help you find the study you're looking for. We'll be happy to help you with any questions you have about the study or the process of finding a study.

Click on the number of studies in the legend to see the map. The color of the box represents the number of studies. Red is the highest number of studies.

Source: [https://clinicaltrials.gov](#)

Contacts

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Locations

United States, Connecticut

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 Contact: Christina Luddy, BS (203) 932-5711 ext 4549 christina.luddy@yale.edu
 Principal Investigator: Deepak Cyril D'Souza, MD
 Sub-Investigator: Jordan Sloshower, MD

Sponsors and Collaborators

Yale University
 Heffter Research Institute

Contact the research coordinator

Integration

These trials have a lot of integration work built into them. Here is a video where I summarize how clinical trials incorporate integration.

<https://youtu.be/lRxwjA7Z-ug>



Clinical Trial Risks

Principal Investigator and Institutional Review Board work to minimize risks

Informed Consent documents outline risks

You might get a placebo

You might not get better

Talk about informed consent with your client

Church

Canada legally recognizes several churches that use psychedelic substances as religious sacraments.

—

Church: Peyote

In 1978, the American Indian Religious Freedom Act was codified and that exempted the Native American Church from the Controlled Substances Act. The NAC uses peyote as a religious sacrament and their church is a bona fide religious institution. Later on, it was clarified that you do not have to be Native American to be a member of and participate in the Native American Church.

Church: Ayahuasca

In 2006, the US Supreme Court found that the UDV, which is a church from Brazil that uses ayahuasca as a religious sacrament, is a bona fide church. Ayahuasca is not an illegal drug when used as part of a religious ritual within the context of a UDV ceremony. In 2009, the US District Court of Oregon found that a different ayahuasca church, Santo Daime, is a church with a legit legal religious sacrament of ayahuasca.

Church

Protection against arrest, but not against discrimination
Low profile: how do you find them?
What's your intention?

Cultural Tourism

Ayahuasca tourism is big business, and mushroom and ibogaine tourism are rapidly expanding as well.

Cultural Tourism

With ayahuasca tourism you go to South or Central America where ayahuasca is legally protected. Ritual ayahuasca use is part of the cultural heritage in many places.

Psychedelic tourism is not easily accessible. An all-inclusive nine-day ayahuasca retreat on average costs about \$1,500 plus airfare, plus time off work, plus immunizations. This is not accessible to a lot of people.



<https://chacrana.net/you-will-never-get-traditional-ayahuasca-treatment/>

Cultural Tourism

Does your ayahuasca tourism perpetuate exploitation and victimization?
Does your ayahuasca tourism amplify equity and self-determination?

Before You Go:

[20 Safety Tips for Those Participating in Ceremonies That Use Psychoactive Substances](#)

Cultural Tourism Risks

Purity and potency are culturally-informed concepts

Admixtures change the game

Diet:

- Isolation
- Dietary rules
- Total sexual abstinence
- Avoid environmental excess

Contemporary Tourism

Contemporary Tourism

May 2019: Denver, CO citizens voted to decriminalize psychedelic mushrooms

February 2021; Oregon citizens voted to decriminalize all drugs

January 2023: Oregon will regulate facilitated psilocybin services

Contemporary Tourism

Decriminalization is not legalization!

No, you cannot legally buy and use magic mushrooms in the United States.

No, not even in Oregon.


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**MDMA vs. Ecstasy:
What You Need to Know**

Ecstasy Use

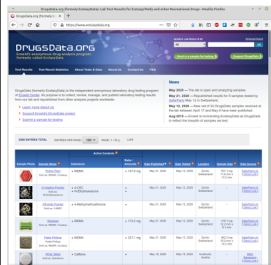
MDMA and Aspergers Syndrome - An Interview with Larry Gray
<https://www.youtube.com/watch?v=DiwWkt-ws50>



What Is Ecstasy?

Purity: what chemicals the pill contains

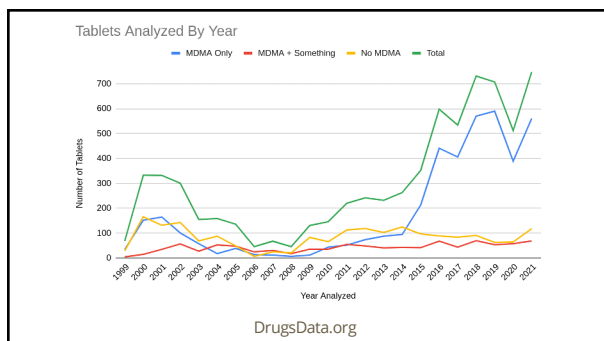
Potency: how much of these chemicals the pill contains

