

# **The psychotherapeutic use of psychedelics**

## **Reflections, critique and recommendations**

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### **A new beginning**

Psychedelics are newly respectable. Evidence suggests that a variety of ills, from anxiety and depression to addictions and PTSD, respond to them in a way hitherto unseen within psychiatry. The researchers involved have been careful to clean up the reputation of a class of drugs that, despite a wealth of promising evidence for their therapeutic effects in the 1960s and 70s, met with a moral panic that stigmatised them for decades after.

It probably didn't help that the psychedelic community has a historic disposition towards hyperbole: blown minds, quantum leaps and paradigm shifts. Enthusiasts are prone to metaphysical speculation: I dropped a tab of acid and realised that the universe was, in fact, composed of discrete bits of matter, said nobody ever. Instead, the psychonaut meets God, or at least the noetic dissolution of their ego.

Current researchers, in a drive to clean up previous Learyesque associations, are more circumspect, but the claims remain big. There is a growing and convincing body of data to support the use of high-dose psilocybin to treat anxiety and depression. The profound and often psychologically challenging psychedelic experiences of ego loss, or the philosophical reappraisal of pre-existing beliefs and worldviews, are considered key therapeutic features rather than problematic side-effects.

Another interesting facet of the current research output is that the explanatory mechanisms offered by its authors – typically neuroscientists and psychiatrists – are often psychological, even psychotherapeutic, in character. Even as neuroimaging edges towards mapping what we once called the ego (Lebedev et al, 2015), the eliminative materialism some predicted to kill off folk-psychological understanding of the mind (Churchland, 1981) is in scant evidence.

Theories offered for the efficacy of psilocybin in recent studies include the notion of connection: the psychedelic experience imposes a sense of profound hyperconnection to the world at large, as well as encouraging the patient to engage with past experiences that may have previously fed patterns of belief and behaviour that saw them disconnect from other people and their environment (Watts et al, 2017). Some of the change takes place in the domain of beliefs we have, whether about ourselves or the world around us. A study of the impact of lifetime psychedelic use on social and political beliefs showed that the experience of ego-dissolution predicted increases in openness, nature relatedness and liberalism, and a decrease in authoritarianism (Nour et al, 2017).

Perhaps the most notable of the recent psilocybin research publications was the Johns Hopkins study on the effects of high-dose psilocybin for depression and anxiety in cancer patients, in which 80% experienced significant improvements in well-being and life satisfaction (Griffiths et al, 2016). The factor during the psilocybin session day that best predicted improvement was the so-called mystical experience (Griffiths et al, 2016), and a variety of mystical experience scales exist for use in psychedelic research (Griffiths et al, 2012), essentially seeking to describe and quantify the classic high-dose mysticism described in the ‘trip reports’ shared by the lay psychedelic community (Erowid.org, 2019). The MEQ30 incorporates the subjective

perception of mystical experience, positive mood, transcendence of time and space and ineffability – the degree to which participants experience the dissolution of their sense of self, and the ensuing perception of connectedness to a beyond-material world, seems not only to predict but explain their subsequent well-being in otherwise challenging circumstances (Griffiths et al, 2016). The correlation between ‘mystical’ or ‘peak’ experience and subsequent subjective wellbeing is seen across the various research groups and patient populations on both sides of the Atlantic; some research groups use slightly different scales and terminology, but the takeaway is the same. When the self is in distress, temporarily dismantling it seems to be extremely helpful. Given the tendency within conventional psychotherapy and contemporary mental health discourse to focus on the self, there may be much to learn from this.

Therapeutic professionals schooled in predominantly narrative or qualitative approaches to understanding the mind might balk at the notion that Meaningful Existence (Cohen et al., 1995); Death Acceptance (Reker, 1992); Death Transcendence (VandeCreek, 1999); Purpose in Life (McIntosh, 1999); and Coherence in one’s own logically integrated worldview (Reker, 1992) are quantifiable metrics, but it is hard to argue with the stories some of the Johns Hopkins patients, along with those at other therapeutic psilocybin study centres, tell in a series of short videos about their experience, and indeed to remain unmoved by them (Heffter.org, 2019). Psilocybin evidently worked to help them make sense of the ultimate existential concern.

