

Psychedelic Psychotherapy: The Ethics of Medicine for the Soul

Author: Brian Anderson, University of Pennsylvania
Faculty Sponsor: Dr. Martha Farah

Abstract

Psychedelic drugs like LSD and MDMA (Ecstasy) are known to have profound psychological effects on people. These substances are now being evaluated in clinical trials in the US as aids to psychotherapy. The use of these substances in Transpersonal Psychology is thought to help patients by inducing spiritual experiences that lead to improved mental health. Some people challenge the claim that authentic spiritual experiences can be induced by drugs and still others question whether spirituality have any place in medicine at all. The potential emergence of the use of psychedelics in medicine calls for a consideration of these and many other concerns.

A hallucinogen is defined as “any agent that causes alterations in perception, cognition, and mood as its primary psychobiological actions in the presence of an otherwise clear sensorium” (Abraham, Aldridge, & Gogia, 1996, p. 287). Another word for “hallucinogen” is *psychedelic*, which comes from the Greek “to wander in the mind.” This is perhaps more accurate, since hallucinogenic drugs don’t actually produce true hallucinations; they engender *illusions* that are not normally mistaken for reality, but understood as an effect of the drug (Peoples, 2005). The majority of known psychedelic drugs are classified by the DEA (Drug Enforcement Agency) as Schedule I compounds, meaning that they are considered to be “substances that have no accepted medical use in the U.S. and have a high abuse potential” (Meyer & Quenzer, 2005, p. 194). This assertion that psychedelics have “no accepted medical use” is a matter of contention that has been gaining a larger audience for the past couple decades. Since the first large push for the use of psychedelics in research and medicine in the 1950s and 1960s, psychedelics have largely been shunned from the US medical community. Most recent evidence on the efficacy of using psychedelics in medicine has come from

Brian Anderson is a Junior at the University of Pennsylvania and is majoring in Biochemistry.
Email: bta@sas.upenn.edu

Dr. Martha Farah is the faculty sponsor for this submission. She is a Professor in Psychology and the Director for the Center for Cognitive Neuroscience at the University of Pennsylvania.
Address: 3720 Walnut Street/6241, Philadelphia, Pennsylvania 19104
Email: mfarah@psych.upenn.edu

studies outside the U.S. or from reports of their underground use that necessarily surface to the public’s attention as anecdotes. Now, however, the question of whether psychedelic drugs have any valid medical use is being revisited. More serious consideration is being given to psychedelic psychotherapy, which uses psychedelics as catalysts of transcendent experiences in order to break down psychological barriers to communication and recovery. The director of the Drug Policy Program at UCLA, Mark Kleiman, said that “there’s obviously been a significant shift at the regulatory agencies and the Institutional Review Boards. There are studies [with psychedelic drugs] being approved that wouldn’t have been approved 10 years ago” (Bennet, 2005). Part of the reason for this change is due to organizations like the Multidisciplinary Association for Psychedelic Studies (MAPS) and the Heffter Organization, which sponsor and promote studies of the medical applications of these drugs. The main goal of Rick Doblin, the founder of MAPS, “is to see psychedelics legally recognized as medicines. But he also hopes that someday healthy people may take these substances for psychological or spiritual purposes” (Horgan, 2005). Horgan finishes: “After all, drugs such as Prozac and Viagra are already prescribed not just to heal the ill but also to enhance the lives of the healthy” (Horgan, 2005).

With at least four different FDA-approved studies on the medical applications of psychedelic drugs underway in the US, it seems likely that medical professionals and society as a whole will soon have to face the ethical questions that accompany the practice of psychedelic psychotherapy. The paper will not discuss issues of legality, but will instead focus on psychedelics’ effects on people’s spirituality as a possible mechanism for affecting their health, and on the question of the authenticity of a psychedelic-induced spiritual experience.

Psychological Mechanisms of Psychedelic Therapy

When asked if he could see a future role for psychedelics in our Euro-American culture, Albert Hofmann, the discoverer of LSD, responded “Absolutely! ... The pathway for this is through psychiatry, but not the psychoanalytic psychiatry of Freud and not the limited scope of modern biological psychiatry. Rather, it will occur through the new field of transpersonal psychiatry” (Grob, 2002a, p. 20). He continued, “What transpersonal psychiatry tries to give us is a recipe for gaining entrance

into the spiritual world” (Grob, 2002a, p. 20). The idea of mixing spirituality with medicine is for most people in Western society a foreign concept. While many people pray for a loved one’s health to improve, there exists the distinction in our vernacular between *healing*, which is seen as more spiritual or holistic, and *curing*, which is accomplished through medicine. In order to understand the ethical issues behind psychedelic psychotherapy we need to have a better understanding of how psychedelic psychotherapy can affect peoples’ notions of meaning and the imperishable self as well as their ability to relate to others.