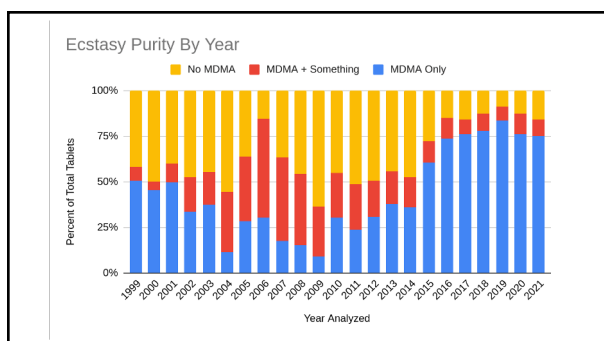


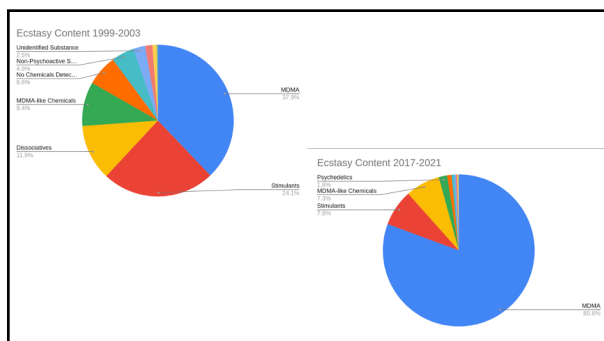
DrugsData is the independent laboratory drug analysis program of Erowid Center

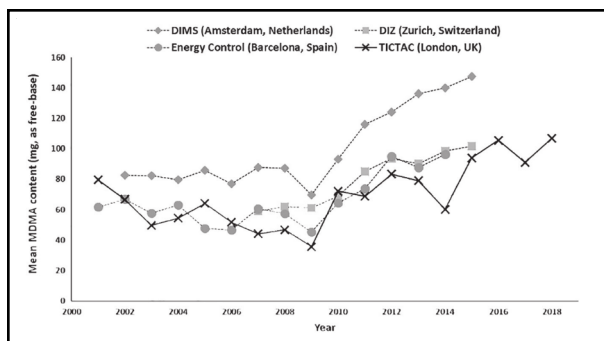
Send in a sample for lab testing!

- \$40 per ecstasy whole pressed tablet
- \$100-150 for other samples







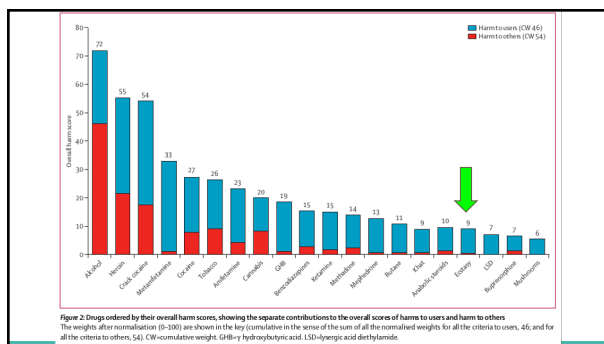


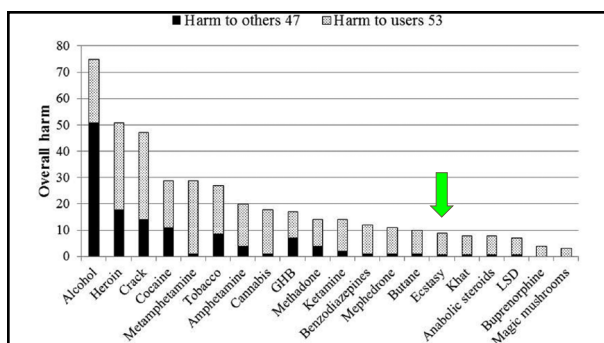
Relative and Specific Risks

Multi-Criteria Decision Analysis

"MCDA is a technique often used in situations where a decision needs to take into account different *sorts* of information, and where there are so many dimensions that conclusions can't easily be drawn from simple discussion." (Nutt, 2020, p. 44)

- 16 criteria of harm (9 harms to users, 7 harms to others)
- 14 experts
- 20 drugs





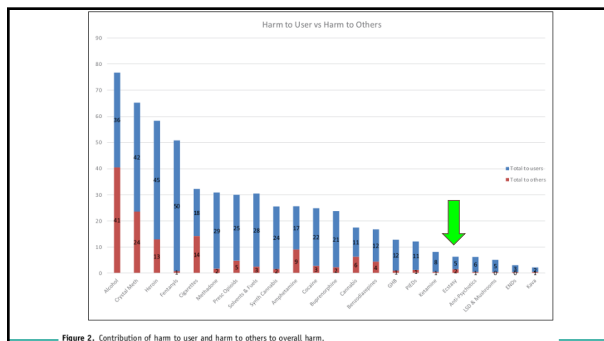


Table 5. Overall relative harm score that combines prevalence weighted harm to users and harm to others.

Drug	Total (prevalence adj)
Alcohol	100.00
Cigarettes	37.1
Crystal Meth	32.0
Cannabis	17.3
Heroin	16.9
Prescription Opioids	13.6
Amphetamine	12.2
Cocaine	8.0
Benzodiazepines	7.3
Buprenorphine	3.8
Methadone	3.4
Solvents & Fuels	3.4
Ecstasy	2.8
Synth Cannabis	2.6
ENDs	2.1
PEDs	1.7
Fentanyl	1.4
GHB	1.4
Ketamine	0.9
LSD & Mushrooms	0.9
Anti-Psychotics	0.7
Kava	0.7
NO DRUGS	0.0



Specific Risks

Harms to users

- **Drug-specific impairment of mental functioning:** How far being inebriated on the drug impairs judgment, which may lead to risky behaviors, including unprotected sex as well as drugged driving
- **Drug-related morbidity:** Damage short of death from drug-related activities and behaviors: viruses and infections, accidents, non-fatal road traffic accidents.