Where does this leave psychotherapy? If high-dose psilocybin can effect such a profound change on patients facing terminal cancer, leaving them with an account of their existence both on earth and beyond that allays their fear and discomfort, one might argue that it spells the end, or the beginning of one – perhaps psilocybin might end up being better at psychotherapy than any therapist ever will. Both Johns Hopkins and Imperial, while ‘checking in’ with patients to

see how they are feeling during intermittent physiological monitoring, are non-directive during psilocybin sessions, encouraging patients to let go and be open to their experiences, even where it becomes psychologically challenging (Griffiths et al, 2016; Carhartt-Harris et al, 2016). While discussion takes place before and after the session, the lasting changes seen appear to arise from the experience itself.

However, in response to critiques suggesting that the timescale of beneficial effect in the treatment-resistant depression studies – 6-8 weeks – might entail placebo responses (e.g. Hendrie and Pickles, 2016), the Imperial team acknowledged that the psychological preparation and support provided before, during and after the psilocybin session needed to be considered in future randomised controlled trials (Carhartt-Harris et al, 2017). The first RCT commenced in January 2019. Until the results become available, the possibility remains that access to a team of exceptionally able and experienced clinicians may have an impact in its own right. If, as is expected, the evidence for psilocybin's therapeutic effects is convincing, the question of best psychological practice in preparing for, managing and integrating sessions will be of continuing importance (Carhartt-Harris et al, 2017).

Furthermore, observers of the unregulated wild west of psychedelic therapy – the underground shamanic-style ceremonies where psilocybin mushrooms, ayahuasca or other psychoactive concoctions are consumed in groups with spiritual and therapeutic intentions – are beginning to query the wisdom of believing that the 'medicine' can safely do all the work (Moran, 2019).

Integration is the term used within the psychedelic community for the processing and sense-making that is sometimes needed after an impactful psychedelic experience. It can be done solo, and often is, but the concern is that the rise in popularity for psychedelic 'solutions' to

distress might encourage individuals who are not necessarily equipped to negotiate the impact of a challenging experience, or a profound change in their understanding of the world, to go ahead with it anyway.

The epistemological rethinks that often take place after a psychedelic experience are compatible with many of the tenets of existential psychotherapy. In addition, the metaphysical inclinations of the psychedelic experience, in and out of the clinic, tend to leave people with a profound sense of the phenomenal nature of experience. There is nothing like altering one's mind to understand its mediating power over reality.

As psychedelics become clinically mainstreamed – many in the field predict that within 5-10 years, psilocybin will be legal in a licensed clinical setting – there is the prospect of their psychotherapeutic use broadening beyond end of life anxiety and treatment resistant depression.

Therapists in the existential-phenomenological tradition should be well-equipped for this. While the authors of this chapter are sceptical of labels and best-modality claims, working with the phenomenal experiences of the client, and taking an expansive, open and philosophical view of those experiences, are considered best practice in the current research. There may be opportunity, as changes in the law and appropriate trainings allow, to work within psychedelic-assisted psychotherapy. As the stigma around psychedelic use diminishes, therapists may also see more clients seeking to integrate prior psychedelic experiences. This has certainly been the case in NS's recent practice. The Multidisciplinary Association for Psychedelic Studies hosts a public registry of therapists experienced with integration for this purpose.

While psilocybin, in particular, is one of the safest psychoactive substances available, it remains illegal. It is also by no means certain that clients using psychedelics will always be doing so wisely. The 1960s mantra of ‘set and setting’ – ensuring that one is in a resilient mindset and a physically and emotionally safe environment before taking psychedelics – is a useful guide. But individuals’ judgement can be biased by their sense of distress and urgency, seeking to fix it now, or by social factors: there are, for example, some factions of the lay psychedelic community inclined towards a Panglossian view of psychedelics as panacea in which the answer is always more. This means that therapists need to stay circumspect, on the one hand staying open to their client’s phenomenal experience while also being prepared to advise caution when faced with a situation in which the continuation of psychedelic ‘self-therapy’ might present further risks for that client.

The vast majority of NS’s clients’ use of psychedelics has been beneficial. Some of them microdose on a weekly basis in order not to get stuck in patterns of thought that are unhelpful and instead direct their energies to more helpful patterns; others do yearly ceremonies spring-cleaning their lives. The drugs are an assistance to well led lives, tools rather than crutches for their being in the world. The therapeutic component involves an in-depth exploration of the experience, and subsequent linking of the experience into their lives and surrounding systems. Still, there are pitfalls, and two brief case studies might help illustrate them.