Psychedelic-induced altered states of consciousness (ASCs) tend to include a certain set of common elements, one of which is a significant change in meaning and significance (Grob, 2005b). Changes in meaning and significance can be found not only in how a patient views the world, but also in how they think of the content of their therapy. Two of the main protagonists of the field of transpersonal therapy were Stanislav Grof and Abraham Maslow, who both thought that a person could attain their optimal psychological health through altered states of consciousness (Charles Grob, personal communication, March 11, 2005). ASCs were thought to “catalyze a therapeutic response,” possibly by adding significance to therapy for the patient. In one report from a man who used ayahuasca, a hallucinogenic concoction made from a vine, to treat his colon cancer, the man talks about the thoughts that he had during his trip and says “when the vine reveals such things, the impact is far more profound” (Topping, 2002, p. 149).

Psychedelics seem to be able to amplify the significance and meaning of thoughts, or at least bring people closer to certain kinds of thought. Myron Stolaroff, cofounder of the International Foundation for Advanced Study in Menlo Park, California believes that “the great value in these chemicals is that, in some way still not scientifically explained, they dissolve the boundaries to the unconscious mind,” which allows one to then experience “the great relief of being in touch with all aspects of one’s being. The joy and thrill of being totally alive comes from having complete access to all of one’s feelings” (Stolaroff, 2002, p. 102). The possibility of uncovering repressed thoughts and uniting a person’s fragmented mind sounds appealing, but Vivian Rakoff, emeritus professor of Psychiatry at the University of Toronto, cautions us that “every few years, something comes along that claims to be what Freud called the ‘royal road to the unconscious’” (Bennet, 2005). Transpersonal psychotherapy may be just another empty hope, but Rakoff says that research in psychedelic psychotherapy should be allowed to continue (Bennet, 2005).

Some of today’s current medical studies seeking to reexamine psychedelic drugs’ therapeutic potential focus

on their use in palliative care. Thousands of studies on the use of psychedelics in psychotherapy were published back in the 1950s and 60s before these drugs were scheduled. But many believe that “these early studies do not, ‘meet the standards of modern psychotherapy research,’” and that “cautious reexamination of their [the psychedelics’] therapeutic potential may be in order” (Abraham, Aldridge, & Gogia, 1996, p. 294). One such study is being run by Charles Grob, at the Harbor-UCLA Medical Center, and another is headed by John Halpern of Harvard University’s McLean Hospital. Both studies are looking to validate older studies that showed how the terminally ill were able to decrease their pain and anxiety about death through transpersonal psychotherapy. Sherwood, Stolaroff and Harmon explain how transpersonal psychotherapy might mitigate existential ills associated with the dying process:

There appears to emerge a universal central perception, apparently independent of subjects’ previous philosophical or theological inclinations, which plays a dominant role in the healing process...

Much of the “psychotherapeutic” changes are seen to occur as a process of the following kind of experience:

The individual’s conviction that he is, in essence, an imperishable self rather than a destructible ego, brings about the most profound reorientation at the deeper levels of personality. He perceives illimitable worth in this essential self, and it becomes easier to accept the previously known self as an imperfect reflection of this. The many conflicts which are rooted in lack of self acceptance are cut off at the source, and the associated neurotic behavior patterns die away. (Fisher, 2002, p. 107)

This recognition of existing as an imperishable self and not the ego that is usually dissolved or partially dismantled during the psychedelic trip is what comforts the dying. It supposedly abates their fear of death by letting them believe that their entire self will not cease to exist after death, but only their physical self. Another perspective on the use of psychedelics by the dying comes from Joanne Lynn, president of Americans for Better Care of the Dying: “even in antiquity, some groups thought it was especially important to take whatever their local psychedelic was... when confronting mortality, whether it’s to see into the hereafter, improve spiritual growth or just numb yourself to the reality” (Weiss, 2004, p. A11). But she followed up “it’s sometimes poetic, sometimes majestic, but often mundane work to wrap up one’s life. I think it’s unlikely there’s a pill that will make that go away” (Weiss, 2004, p. A11).

A psychedelic pill might not make the mundane work of reconciling with one’s family go away, but it might

make it easier. Elizabeth Kübler-Ross, psychiatrist and author of over 14 books on coping with dying believed that “simply prompting patients to express [their] many thoughts, feelings, and concerns would be helpful to them... Such discussions could address concrete problems and relieve the patient of responsibilities and burdens that prevented the patient from dying in peace” (Kuczewski, 2004, p. 18). Considering the report by Eric Kast that “LSD is... capable of improving the lot of dying individuals by making them more responsive to their environment and family,” one can see how psychedelics might be able to facilitate this process of prompting patients to express themselves (Grof & Halifax, 1977).

If the interaction between a patient and his loved ones is important for the patient’s well being, then it might also be pertinent to consider the well being of the loved ones as a factor in a patient’s treatment. One study by Axelsson and Sjöden that measured factors affecting the global quality of life (QoL) of both cancer patients and their spouses found meaningfulness to have highest correlation with QoL in both groups (Axelsson & Sjöden, 1998). The study concluded by calling for “greater attention to the existential domain in palliative care, both when measuring and when trying to improve quality of life for these patients...” (Axelsson & Sjöden, 1998, p. 38). This call for increased attention to existential concerns was echoed in another study that found that “patients with an enhanced sense of psycho-spiritual well-being are able to cope more effectively with the process of terminal illness and find meaning in the experience” (Lin & Bauer-Wu, 2003, p. 69).

