



Psychedelic-Assisted Coaching, Part I

Therapy looks in, coaching looks out, and psychedelics look beyond.

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*“Beyond the power of psychedelics to be used for healing, fixing, and treatment...
there is a space for coaching, but nobody is talking about it.”*

— **Yannick Jacob**

In Part I of this series we distinguish therapy from coaching. The two are related and both are in a constant state of change. Like fraternal twins, therapy and coaching come from the same egg fertilized by different ideas. Their differences exist more in practice than in theory. In the next part, we'll consider how each applies to the use of psychedelics.

In the current legal environment, where psychedelics remain largely illegal, only the therapeutic approach has the authority to claim psychedelic substances as a child of its own. Historically, it has no right to.

The 20th Century

Psychedelics are being appropriated for psychotherapy. They're effective for helping people deal with PTSD, addiction, and depression. Limiting psychedelics to therapy is like using Formula One race cars as farm tractors. Beyond returning 1% of the population to the work-a-day grind, psychedelics have the power to transform everyone into something better.

The attitude of clinical psychologists is that psychedelics are drugs that help diagnosed conditions. They should be scientifically tested, understood, and made available. We have several generations of patients trained to “follow the science” and take whatever “the doctors” order. Although the covid-19 crisis has made it clear that few understand science and, ironically, it's administrators and corporations who give the orders, not doctors.

Clinical psychology has a limited understanding of the mind, and psychedelics were not developed or traditionally used in the context of psychology. These substances may or may not be effective in addressing the issues of which psychology is concerned. Given psychology's immaturity, poor methods, and short sightedness I feel the most important uses of psychedelics are being overlooked.

“The potential of the psychedelic drugs to provide access to the interior universe, is, I believe, their most valuable property.”

— **Shasa Shulgin**, psychopharmacologist

This is not the first time that psychedelics were recognized for their mind altering power. In the 1950s and 60s the CIA conducted unethical LSD experiments running the gamut from voyeurism to murder in an effort to find state, military, and intelligence gathering uses for LSD.

Before being fired for indiscriminate experimentation with psychedelics, Timothy Leary and Richard Alpert were psychology professors at Harvard. Leary went on as a leader in the 1960s counterculture movement. Alpert, renamed Ram Dass, rebranded himself as a Hindu mystic.

Research into psychedelics was just starting in the 1960s. The effects of psychedelics on mental conditions was weakly understood mostly because the psychology of mental conditions was weakly understood. While the use of psychedelics has been seen in cultures since history began, their use was religious, ceremonial, and holistic. They were not used for psychological purposes because the psychology we know today, and the diagnoses that define it, didn't exist (Sessa, 2007).

Lacking sufficient evidence or a strong constituency, psychedelics were not able to contradict their political characterization as dangerous drugs and they were all effectively swept underground following the passage of the Controlled Substances Act of 1970.

The act was neither aimed at controlling substances or protecting anyone but rather marginalizing and criminalizing Richard Nixon's main opponents who, at the time, were Blacks and young people. At this it was a spectacular success, incarcerating huge numbers and creating a self-perpetuating industry of prisons and law enforcement, not to mention a thriving underground business for providing drugs.

Stan and Christina Grof, early researchers in LSD psychotherapy, turned their attention to anxiety in terminal patients as this constituency represented no threat to the status quo or the medical establishment. Their breathwork protocols, which used no chemicals at all, kept a small flame burning by focusing attention on the traditional, nondiagnostic, ecstatic experience associated with psychedelics.

As research and experimentation were disallowed, there was no way to counteract the fallacy that psychedelics were dangerous and useless. And while there was much evidence that psychedelics contributed to positive health, this was not evidence of the allowed sort, and only such disallowed evidence was given credibility. It was a Catch 22 that persisted for over 30 years.

In a 2018 article titled "The influence of therapists' first-hand experience with psychedelics on psychedelic-assisted psychotherapy research and therapist training", the authors Elizabeth Nielson and Jeffrey Guss say, "Self-experimentation with psychedelic compounds by researchers and therapists played an important and largely undocumented role in the psychedelic therapy and research of the European and North American psychiatric mainstream from the 1950s through the early 1970s. Often cited by researchers as the very source of inspiration to study psychedelics in the first place, there was a substantial concern that the first-hand experience had contaminated the objectivity of the researchers."

The 21th Century

In the early 2000s the first small trials were done applying psychedelics to the diagnostic mental disorders of anxiety, depression, trauma, and addiction (Carhart-Harris, 2017). These small studies had little statistical import but the therapeutic effects were unprecedented. One use of a psychedelic substance in controlled conditions was doubling or tripling the success rate of previous therapies that took months and cost thousands of dollars. The only thing that had changed was the lowering of the prohibition against finding out the truth.