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### **An elusive panacea**

Edward had tried everything – from the standard NHS treatments of CBT and counselling, to going further via EMDR and psychodynamic therapies, and ending up in the domains of the psychospiritual and psychedelic. He tried CBT, hypnotherapy, EFT, rebirthing, trauma-focused

body psychotherapy, transpersonal therapy. He attended a series of ayahuasca ceremonies which he hoped would bring him breakthrough, and was disappointed to not find the relief that he had been expecting. He nonetheless felt that important unconscious transformations must have taken place, even if he was not yet consciously aware of them. His aim was to cut to the heart of his pain, find that nugget of trauma at the core of him that, once discovered and dealt with, would liberate him and allow him to live a good life. He was shy and timid, with low drive, and believed this to be a result of trauma due to early parental separation. This was how he had always been.

His was a genuinely impressive and moving account of hard work at finding a better way to live. However, I could not escape the feeling that he was looking for a singular trauma to explain his problems. As his account unravelled, I became increasingly convinced that this was mistaken. The nugget he was aiming for, whether it was an insecure core attachment, conditional love, or maladaptive core belief, didn't exist. Personality and social systems don't work like that: they are too complex and messy.

Even if all his woes stemmed from his father, why would this knowledge automatically sort his life out? Finally, the plethora of therapies, psychedelic substances and gurus he had worked through indicated that the tools he was deploying did little to help.

Psychedelics can tweak and reset to a degree, but the hardware and patterns that are us are resistant to magic. Their reset is a soft reset, not a formatting of the hard drive. They give us freedom to re-choose, but within the limits of our selves and our world.

Maybe Edward could have changed into an extraverted, jovial and happy man, but after twenty years of trying, I doubted it. Much to his disappointment, I tried to focus on how it would be to be as he was, what options he still had within the scope of his low drive and shyness. Did I give up on Edward? I'd rather say that I gave up on the imaginary Edward and worked with the real Edward that was sitting in my room. He never came back, and I will always hope that

I was wrong, and that perhaps for him, there was this one thing that could be found, understood and worked through in order to bring radical change. Failing that, and more likely in my view, I hope that he would learn to accept his situation and being, and learn to choose ways to enjoy life within these confines.

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### **Challenging a challenging experience**

Veronica had an exciting, roller coaster life - a nomadic, troubled and joyous journey from partners and places, occupations and identities. Her experience with LSD was difficult, with a vivid experience of being raped by her father, and she contacted me to make sense of her trip. Though her father was stern and often difficult, she had no indication apart from her trip that he had ever been sexually inappropriate with her.

We chose to work with her LSD trip as an analogy: it linked up with how she saw figures of authority, the powers that be, and how they continually beset and defiled nomads like her. Moving further into the trip, there was an understanding of the tension between the conservative and the radical, an ability to resonate with the reasons for people being oppressive, even an appreciation and acceptance for that way of life. The metaphors delivered to us by psychedelics, as with dreams, are seldom simplistic, and we must not take them at face value - but we can learn from them.

It is also notable that Veronica, like many of my psychedelics clients, was far more focused on the here and now than the there and then. The metaphors drew upon imagery from her past personal history as well as mythology and contemporary media, but the message concerned current ways of being in the world. As we began to consider her experience in terms of what it



had to say to her, Veronica concluded that she was coming to terms with contemporary authority structures rather than processing childhood trauma.

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### **Appearance and reality**

How to best respond when a client like Veronica reports a traumatic experiences arising during psychedelic use? Writing on trauma arising in ayahuasca ceremonies, psychedelic integration therapist Kerry Moran quotes Gabor Maté in a 2017 Psychedelic Science conference workshop: “‘There’s no such thing as a bad trip on ayahuasca,’” Maté believes. “People say, ‘I felt fear, terror, rage, confusion such as I never felt before.’ ‘Yes, you have,’ I say. ‘You just don’t recall it.’” (Moran, 2019)

This is, at least on the surface – we do not have a full transcript of the workshop in question – a strong statement in favour of taking psychedelically-evoked experiences to be real. Moran goes on to discuss how trauma from very early childhood might not be consciously accessible but could arise as part of a ‘difficult ayahuasca experience.’ Maté states elsewhere that ‘Ayahuasca can evoke direct but long-suppressed memories of trauma. It can also trigger emotional states and visions of horror that are not direct recollections, but emotional imprints of trauma.’ (Maté, 2014)

