Psychedelic Family Values

by R. Stuart

The following has been adapted from a longer article that is available on-line at www.maps.org/ritesofpassage/youngpeople.html.

INCE THE 1960s, most psychedelic users in industrialized societies have been introduced to mind-expanding substances within a youth subculture. These illicit drugs have been of unregulated purity and potency. Adult society has systematically deprived young people of the preparation and supervision that are necessary to maximize the benefits and minimize risks of these substances. Many Americans who might otherwise want to legalize psychedelics suddenly support prohibition when they hear news reports or speeches about the menace to our youth posed by drugs. Even those who might wish to share their positive experiences and knowledge with their children are afraid of the legal risks. Elders in our society do not offer young psychedelic users “any beneficent or guiding adult presence, thus increasing the likelihood of disorganizing and dangerous consequences.”

The cloud of fear around the subject of young people and drugs means some young people have drug problems that could have been avoided. The following account is by a neuropsychologist who helped prepare protocols for psychedelic experiments and had met many of the scientists who were involved in psychedelic research. She declined to “turn on” her son, despite being well-qualified to do so:

When I was a teenager in the 1960s, I decided I wanted to try LSD after reading about it in Life magazine. I took acid for the first time when I turned 16; it was a birthday gift from my brother. I had a wonderful trip in my family’s house. By the time my son became a teenager, I had read a lot about psychedelics and was well-informed on the subject. When my son became interested in drugs, I wanted to turn him on. But that was back when the Drug War was in full force; the DARE program was training kids to turn in their parents to the police.
I was afraid if I gave him supervision, he might say something to somebody that could get me arrested or cause my license to be revoked. But he went ahead and did it on his own. First he smoked pot. When he took one puff of pot he felt good, when he took six puffs of pot he felt even better. He felt good when he took one hit of acid, so he took six hits hoping to feel even better. Then he had a horrible trip. He was howling at the moon when the police picked him up. He spent the night in a psychiatric ward and was treated horribly by the staff. He was okay the next day, but the whole terrible scene could have been avoided if I had been allowed to turn him on.

This example illustrates how it can be dangerous to fail to prepare a young person for the inevitable encounter with the opportunity to use drugs. While problems with drugs seem particularly common in Western society, the desire to alter consciousness appears to be universal, and cross-cultural. Small children commonly display an inborn drive to alter their consciousness, inducing dizziness via hyperventilation, whirling, and oxygen deprivation. Not surprisingly, adolescents around the world are often attracted to psychoactive drugs. Is there a way drug use can be integrated beneficially into a healthy culture? The examples below offer a glimpse of how such a vision might be achieved. Closer to home, later examples show how some California families have taken their own steps by providing safe contexts for young people to have psychedelic experiences.

**EXAMPLES FROM OTHER CULTURES**

In some pre-industrial societies, puberty initiation rituals transform the adolescent into a young adult ready to work, raise a family, and take on community responsibilities. Often, these rites incorporate psychedelics. Richard Evans Schultes reported that ayahuasca was used in the northwest Amazon "to fortify the bravery of male adolescents who must undergo the painful yuruparí initiation ceremony." Writing about the Machiguenga people of Peru, Ethan Russo observed:

What I can say about this is that Machiguenga children (boys) have this experience as an integral part of their religious upbringing. It is part and parcel of their world concept and manner of living. Ayahuasca (kamarampi) is a window on enlightenment, a portal to divination, and a teacher of plant, hunting and spiritual knowledge. The kids accept it in that context and none see it as a "kick" the way American youth might brag about sneaking a swig of bourbon from the old man's stash. Rather, they enjoy it for the same reason other members of the tribe do: it is a thrilling experience that binds the tribe in their philosophical and mutual interdependence to survive and thrive in an eternally challenging environment.

The mestizo congregations of the Brazilian ayahuasca churches continue the tribal custom of introducing young people to their sacrament and its proper use. In the União do Vegetal (UDV), young children are often given a spoonful of ayahuasca before they are considered old enough for full servings. In our own country, adolescents often actively participate in the Native American Church. Younger children are less likely to consume peyote at NAC road meetings (ceremonies), although one of the first Navahos to use peyote started at age ten. Each September in the Four Corners reservation, the Navahos have an annual ceremony to encourage the school children to have academic success in the coming year. Some of the youths consume a token amount of peyote, and others put their finger to their mouth after touching the medicine. This ceremony has been spreading to other tribes; for instance the Washo held their first ceremony for students in 2002.