Spirituality

If spirituality is related to QoL and meaning in life, then the use of psychedelics in transpersonal psychotherapy could mediate the effects of spirituality on meaning in life and QoL by inducing authentic spiritual experiences. Given the findings that spirituality is “positively related to quality of life, social support, effective coping strategies and negatively related to perceived stress, uncertainty,” and “psychological distress,” psychedelic psychotherapy should find applications in a number of different diseases from HIV to major depression (Tuck, McCain, & Elswick, 2000, p. 776). (Studies quoted do not qualify whether they consider drug-induced spirituality as a valid form of spirituality. Because spirituality is such a broad term, we will not assume that any form of spirituality is meant to be excluded from any measurement of spirituality unless specifically stated so by the author.)

People in Western society today are familiar with indirect (rather than direct) spiritual experience; they are more familiar with reading about these spiritual experiences (i.e. in scripture) than having them themselves. Some

people believe that psychedelics can allow people to have such direct experiences, and for some, such as Albert Hofmann, “it is important to have the experience directly” (Grof, 2002a, p. 19). But not everyone is comfortable with the idea of obtaining spirituality from a pill. Drug-induced spirituality can be viewed as spurious and artificial or too easy and too fast. These are all valid concerns, but it’s interesting to view them in the context of medicine. Few people would say that an ill person who takes a pill and gets better has only achieved artificial health. Many medications are marketed as “fast acting,” but no one asks whether a man with athlete’s foot should be made to wait and suffer for a certain amount of time before he is allowed to experience relief. The difference between peoples’ attitudes towards taking a pill to improve a deficiency in health and taking a pill to fill a lack of spirituality probably lies in the idea that health is biological and physical, whereas spirituality is mental and metaphysical.

But didn’t we establish before that spirituality and biological health can be interrelated? If spirituality can be utilized to improve biological health, why can’t biological measures be taken to improve spiritual health? Why should it matter whether a person’s spirituality originated in a pill or a prayer if both types of spirituality can be shown to improve quality of life and give life meaning? It shouldn’t, but for some it does because drug-induced spirituality destroys some of the comforts of dualism. The spirit or soul is a comforting concept because it is an entity which cannot be touched by the harshness of the material world around us. The concept of the soul allows for the belief that we do not lose everything upon dying, that part of us may continue. To think that a material substance, a pill, could not only alter a person’s mind but their soul can be threatening to the perceived rarefaction of the soul. But as Sherwood et al. (as cited in Fischer, 2002) explained, psychedelics are thought only to dismantle the ego, leaving the essential self (the soul) exposed yet untouched; in other words, the soul is revealed, but not altered. This experience could actually leave people that take comfort in body-soul dualism feeling just as secure as before, if not more so, since they would have had a view of the soul, unobstructed by the ego, to convince themselves of its durability.

Even if it were agreed upon that psychedelics can cause authentic spiritual experiences, there remains the concern, as Steven Hyman, a professor of neurobiology at Harvard Medical School, argues: “one worries that insights gained under... different cognitive states with illusions may seem strange and distant from the vantage of our ordinary life” (Bennet, 2005). Hyman is restating the problem of applying insights obtained in an altered state of consciousness to changing who we are in our ordinary state of consciousness. But this problem is a

product of our culture, not a psychological fact. The content of dreams that some people may refer to as illusory or meaningless are considered to be real by some cultures. It is impossible to say whether insights gained in dreams are or aren't applicable to ordinary waking consciousness, no matter how "strange" they may seem. We'd like to think that there must be some significance to dreams since we spend about one third of our lives asleep, potentially dreaming, and since we even "dream" when we're awake via daydreams. So while Hyman's concern is a valid one, it really only gives us more reason to rigorously investigate the potential of altered states of consciousness on "our ordinary life."

Conclusion

Psychedelics are powerful drugs that have great potential to help as well as harm. This paper discusses the use of psychedelics in transpersonal psychotherapy and the ethical issues that accompany their employment as medicines. After examining how these drugs are thought to work in psychotherapy and their ability to cause authentically spiritual experiences, we should be better prepared to make informed decisions about the use of these drugs that not only affect one's body, but one's mind or even soul. US law says psychedelics have no medical application, but depending on the results of a handful of current studies, this may soon change. Compared to many other drugs, psychedelics are relatively benign physiologically. Thus, many arguments against their use are moral, not medical, objections. And as Francis Fukuyama points out: "We are... unwilling to take a clear stand on drugs solely on the basis that they are bad for the soul" (Fukuyama, 2002, p. 56). Whether a drug is good or bad for the soul and a person's spirituality is a tough question to ask, but that does not make it impossible to answer. The soul aside, how drugs affect consciousness is a tough question in and of itself. Like any other state of consciousness, the psychedelic mind-state is poorly understood, but its implications for human spirituality and

psychiatric health nonetheless warrant a thorough investigation, which in view of their potential benefits could even be seen as unethical not to pursue. 🧠

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