Harms to others

- **Environmental damage:** Drug production can pollute local areas with toxic or flammable chemicals.

How does spirituality function within your client?

Do the spiritual content and context for your client catalyze personal transformation?

Are the spiritual content and context for your client incorporated into psychopathological personality traits that resist transformation?

Sexual Trauma and Power

Research has found that more than 90 percent of people have more sexual desire on MDMA, with many women experiencing enhanced vaginal lubrication, said Matthew Johnson, professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine.

https://www.vice.com/en_us/article/939xma/why-mdma-sex-feels-so-good

Though extremely rare, there have been incidents in which a psychiatrist delivering psychedelic psychotherapy sexually abused several patients. The loving and trusting feelings that can be induced by MDMA can make patients more vulnerable to sexual pressure.

Rick Doblin, 2000

Power and Abuse

People who seek MDMA-assisted psychotherapy are vulnerable

People who provide MDMA-assisted psychotherapy have power

At least two MDMA-assisted psychotherapy researchers have committed [sexual ethical violations](#).

MAPS uses two therapists of different genders for each client session. This is specifically to reduce the likelihood of sexual abuse by a therapist.

Sexual abuse is always
the fault of the
perpetrator

Sexual Abuse in Clinical Trials

One possible significant risk to clinical trials is the researchers themselves. Researchers are flawed human beings, just like the rest of us. At least two psychedelic researchers have committed sexual [ethical violations](#).

Sexual Abuse in Cultural Tourism

Sexual assault is prevalent in ayahuasca tourism. All genders are perpetrators and all genders are victims or survivors, but the pattern tends to be an indigenous man who is the facilitator picks out and assaults a white or a non-indigenous woman. **To be clear, sexual assault is always the fault of the perpetrator.**

If you are assaulted as a tourist, when you come back to your home base you might be blamed for it, which is never deserved and never helps.

When talking with a client who experienced sexual abuse during ayahuasca tourism, your first priority is to believe them.

Sexual Abuse in Cultural Tourism

[Ayahuasca Community Guide for the Awareness of Sexual Abuse](#)

[Legal Resources Companion to the Guidelines for the Awareness of Sexual Abuse](#)

- Bolivia
- Brazil
- Columbia
- Costa Rica
- Peru

Outing

Talking about drug use is taboo and vulnerable

Outing can lead to arrest and discrimination

—

Isolation

One risk that is true of all these options is that you might not have a community. You might not have people you can talk to for support, who understand what you've been through. When you can't talk about your experiences to anyone it can be difficult to keep those insights with you afterwards.

Isolation

Reach out to a professional with education, experience, and training in providing psychedelic harm reduction and integration

Go to <https://psychedelic.support>

Search for a local psychedelic integration group

Here is a good list: <https://psychedelic.support/community-groups/>

Web search for "[city name] psychedelic society"

Functional Spirituality

1. True or transformative spirituality
2. Defensive or offensive spirituality (Battista, 1996)
3. Spiritual bypassing (Welwood, 1984; Fox et al., 2017)

True or transformative Spirituality

Spiritual practices and beliefs that further the development and transformation of personality

Authentic expression of actual embodied emotional self

Lead a person to perceive and confront the ways in which their personality is defensively or inauthentically constructed

Help people give up their false images and concepts of themselves and accept themselves as they are

Spiritual life is not life beyond, it is embodied ordinary life

Defensive spirituality

Spiritual beliefs that keep people from expressing their actual embodied emotional self

Defending against transformation by maintaining self-denying masochistic dysphoria

A rationale to disavow parts of one's self

Prolong suffering rather than transform it

Examples of defensive spirituality

1. Submission to the other, rationalized as loving kindness and humility
2. Failure to ask for or receive nurturance, rationalized as "God is all I need"
3. Failure to deal with relational or sexual needs, rationalized as ascetic practice
4. Failure to deal with biopsychosocial dimensions or problems, rationalized as "spirituality solves everything"

Offensive spirituality

Assertion of one's self as spiritually developed as a means of constraining another person to be supportive

Narcissistically bolster a threatened ego

The person asserts this offensively onto others

A righteous assertion of one's spiritual superiority

Examples of offensive spirituality

1. Sense of entitlement to special rights and privileges, rationalized as being a victim of non-spiritual oppressors

Spiritual Bypassing

"I have come to call this tendency to try to avoid or prematurely transcend basic human needs, feelings, and developmental tasks, 'spiritual bypassing'."

Welwood, J. (1984). Principles of inner work: Psychological and spiritual. Journal of Transpersonal Psychology, 16, 63-73.

Spiritual Bypass Scale (SBS)

Fox, Cashwell, & Picciotto (2017)

13 items, four-point Likert scale, comprising two factors and one total score

Psychological Avoidance Subscale: a process of sidestepping or avoiding difficult emotions, experiences, or circumstances through spiritual beliefs or assumptions.