Unlike the NAC, the Huichol Indians of Mexico may begin taking peyote around age six. The Huichol believe that the best time to learn how to use peyote is during early childhood. Children should have reached "the age of understanding" so they can verbally articulate their experience. Rather than fix a chronological age for initiation, the maturity, interest, and personal circumstances of each child are individually considered. The Huichol find that pre-pubescent children can integrate a peyote initiation better than an adult whose mind is
already rigid, or an adolescent going through the confusion of role transition and sexual maturation.9

Again, young people are introduced not only to the plant cherished by their people, but also the values and traditions surrounding it. Susan Eger and Peter Collings wrote:

Through their observance of and participation in the ceremonies, children come to understand the sacredness of peyote and learn to esteem it at a very young age. Most children, although given peyote to taste and to play with when they become curious about it, do not actually consume it in doses large enough to produce visions until at least eight years of age. But because of the frequency with which the children attend the ceremonies and watch the performance of ceremonial duties, by the time they actually do partake of peyote, they are sufficiently clued in to be able not only to experience prototypical, expected visions but to interpret them with some degree of accuracy and to remember their significance. As soon as they are given responsibilities in the religion, they begin teaching their younger siblings. Children can begin their training toward the priesthood at the young age of ten and, if they stick to it, be fully initiated mara’akame by the age of twenty.10

Harvard psychiatrist Harrison G. Pope reported that boys in various West African tribes use Tabernanthe iboga in ceremonies supervised by their priest, fathers, and uncles.11

In Gabon, children participate in the nocturnal ngogé rituals in which members of the Fang tribe consume T. iboga.12 Giorgio Samorini observed that in the Bwiti religion, “This iboga baptism may be experienced at any age, as is the Catholic baptism. Currently, in some sects there is a tendency to initiate relatives, especially their children, from ages 8 to 10, which is followed by a second initiation as adults.” Samorini noted that the Bwiti leader Owono Dibenga Louis Marie “has during the past few years created the ‘Iboga Youth Movement’, so that the new generations may get better acquainted with the Bwiti creed.”13

RITES FOR OUR CULTURE

Our industrialized technocracy delays adult responsibilities in order to extend education as preparation for employment in a complex economy. Living in limbo, modern teenagers are often unable to achieve fulfillment through part-time after-school retail or food-industry jobs and obeying church-sponsored vows of sexual abstinence. Without adult responsibilities, privileges, or experience, young people in our society still find ways, not necessarily good ones, to assert the autonomy of adulthood. Substance abuse is one of many problematic responses to the confusing world with which adolescents are faced. A minority of educators, social scientists, and mental health professionals are beginning to suggest that the creation of new, meaningful rites-of-passage could help young people take on their adult roles, accepting responsibilities as well as freedoms.

What might a modern rite of passage in our own culture look like? Inspired by indigenous examples, and unwilling to deprive their children of the benefit of their own experience, some parents have chosen to create rituals for their children using psychedelics. The following examples are from middle class California families that I interviewed in the 1990s. To protect the families, publication of these interviews was delayed until all children had reached age 18.

Providing guidance, of course, need not always involve families taking psychedelics together. The father interviewed below, an author of books about sacramental plants, chose to give his daughter the tools and information to create her own positive experience:

She does not drink because she considers alcohol to be an inferior drug.

In contrast to the way I was at her age, she has no curiosity about different mental states.

My daughter always knew that I used psychedelics because there are books about them all over the house, and I regularly attend conferences and seminars on the topic. When she entered junior high school, we made it clear to her that the biggest lie she would ever encounter was the propaganda that the schools teach about drugs. So she understood that the government’s Drug War is a pernicious scourge: a Mafia-style campaign to exploit people. When she became a teenager, I asked her to inform me if she ever decided to take one of these drugs. I told her that I could help her prepare, not in an intrusive way, but in a manner that would enable her to take it in the best circumstances so it would be useful. The first time can be definitive in establishing a person’s relationship with that state of consciousness. I told her that it was important to take it in the intimate company of people she trusted, not in some noisy public situation like a rave. Our family would never take psychedelics together, because the parent/child boundaries are established on other bases.

Anyway, about six months after my wife died, my daughter called me from a state park where she was camping with her boyfriend. She said that they were planning to take MDMA together. She was calling because she had promised to let me know. I told her that sounded like an acceptable situation. It turned out that what they took was not real MDMA. From their description of its effects, I assume it was some kind of speed. She needed to have access to reliable material, so I gave her most of my
personal supply of MDMA for her twentieth birthday. She had a mellow experience with her boyfriend. She does not drink because she considers alcohol to be an inferior drug. In contrast to the way I was at her age, she has no curiosity about different mental states. For her, MDMA was just helpful for getting a more honest relationship with her boyfriend. If she is ever ready to go deeper, we can work together so she can try LSD. She understands that I am a good source of information. In fact, I’m surprised at how little her friends know about psychedelics.