While there is abundant anecdotal evidence from individuals who have successfully used ayahuasca ceremonies to recover from various forms of trauma they have conscious experience of, it seems risky at best to treat a psychedelic experience as reflecting something historically real. Under the influence of psychedelics, individuals have on occasion believed that they can

fly, but it doesn't make it sensible to encourage them to follow through on that belief. There may be a grain, or more, of truth in a psychedelic vision, but it might equally be just that: a vision. We tend to treat dreams as metaphors: they sometimes have something useful to tell us, but that does not mean that the substance of the dream correlates to an external reality.

Carhartt-Harris et al mention the case of one patient in an early study who 'reported a vision of his father attempting to physically harm him when he was child, something he claimed not to have been previously conscious of. This patient subsequently felt confused about the authenticity of this putative memory and this was associated with a transient worsening of symptoms.' The Imperial team 'felt it best practice not to make a judgement on the veridicality of this alleged memory but open and compassionate listening was maintained and the patient subsequently improved' (Carhartt-Harris et al, 2017).

The cautious approach espoused in clinical psychedelic research is a useful guide for integration with clients who have taken psychedelics outside of a clinical setting. The term 'psychedelic' was coined from the ancient Greek *psyche-deloun*, mind-revealing: we may reveal the contents of our mind, but we should be careful not to confuse its contents with reality. Staying open to the client's experience while maintaining a level of awareness regarding its phenomenal quality is key in allowing them to process it safely.

Wiping our ideas clean puts us in a position of possibility, and with that comes a degree of vulnerability. If psychedelics are to become a feature within psychotherapy, either as legalised psychedelic-assisted psychotherapy or in the form of integration sessions, it is of utmost importance that the therapist offers a space in which the client can reappraise their experiences and ideas free of ideological and metaphysical bias. Any therapeutic modality runs the risk of

imposing its theoretical prejudices onto those experiences: if we believe that all negative emotions arise from trauma, we may impose a trauma narrative where it wasn't merited. We should remain self-aware about our own intellectual and ideological biases.

Just as psychotherapeutic modalities have the potential to lapse into dogma, so do some of the stories and norms in some ceremonial circles. Opening one's mind and heart, a common psychedelic ceremony maxim, is generally sound life advice; when we see all of our problems stemming from not doing so adequately, and are encouraged to 'go deeper' into psychedelic rumination on our failure in that domain when the underlying issues might be unrelated, and perhaps even prone to be worsened from ongoing use of psychoactive substances, it ceases to be useful.

Ceremonies can, however, be highly effective and valuable as a form of mutual support. Their reported success is enough that the Imperial research group are currently undertaking a survey in order to better understand their therapeutic potential. When we take psychedelics in a spiritual space, the experience is informed by the spiritual or religious tenets of that space. Those might work very well for everyone, or they might work for some and not others, but there is often a shared story of the world that shapes the experience itself and subsequent processing of it. Love and light is pretty benign in the grand scheme of things, but would-be shamans abound. The best shamans hold space, creating a warm and positive atmosphere for people undergoing psychologically challenging experiences. Others might seek to impose their own reality onto others, in good faith or otherwise.

**Moving on**

Shamans aside, existential phenomenological therapy may turn out to be a very good fit for psychedelic integration. The focus on the subjectively mediated experience of reality is highlighted by psychedelics, and is central to phenomenology. An open and broad take on reality and paradigms of meaning-making within it is core to existential thought. We can leverage the tenets of phenomenological enquiry and existential sensibilities when integrating the psychedelic experience.

As our minds settle after a ceremony or trip, we have a moment of space, a moment of increased freedom to choose how we want to be within the confines of facticity. Helpful aspects of ourselves come in more clear contrast with less helpful ones, love and friendship stand out next to constructs of fear and disconnection, and we have a degree of choice as to where we want to direct our endeavours. The key questions of what we saw, what we learned from it and how we intend to put that into practice can be considered. Our framing of existence can be subtly tweaked, especially when we realise the degree to which our framing of experience substantially determines experience itself. Drawing on extant myth as well as the individual myth created by the trip, and taking myth as metaphor rather as concrete reality, we can help turn philosophical understanding gained in the psychedelic experience into concrete life changes, and lives well led.

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