Spiritualizing Subscale: Ways of appraising ordinary scenarios and exaggerating their spiritual significance.

Spiritual Bypass Scale (SBS)

- Spiritual bypass is an avoidance strategy
- Spiritual bypass obfuscates but does not negate authentic spirituality

"Spiritual bypass is likely linked to authentic spirituality and religious involvement, and that it is something that people who are spiritually inclined will face in their development from time to time."

Clinical Implications

Clinical Implications

(from Sheridan 2017)

Preliminary guidelines for addressing spiritual bypassing

1. Understand the role of spirituality in clients' lives
2. Be aware of possible bias in determining spiritual bypassing
3. Upholding the value of self-determination

Clinical Implications

(from Battista 1996)

Direct empathy to the inner disavowed true self, not to the masochistic or narcissistic false self

Help the client to understand how the false self functions to protect feelings of worthlessness and to avoid feelings of rejection and bids for nurturance

Accept and care for person in need while confronting entitlement as an obstacle to care and acceptance

Assessment Strategies

What conditions do research studies exclude?

What are warning signs before psychedelic use?

What are warning signs after psychedelic use?

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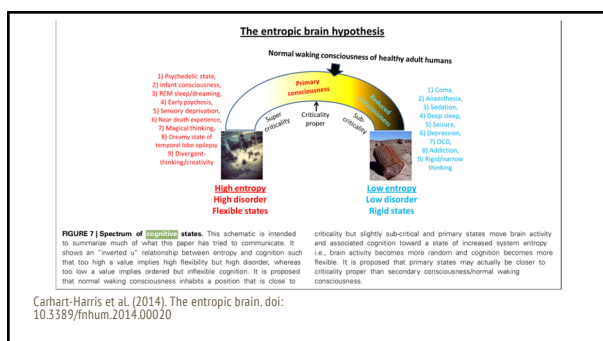
The Entropic Brain Theory

Mental states exist on a continuum between **flexibility and rigidity**

Psychedelics disorganize brain activity (increase entropy)

Sometimes this has benefits, and sometimes it does not

- Too much disorganization: mania, schizophrenia, suicidality (maybe)
- Not enough disorganization: depression, addiction, anxiety



DSM-5 Diagnostic Information

Hallucinogen Use Disorder

Hallucinogen Intoxication

Hallucinogen Persisting Perception Disorder (HPPD)

Hallucinogen Withdrawal

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Evidence-Based Clinical Skills for Better Treatment

Peter's Processing Principles

1. Assess for safety
2. Practice grounding techniques
3. Set aside time to fully experience thoughts, memories or feelings that come up
4. Keep doing the therapy you've been doing
5. Refer out

Grounding Techniques

- writing
- hot baths or showers
- walks in nature
- physical exercise
- working in the garden
- cleaning the house
- nourishing food
- playing with a pet
- yoga
- massage
- diaphragmatic breathing
- body scan

Fully Experience What Comes Up

- Encourage the participant to make time in daily life to reflect on the experience in order to bring valuable elements of the non-ordinary experience into ordinary consciousness.
- Listening to music from the sessions
 - Practicing breathing techniques
 - Drawing
 - Singing
 - Dancing
 - Yoga
 - Exercising
 - Spending time in nature
 - Painting or other forms of creative expression

Non-Directive counseling

Non-Directive Counseling (from MAPS, 2017)

- Take a supportive and validating stance toward the participant's experience
- Help the participant further explore and develop new insights about
 - their trauma,
 - new perspectives about life and relationships,
 - shifts in their relationship to their own emotions, and
 - the clearing of old thought patterns and reactions that may have outlived their usefulness.
- Discuss the meaning of the memories, thoughts, feelings, and insights experienced during the experience and how this new meaning will be manifested in daily living.

Non-Directive Counseling

- Minimize offering insights or interpretations regarding the participant's experience
- Encourage clients to exercise their own judgment about whether any given comment by the therapists may or may not resonate for them and to apply their own discernment about what may be applicable to them and useful for understanding their experience.

Non-Directive Counseling

Empathetic Presence and Listening

- Invitation rather than direction

Inner Healing Intelligence

- Encourage the participant to trust their inner healing intelligence, which is a person's innate capacity to heal the wounds of trauma
- The participant is the source of their own healing
- The MDMA and the therapists are likely to facilitate access to a deep healing process, but they are not the source of this healing process

Refer to a Specialist

Therapies specifically mentioned in clinical research literature as pairing well with psychedelic experiences:

- Holotropic Breathwork
- Internal Family Systems Therapy
- Somatic Processing
- Motivational Interviewing
- Cognitive Behavioral Therapy (ACT)

Somatic Approaches

Before and After

Nurturing touch
Focused bodywork
Breathing techniques

Somatic Approaches

Therapeutic techniques should be available to address somatic manifestations of trauma that arise.

Nurturing touch

"Any touch that has sexual connotations or is driven by the therapist's needs, rather than the participant's, has no place in therapy and can be counter-therapeutic or even abusive.