For some families, sharing an experience can be a powerful bond, just as native societies use psychedelic experiences to bring the community together. A U.S. federal prosecutor recounted:

I was having trouble communicating with my teenage daughter. We took MDMA together, hoping it might help our relationship. My daughter started crying. She said I never really listened to her. Wagging my finger at her, I adamantly insisted that I was always receptive to hearing what she had to say. Suddenly, I realized that I had interrupted her. Then I admitted that I had not really listened to her. After that, we began to work more closely on the specific things that were interfering with our intimacy.

The account below is by a 23-year-old son of a psychiatrist, who felt that his parents’ openness about psychedelics helped him to make his own choices in his own time.

At the time when MDMA was becoming stigmatized as an illegal drug, I was about 11 years old. That is when I became aware that my dad was involved with it in a professional capacity. He was using it to treat patients in our home. I grew up around MDMA, so it was never strange to me. My parents were very straightforward and honest. When I became worried about the things I heard at school, my dad gave me a medical explanation about the effects of MDMA. He sat me down and said, “Not everything you learn at school will be true. Some things they teach you will be good, and some things will be bad. Even though we understand that MDMA is good, many people outside our family will think it is bad. So you can’t tell people about what we do at home.” That was okay with me. My impression was overwhelmingly positive when my parents used MDMA themselves. I enjoyed hanging around them when they did it. I would be hard pressed to think of anything bad about it. It was always an option for me to use it. My parents told me that they would prefer I either did it with them, or at least did it in the house, and that I use their stuff.

I used to rebel against my parents by staying away from psychedelics. I was real straight-edged. I did not have peer group pressure to trip; I had parent pressure. Because my parents were interested in it, I was non-interested—my way of rebelling. Then in my freshman year of college, I encountered other students who were tripping. I became open to the idea. My first drug experience was with my girlfriend. We had been seeing each other for about four or five months, and have been in and out of each other’s lives ever since. I asked my father for some MDMA. He gave it to us, and left us with the home to use. We had a wonderful experience.

Earlier this year, I had MDMA with my mom. My mother and I have such a good relationship that I don’t think anything could make us closer, but it was a good experience. For her birthday present, she wanted to trip with me. That’s what we did for her birthday. We talked and talked and talked and hugged. It was very sweet, very easy. Absolutely, I think tripping has been a positive thing for our family.

When I was growing up, tripping wasn’t a mystery; that gave it a good light. Looking back on my childhood, my parents never said, “I don’t want you doing that, that’s bad,” except when it came to hurting people. Tripping was never forbidden, never taboo or mysterious. Therefore I came to it in my own time.

**SET AND SETTING**

The families interviewed above all appeared well-adjusted, and none indicated any problems as a result of using psychedelics. Each interviewee was asked if they knew of anyone who had suffered problems from being introduced to psychedelics by their families, and none had heard of any such difficulties. These families displayed a number of common factors that seemed to contribute to the success of their choices. These include:

- The children requested a session out of their own internal motivation. Curiosity and personal desire were the reasons for the session, rather than external pressure, macho one-upmanship, or expectations based on chronological age.

- The parents had a sophisticated understanding of psychedelics due to extensive personal experience and literature research. The parents were attuned to the individual needs of each particular child.
The families had a network of sympathetic friends. This community support offset feelings of isolation that might have resulted from evading counterproductive laws against using psychedelics.

The children were given appropriate amounts of pure materials on an infrequent basis. The were taught to avoid overindulging both in frequency and dosage.

Given the prohibitionist laws in the United States, families and communities were “security conscious.” If the authorities ever became aware that parents were assisting their children to use psychedelics, then the parents could risk losing custody of the kids. It is ironic that while the parents would be prosecuted, the police or child protective service could inflict genuine trauma by removing their children from their homes.

Obviously, there would be a much greater likelihood of untoward results in circumstances where these safeguards are not in place. Sidney Cohen remarked on an early example of irresponsible psychedelic use in the family:

Another group who really ought not be given LSD is children...It is, therefore, chilling to read in a recent issue of Life (March 25, 1966) the following quote: “When my husband and I want to take a trip together,” says the psychedelic mother of four, “I just put a little acid in the kids’ orange juice in the morning and let them spend the day ‘freaking out’ in the woods.” Here, at least, is a refreshing absence of pretense that it will do them any good; it’s simply a pharmacological baby sitter.”

