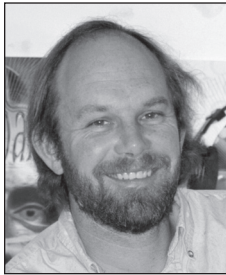


# Towards a Psychospiritual Understanding of Psychedelic Therapy



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Between the first and second year of my master's program in counseling psychology I had my first experience with the famous fungus. One of the many things I learned during that session was

that everything I was being taught about the best that psychotherapy had to offer, was available (and to a greater level of phenomenological depth), through the plant. Subsequent experiences with a popular empathogen confirmed this view.

Two and a half years later, at the beginning of my doctoral program in counselor education at the University of Idaho, I was able to begin an in-depth academic study of the psychospiritual uses of entheogens. I obtained university approval to conduct a qualitative study of how psychedelic use can result in psychological and/or spiritual change. My intention was to write a comprehensive dissertation that linked psychedelic experiences with traditional theoretical orientations of psychotherapeutic change processes and spiritual change processes.

Recognizing that my audience would be fellow counselors and psychologists, I decided to interview mental health professionals as my research participants, in order to establish a level of credibility for their stories. I interviewed and audio-taped 20 individuals, all of whom had graduate degrees in one of the mental health professions, and who had personal experience with psychedelics for their own psychospiritual development.

Using a semi-structured interview format, I inquired into the processes involved in how participants' entheogenic experiences led to long-term change. Employing the qualitative research tradition of grounded theory, I allowed the categories to emerge from the data inherent in the transcribed interviews. Data analysis was performed using three levels of coding (open, axial, and selective) and the constant comparative method of grounded theory (Strauss & Corbin, 1998). From this analysis of the relationship between variables, a 5-stage process model emerged.

## The I-5 model

**Intention:** Intention sets the stage for the phenomena of the experience itself, and what is done subsequently. Preparing for a therapeutic psychedelic session includes attending to the set and setting variables that will affect the experience.

**Ingestion:** Both the chemical agent and the dosage of that agent are included here. Drug and dosage should be tied to the intention of the experiencer, as particular drugs at particular doses in particular people will be more or less appropriate.

**Insight:** Once the doors of perception are opened, what happens? A wide range of perceptual experiences such as symbolic imagery, activation of cognitive/emotional schemas, or interpersonal connections may manifest. Increased self-awareness is generally facilitated by psychedelics' ability to suspend one's usual defense mechanisms.

**Integration:** Integration involves making sense of the phenomena experienced. This begins during the session, but often needs to continue in the following days and weeks. As one research participant succinctly put it, "The light of reason and the element of time" are needed to fully integrate psychedelic experiences.

**Implementation:** Awareness

itself is often not enough to lead to lasting change. Implementing one's integrated insights requires acting in ways that are congruent with what was learned. This is what differentiates between having spiritual experiences and living a spiritual life.

This five-stage model differs from previous models in its comprehensive description of the various processes involved in entheogen-facilitated psychospiritual change. The standing models of psychedelic psychotherapy have addressed each of these components, in various combinations, and to various degrees (such as a focus on set and setting, or high dose vs. low dose, see Fadiman, 1965; Grof, 1975; Leary, Litwin, & Metzner, 1963; Leuner, 1967; Masters & Houston, 1966; and Sherwood,

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Stolaroff, & Harman, 1962). Models from the 1960's often subsumed implementation as a part of integration. This may be an artifact of the psychodynamic influence of the times (with psychodynamic psychotherapy's emphasis on insight and integration). Contemporary views of human change processes in the field of psychotherapy require an explicit focus on how therapy sessions lead to behavioral changes after therapy ends.

It is my hope that this model can help guide the human-trials research of psychedelic psychotherapy that has recently resurfaced (thanks in large parts to the efforts of MAPS). Attending to these five processes will increase the likelihood of positive therapeutic outcomes, regardless of the population or disorder being treated. Additionally, attention to the unique psychospiritual outcomes of psychedelic sessions, apart from predetermined desired goals (i.e., healing of traumatic wounds, or reduction in obsessive-compulsive behavior) can help researchers identify therapeutically important outcomes variables not included in the original research design.

My current research interest involves linking the common factors of psychotherapy (those factors that are transtheoretical) with the processes identified in the I-5 model. Outcome research of psychotherapeutic change continues to highlight the fact that client-related variables, rather than specific therapist interventions, constitute the most influential variables in the change process (Hubble, Duncan, & Miller, 1999). These variables include psychological factors such as expectations, psychological mindedness, motivation, hope, and locus of control. From this perspective, therapists simply act as contributors to set and setting of naturally occurring client change processes. Similarly, psychedelics, when taken for the "right" reasons in the right settings also activate inner wisdom in the experiencer. As four of the five processes in the I-5 model are inherent within the experiencer, a focus on these variables may further our understanding of the change process in conventional psychotherapy.

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