By the same token, withholding nurturing touch when it is indicated can be counter-therapeutic and, especially in therapy involving non-ordinary states of consciousness, may even be perceived by the participant as abuse by neglect.

If the participant wants to touch one of the therapists, the therapist allows for and/or provides touch as long as it is appropriate and nonsexual."

Focused bodywork

"Another kind of touch that can be therapeutic is focused bodywork, usually in the form of giving resistance for the participant to push against.

This approach is aimed at intensifying and thereby facilitating release of blocks, tensions or pains in the body that arise during therapy.

Therapists should have relevant training and experience to ensure that bodywork is done safely, without risk to the participant or therapists."

Breathing techniques

"Diaphragmatic breathing should be used to aid relaxation ("stress inoculation") near the beginning of the MDMA-assisted session if anxiety comes up during the onset of the MDMA effect.

Later in the MDMA-assisted session, if anxiety or any other intense emotion comes up, rather than trying to relax, it is often most helpful to use the breath to "breathe into" the experience and stay as present with it as possible in order to fully experience, process, and move through it."

Therapeutic Silence

Letting the Client Lead

Therapeutic Silence

The therapists may encourage the participant to discontinue talking and focus on their inner experience

There are several situations in which this approach is particularly appropriate:

- When the participant seems to have encountered an impasse
- After periods of talking that seem to represent defensive avoidance
- During the emergence of an emotionally charged issue that may benefit from the opportunity for deeper self-exploration during the period of strong MDMA effects.

Specific Modalities and Skillsets

The treatment manual discusses the following specific therapeutic modalities as working well with and informing MDMA-assisted psychotherapy:

1. Holotropic Breathwork
2. Internal Family Systems Therapy
3. Sensorimotor Psychotherapy
4. The Hakomi Method

Meet Hapi: MDMA Study Participant (1:02)

<https://youtu.be/SxHsesRb3o8>

Make MDMA-Assisted Psychotherapy an FDA-Approved Prescription Treatment (4:06)

<https://youtu.be/KldiynZbaik>

MDMA Therapy and Healing (9:21)

<https://www.youtube.com/watch?v=W9ikx2MKS70>

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How to make sense of psychedelic experiences

Transpersonal psychology

Brief History of Transpersonal Psychology

Founded in 1968 in San Francisco Bay Area

The original stated purpose of transpersonal psychology was to "explore the relationship between spirituality and altered states of consciousness to psychology". (Chinen, 1996)

What is “transpersonal psychology”?

Transpersonal psychology is a transformative psychology of the whole person in intimate relationship with a diverse, interconnected and evolving world; it pays special attention to self-expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain meaning in such a context.

(Hartelius, Rothe, & Roy, 2013)

Content Of A Beyond-Ego Psychology

Transpersonal psychology is a transformative psychology of the whole person in intimate relationship with a diverse, interconnected and evolving world; **it pays special attention to self-expansive states as well as to spiritual, mystical, and other exceptional human experiences** that gain meaning in such a context.

Context For Integrative Psychology Of The Whole Person

Transpersonal psychology is a transformative psychology of **the whole person in intimate relationship with a diverse, interconnected and evolving world**; it pays special attention to self-expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain **meaning in such a context**.

Catalyst For Human Transformation

Transpersonal psychology is **a transformative psychology of the whole person** in intimate relationship with a diverse, interconnected and evolving world; it pays special attention to self-expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain meaning in such a context.

Content Of A Beyond-Ego Psychology

Theme I
Beyond-Ego Psychology (TP-I)

A. States Beyond Ego
An in-the-moment inner experience, awareness or state of consciousness that is unambiguously beyond or outside of "ordinary" states of mind

B. Stages Beyond Ego
The potential for or results of personal development beyond the ego, excluding in-the-moment states

C. Paths Beyond Ego
Meditation, mysticism, mystics, or aspects that are mystical or contemplative

D. Aspirations Beyond Ego
Human potential, optimal human development in any area, or ultimate values, meaning, or purpose

E. Beyond Ego Phenomena Not Otherwise Specified
Non-ordinary perceptual capacities, perceptions gained by non-ordinary means, realities beyond ego, deep psychic structures, states tending toward ego-transcendence, or beyond-ego phenomena not otherwise specified

Hartelius, Caplan, & Rardin (2007).

Beyond Ego Psychology

Intentional experiences: psychedelics, meditation, yoga, sensory deprivation, etc.

Unintentional experiences: near death experiences, out of body experiences, ecstatic sexual experiences, etc.

Self expanding = *ego* diminishing

Mystical experience

(from Maclean et al., 2012)

1. **Factor One: Mystical**
 - a. Internal unity (i.e., undifferentiated awareness, unitary consciousness);
 - b. External unity (i.e., a sense of unity with the surrounding environment);
 - c. Inner subjectivity (i.e., a sense of life or living presence in all things);
 - d. Objectivity and reality (i.e., noetic quality, a sense that the experience was a source of objective truth);
 - e. Sacredness (i.e., worthy of reverence, divine, or holy);
2. **Factor Two: Positive Mood**
 - a. Deeply felt peace and joy;
3. **Factor Three: Time/Space**
 - a. Nontemporal and nonspatial quality (i.e., feelings of infinite time and limitless space, transcending usual time and space boundaries);
4. **Factor Four: Ineffability**
 - a. Ineffability (i.e., difficulty of communicating or describing the experience to others).