Such disturbing stories, understandably, fuel the hysteria around the topic of families and psychedelics. In a more recent and highly publicized case, a single father offered various drugs to his children in a haphazard manner that amplified the instabilities of his dysfunctional family. The television documentary Small Town Ecstasy, produced by Allison Grodner and Arnold Shapiro for HBO, told the story of Scott Meyers, a 40-year-old resident of Calaveras County, California. Meyers took his three children—aged 13, 15, and 18—to raves and parties where he gave them alcohol, marijuana, cocaine, and MDMA. This caused him to lose custody of his children and to be convicted of misdemeanor drug possession. After the documentary was broadcast in 2002, he was arrested on two felony charges of child endangerment. This father’s haphazard parenting was reflected in the irresponsible way he supplied his children with these substances. His behavior was clearly inappropriate, and it is distinct from the previous examples.

**Better Drug Education**

Today’s “zero tolerance” style of drug education trivializes the factors underlying actual drug abuse and pathologizes normal adolescent experimentation.

Research at the University of California at Berkeley has indicated that moderate use of marijuana and other illicit drugs is normal for U.S. teens. The researchers found that adolescents who occasionally experiment with drugs are emotionally healthier than both their peers who abstain from all drug use, and their peers who overindulge. When drug problems do develop, they are a symptom—rather than a cause—of personal and social maladjustment. The researchers stated:

Given current understandings of personality development, it would seem that the psychological triad of alienation, impulsivity, and distress would be better addressed through efforts aimed at encouraging sensitive and empathic parenting, at building childhood self-esteem, at fostering sound interpersonal relationships, and at promoting involvement and commitment to meaningful goals. Such interventions may not have the popular appeal of programs that appear to tackle the drug problem “directly,” but may have greater individual and societal payoff in the end.

Despite these findings, “zero tolerance” remains the primary way that schools and youth programs teach about drugs. It is currently illegal for drug prevention programs that receive federal or California State funding to provide information about the beneficial uses of illicit drugs. Pursuant to 20 U.S.C. 7142 (United States Code), illicit drug use must always be portrayed as “wrong and harmful.” California Health & Safety Codes 11999.2 and 11999.3 prohibit educational messages about “responsible use” of illegal drugs. The federal government’s “style sheet” for conforming terminology in drug education literature “aims to prevent use—not abuse—of alcohol and other drugs by youth,” “since there is risk associated with all use,” and “all illicit drugs are harmful.”

Nonetheless, drug use by young people shows no sign of decline. As an honest and pragmatic alternative to
prohibitionist education, drug education in schools should be oriented toward harm reduction. Students should be given age-appropriate information on the risks and benefits of commonly used psychoactive materials. Teachers would emphasize that, like many things (fire, motor vehicles, etc.), these tools can have a destructive impact if used thoughtlessly. As in the ayahuasca and peyote churches, powerful substances would not be shrouded in a veil of secrecy and taboo. Young people could ask questions and expect honest answers, making their own informed choices.

While this vision may sound far-off, it’s helpful to consider the example of alcohol. 23 states have “parental exception” clauses that allow minors to consume alcohol when given by a parent.20 This policy implies a respect for families’ autonomy, and a trust in parents as the best teachers for their children.

The cultural integration of psychedelics won’t happen overnight, and the question of young people is perhaps the most difficult involved. The first step is for people who have knowledge of these substances to share it, “coming out” about their own experiences. Drug education should be honest and present a balanced picture of risks and benefits.

Next, if the resources that are currently squandered on the ineffectual prohibition of psychedelics were redirected toward establishing psychedelic training centers, then young people would at least have the option to get expert guidance on how to use these drugs in a responsible way. Over time, our society would build up its own body of knowledge, its own traditions, and its own rites. Just as families would feel safe creating their own rituals, these steps would mark a turning point for our society, a culture-wide rite of passage.

REFERENCES
9) Negrín, J. 1990s. Personal communications.
20) See www.nllea.org/reports/ABCEnforcementLegalResearch.pdf, pages 17–18, which identifies the 23 states in which there is a parental exception to the general prohibition of the distribution of alcohol to minors.

Imagine, for a moment, what it would be like if our society openly recognized and supported the right of young people to get high and seek visionary experiences. Only those who steal or harm others would be arrested. Police would go back to the business of protecting life and property. Prisons would go back to the business of rehabilitating violent and dangerous people. Real criminals, unable to traffic in drugs, would be hard-pressed to earn a living.

As America did after the repeal of Prohibition, we would return to a genuine respect for the law and our democratic form of government. Young and old would no longer be at war. The Bill of Rights would be restored. Age and wisdom would be held in high esteem and the flower of youth would be blessed with the fragrance of joy and true liberation.

Our young would soar like eagles: Proud, strong, brave and free.

From The Politics of Consciousness by Steve Kubby