Context For Integrative Psychology Of The Whole Person

Theme II Integrative/Holistic Psychology (TP-II)

A. Embodiment

The physical body as part of the widened context within which the study of psychology takes place

B. Social/Ecological Situation

The social or ecological situation as a relevant part of the context for psychology; multi-cultural or interdisciplinary approach to psychology

C. Transpersonal as Context

Beyond-the-ego experiences and realities as the organizing context for psychology, or the transformative context of psychotherapy

D. More-than-Ego Psychology

Non-ordinary psychology that transcends and includes traditional Western psychology, or to a comprehensive, holistic, multicultural, integrative or integral psychology that includes an extended range of human consciousness, experience and functioning

Hartelius, Caplan, & Rardin (2007).

Integrative/Holistic Psychology

"The cosmos is not made up of lifeless, rule-following particles within the vast loneliness of space, but rather is an interconnected living system in the constant activity of relationship." (Hartelius, Rothe, & Roy, 2013, p. 11)

This context includes the therapist's values, beliefs, and intentions!

Inner Healing Intelligence

It is essential to encourage the participant to trust their inner healing intelligence, which is a person's innate capacity to heal the wounds of trauma. It is important to highlight the fact that the participant is the source of their own healing. The MDMA and the therapists are likely to facilitate access to a deep healing process, but they are not the source of this healing process.

- Seeds want to become a plant; it is the natural way.
- A tree always grows toward the sun; it is the tree's natural inclination.

(MAPS, 2017)

Catalyst For Human Transformation

Theme III Transformative Psychology (TP-III)

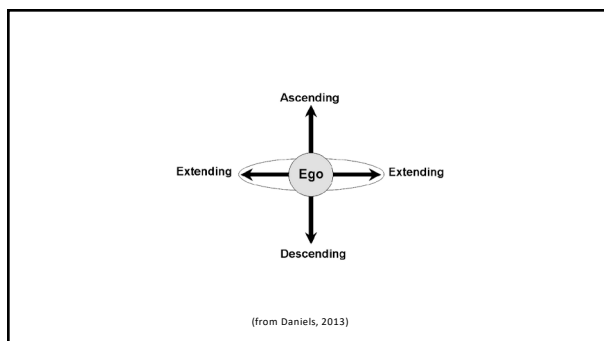
A. Personal Transformation

Transformation, transconventional development, transpersonal self-actualization, psycho-spiritual growth, embodied knowledge, and equivalent formulations

B. Social Transformation

Application of the findings of transpersonal psychology to education, business, therapy, the wider world, ethical thinking, right action, compassionate social action, service to humanity, etc.

Hartelius, Caplan, & Rardin (2007).



Three Vectors of Transformation

Ascending

Purpose of life is to dis-identify with ordinary sensory experience and to identify with transcendental absolute reality of spiritual consciousness

Essentially individualistic, individual undertakes a personal heroic quest, conquers illusory or sinful experience

Individual achievement of transcendent states

Examples: Ken Wilber, Sri Aurobindo, Gnosticism

Three Vectors of Transformation

Descending

Returning to recover lost aspects of self

Transpersonal development involves the exploration and integration of unconscious material that may be characterized as spiritual

Examples: Stan Grof, Carl Jung, Ashtanga Yoga

Three Vectors of Transformation

Extending

Achievement of positive change in the world, development of empathy and compassion towards others, path of service

Transpersonal development involves realizing and expressing a spiritual connection to others and the world

Full participation with, commitment to, responsibility for, other people, other species, and the world at large

Examples: Feminist spiritualities, ecopsychologies, spiritual activism

Your Honor, years ago I recognized my kinship with all living beings,
and I made up my mind that I was not one bit better than the meanest
on earth. I said then, and I say now, that while there is a lower class, I
am in it, and while there is a criminal element I am of it, and while
there is a soul in prison, I am not free.
(Debs, 1918)

Table 2.2 Three Vectors in Transpersonal Development

	<i>Ascending</i>	<i>Descending</i>	<i>Extending</i>
Metaphor	Height	Depth	Breadth
Keyword	Enlightenment	Individuation	Participation
Key virtues	Wisdom; Faith	Integration; Hope (confidence)	Compassion; Charity (love)
Tradition	Religion	Psychology	Humanism
Realm of exploration	Higher mind; "Superconscious"	Unconscious; Dynamic ground	People; World
Ego as	"Lower" self	Partial psychic system	Egocentrism; Anthropocentrism
Transcending	"Lower" nature	Psychic divisions	Self-centeredness
Union of	Self and Divine	Conscious and unconscious	Self and Other

(from Daniels, 2013)

Theme I (TP-I)	Theme II (TP-II)	Theme III (TP-III)
Transpersonal as Content of a beyond-ego psychology	Transpersonal as Context for integrative psychology of the whole person	Transpersonal as Catalyst for human transformation
Beyond Ego	Pervading Personhood	Changing Humanity
Trans = Beyond	Trans = Pervading	Trans = Changing

FIGURE 2 Relationships between the three themes defining transpersonal psychology.

Hartelius, Caplan, & Rardin (2007).

Transpersonal psychology is a transformative psychology of the whole person in intimate relationship with a diverse, interconnected and evolving world; it pays special attention to self-expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain meaning in such a context.

(Hartelius, Rothe, & Roy, 2013)

Stan Grof's Holotropic Model

Holotropic Model

Emphasizes themes of transpersonal content and context

Vector of transformation emphasizes depth

- Holos = wholeness
- Tropos = moving towards

Stanislav Grof

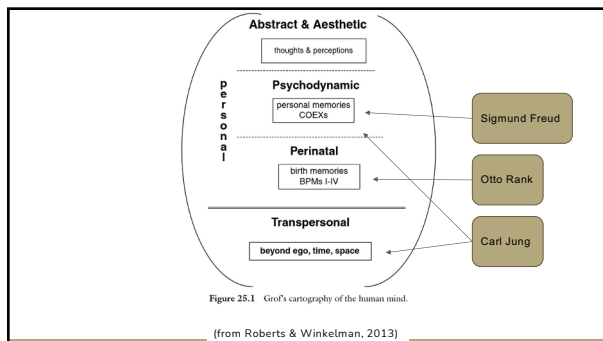
B. 1931 in modern day Czech Republic

Written around 30 books

- First book: Realms of the Human Unconscious (1975)

Nearly 20 years of LSD research, 1955 – 1972

- Conducted over 4000 LSD therapy sessions
- Reviewed records of “several thousand additional sessions”



Condensed Experiences

- A **CO**ndensed **EX**perience (COEX) System can be defined as a specific constellation of memories consisting of condensed experiences (and related fantasies) from different life periods of the individual.
- Relived childhood memories may not be authentic and objective, but are always relevant to patient psychopathology.
- A COEX system is related to a particular defense mechanism and is connected with a particular clinical symptom.

Condensed Experiences

- Situations have to be re-lived in reverse chronological order.
- In the case of COEX systems involving multiple people you have to relive the experience as every person involved.

Basic Perinatal Matrices

Basic Perinatal Matrices (BPMs) organize psychedelic experiences into four stages.

Perinatal experiences focus on the problems of birth, and also pain, aging, disease, and dying.

BPM I: The Amniotic Universe

- BPM I is the original condition, when child and mother are a symbiotic unity.
- Undisturbed intrauterine experiences are associated with cosmic unity, similar to mystical categories and peak experiences.
- Disturbances of intrauterine life can be recalled realistically or as physical signs of distress. Effects are sometimes limited to physical distress with no perceptual changes. This can also lead to visions of various demons and wrathful deities.

I was greatly reduced in size, and my head was considerably bigger than the rest of the body and extremities. I was suspended in a liquid milieu and some harmful chemicals were being channeled into my body through the umbilical area. Using some unknown receptors, I was protecting these influences as noxious and hostile to my organism. I could also perceive the offending quality of the intruder substances in my gustatory buds; the sensation seemed to combine the taste of iodine with that of decomposing blood or old bullion.

The feelings of sickness and indigestion disappeared, and I was experiencing an ever-increasing state of ecstasy. The scenery opened up, and an incredible amount of light and energy was enveloping me and streaming and subtle vibrations through my whole being. On one level, I was still a fetus experiencing the ultimate perfection and bliss of a good womb or a newborn fusing with a nourishing and life-giving breast. On another level, I became the entire universe; I was witnessing the spectacle of the macrocosm with countless pulsating and vibrating galaxies and was it at the same time.

BPM II: Cosmic Engulfment and No Exit

- BPM II is when intrauterine existence has come to an end through chemical changes and uterine contractions.
- This can be experienced biologically accurately, or symbolically as a "no exit" or "hell" situation. A patient can experience hell, or be preoccupied with all the ugly, evil, and suffering in the world.
- Human life seems bereft of any meaning and is monstrous and absurd. Both birth and death are agony. Life is meaningless and everyone dies naked and alone.
- Nature images are barren landscapes, deserts, the moon, caverns, swamps.

I was totally submerged in a situation from which there would be no escape except through death. And like life, the absurdity of it all, the exhaustion of carrying my pain-filled body through days, years, decades, a lifetime, seemed insane to me. Why did I have to be involved in something so utterly futile and painful as living, only to meet my death in agony? This state persisted for hours.

I felt trapped in a maze from which there was no egress. I was stuck and that was my fate, to be someplace that was not the creation of living but being caught on the wheel of suffering. I load my fixation on suffering, but the more I could not accept my fate, the more difficult it became for me. It was as though I was a prisoner in a concentration camp and the harder I tried to get out the more I would be beaten, the more I struggled to free myself the tighter the bonds would become.



A drawing representing the experience of deep depression, hopelessness, and despair in an LSD session.

(Grof, 1975)

BPM III: The Death-Rebirth Struggle

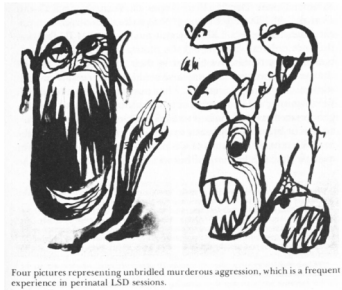
In BPM III uterine contractions continue and propulsion through the birth canal unfolds with a joint intense striving. BPM III has four experiential aspects:

1. **Titanic struggle** with catastrophic proportions, where the suffering and tension are intensified beyond human possibility of coping. This leads to volcanic ecstasy.
2. **Sadomasochistic elements**, involving the discharge of destructive and self-destructive energies, can involve torture and cruelty, murder, extermination
3. **Excessive sexual excitement**, resembling intense and whole body clench and hold orgasms or images of wild orgies. Common elements are colorful dynamic carnivals with sexual and grotesque imagery together.
4. **Scatological aspects**, with realistic visual, tactile, olfactory and gustatory sensations. This starts negative but leads to passive acceptance or primitive enjoyment. This can also be symbolic like garbage, corpses, and sewage.

Nature images are volcanic eruptions, hurricanes, earthquakes.

I only knew that I was being pushed and crushed and wildly confused. The clearest part of my role as baby was being immersed in what seemed to me like filth and slime that was all over me and in my mouth choking me. I tried and tried to spit it out, to get rid of it and finally managed to clear my mouth and throat with a huge scream, and I began to breathe. That was one of the major moments of release in the session. Another aspect of the birth experience was the confusion resulting from the fact that the genitals and thighs of the woman where the place of sex and love and also the place where this nightmare of birth and filth had happened.

At one point I felt dangerous and warned Joan to be careful of me. I felt my teeth becoming dangerous, poisonous fangs, and I knew I was turning into a vampire. I found myself a loft in a dark night on great bat wings with my ominous fangs bared and my claws venomous and extended. I felt I was one of a group of witches, a coven of witches, riding the night air, death riding the night air filled with stars but no moon, dangerous evil filled with the power of the witch.



Four pictures representing unbridled murderous aggression, which is a frequent experience in perinatal LSD sessions.

(Grof, 1975)

BPM IV: The Death-Rebirth Experience

- BPM IV is the end of birth, tension turning into relief. This constitutes the death-rebirth experience.
- BPM I and BPM IV overlap a lot and spiritual rebirth is often followed by cosmic unity.
- A person in tune with BPM IV but with unresolved BPM III issues will be manic, driven, restless, grandiose. Ego death is associated with various terrifying and destructive deities. Mythological elements can include triumphant and heroic feelings after superhuman achievements.
- Nature images are spring landscapes, melting snow, trees in bloom.

Now the panic, the terror were all gone; All that was left was the anguish and the pain as I participated in the death of all men. I began to experience the passion of our Lord Jesus Christ. The sorrow at this moment is still so intense that it is difficult for me to speak of it. We moved toward Golgotha, and there in agony greater than any I have ever experienced, I was crucified with Christ and all men on the cross. I was Christ, and I was crucified, and I died.

When all men died on the cross, there began the most Heavenly music I've ever heard in my entire life: it was incredibly beautiful. It was the voice of angels singing, and we began slowly to rise. This was again almost like birth. The gradual rising of all men began to take place. They were great processions in enormous Cathedrals - candles and light and gold and incense, all moving up. I had no sense of my personal existence at this time. I was in all the processions, and all the processions were in me; I was every man and every man began to rise. The awe and splendor of this rising was almost beyond description.

Transpersonal Experiences

Three kinds:

1. Experiences beyond the usual ego boundaries
2. Experiences beyond the usual limitations of time
3. Experiences beyond the usual limitations of space

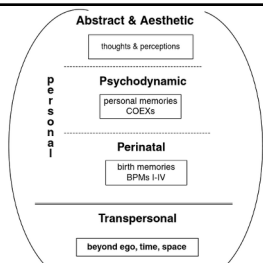


Figure 25.1 Grof's cartography of the human mind.

(from Roberts & Winkelman, 2013)

Keep learning!

Ask me things and tell me things:

- <https://peterhaddy.com>

Canadian Psychedelic Association

- <https://www.psychedelicaassociation.net/>

Green Economy Law's Psychedelic Law

- <https://www.psychedeliciaw.ca/>

Resources

[My other PESI training:](#) Psychedelics, Hallucinogens and Entheogens: What Clinicians Need to Know

[Psychedelics Today training:](#) Navigating Psychedelics for Clinicians and Therapists (affiliate link)

YouTube channels with excellent and expert information:

- [Breaking Convention](#)
- [Horizons NYC](#)
- [MAPS](#)

Latest Clinical Research

Alli Feduccia (2019) - MDMA-Assisted Psychotherapy: Exploring the Role of Receptors, Neurons, and Brain Circuits - <https://youtu.be/YRIZCEAxvo>

Ingmar Gorman & Willa Hall (2018) - MDMA-Assisted Clinical Study of PTSD - <https://youtu.be/q-iRC7C9eI4>

Monnica Williams (2018) - Race-Based Trauma - <https://youtu.be/qVDAIpSv8eM>