An overdue confluence of circumstances has led to today's revival of psychedelics. First, the "crisis" in mental health accompanying the novel recognition of mental illnesses that have been with us all along. Second, the failure of pharmaceuticals to remedy these illnesses coupled with the expectation, fueled by the exploding profits of the pharmaceutical industry, that drugs are the solution. Third, a renaissance in neurological imaging, genetics, and neurochemistry that has opened new lines of research. And fourth, the emergence of an affluent, white constituency with the money and power to legalize solutions that could be valuable to them.

In the famous "Good Friday Experiment" of 1962 ten divinity students participated in a religious mass while under the influence of psilocybin and ten, who constituted the control group, had the experience

with no substance. Nine of the ten who took psilocybin had a genuine spiritual encounter compared to one in the control group.

This general result has been reconfirmed many times yet psilocybin remains illegal today. Medical exemptions are available to use psilocybin in the treatment of a few psychological illnesses, but no exemptions are available for genuine spiritual encounters, personal growth, or religious ceremony.



Coaching

Coaching had a rocky start 50 years ago. It was first proposed as “positive psychology” by those who argued therapy was too focused on what wasn’t working right and not focused enough on improving what was. The “positive” in positive psychology was not to make positive but to be positive.

As early as the 1920s Gestalt psychology emphasized the whole person rather than reducing the mind to separate parts and abilities. The suggestion was to see issues and interactions in their full, interacting form in the present. Starting in the 1940s Fritz and Laura Perls developed Gestalt Therapy in a forward-looking, group context. They included popular cultural themes like science, youth culture, Eastern religion and experimental theater, and in so doing reflected a “new age” approach.

Carl Rogers admonished therapists to listen to, follow along with, and learn from their clients. He advocated sincerity, acceptance, and understanding. He said, “Therapists need to be able to be responsively attuned to their clients and to understand them emotionally as well as cognitively.” Rogers was saying follow the client, rather than lead the client.

The ideas of Rogers or Perls were not unprecedented, but respecting clients in all respects was. This cut against the grain of Freudian regression and behavioral retraining and, for that reason, Rogers was poorly received in his day. Today he’s considered the most influential psychologist of all time.

By the 1960s clinical psychology was in great demand. Academic psychologists wanted only PhDs to be therapists but there were not enough to fill demand and practicing psychologists rebelled. The ranks of the American Psychological Association (AMA) broke in 1978 and a lower tier of practitioners, clinical therapists, was created. This lowered the field's scientific credentials, but it raised the number of practitioners and broadened their range (Cautin, 2009).

As a result, in the late 70s and early 80s therapists, counselors, and social workers were being certified like conscripts. The Rogerian edicts of “listen to the client, follow the client, respect the client” was the new algorithm. This was being overlaid on the old paradigm of, “the client is sick, disabled, and needs therapy.” The two paradigms are still overlaid in therapist training today.

As the value of enhancing a person's abilities was recognized as separate from addressing dysfunction, positive psychology began to break away from therapy. As this happened, people recognized that cognitive skills, because they are verbal, rational, and intentional, are more easily taught both to practitioners and clients.

A decreasing emphasis on past trauma and addictive behaviors enabled a program to emerge that avoided dealing with or even recognizing trauma, habit, and dysfunctional behavior. This largely pragmatic approach, stripped of remediation and diagnosis, has developed into the confidence affirming approach we call coaching.

Moving from concept to marketing is typical of how psychology evolves. This is similar to how trends in art and design evolve and, at its best, psychology is an art. The new doesn't replace the old because there is no test of which design is correct. Expectations of success are often self-fulfilling. What's entrenched is marinated in what's popular and new amalgams emerge, some of which are practical and others are ridiculous. In psychology, the Gold Standard is all too often whatever generates the most gold.

Therapy

Psychedelics come in varying strengths and effects on the dissociative, hallucinogenic, euphoric, and empathogenic spectra. There are different ways to approach and prepare for the experience as well as different forms of guidance and support.

Although still new—it's hardly even legal in most places—many therapeutic variations are being proposed. These range from administering psychedelics with supervision but no therapy, to extensive preparation and unlimited support.

Protocols are being invented by practitioners many of whom have no experience with psychedelics, other cultures, or positive psychology. A sizable minority believe the salutary effects of psychedelics are entirely mechanical but most would not know the difference because the frontier between what's pharmacological and what's psychological is only starting to be explored.

“Perhaps the most interesting effects of the psychedelic experience as far as psychiatrists are concerned are those that can be used to facilitate the psychotherapeutic experience. LSD, psilocybin and newer drugs like MDMA have the ability to improve the depth and speed of psychotherapy.”

— **Ben Sessa, MD** (2007)

In Part II of this series we’ll contrast therapy and coaching and how these apply to psychedelics. Coaching stands as a more generally appropriate approach to psychedelics, but it’s application in this context has not been invented. We’ll invent it.

References

Carhart-Harris, R. L., and Goodwin, G. M. (2017, Oct). The Therapeutic Potential of Psychedelic Drugs: Past, Present, and Future, *Neuropsychopharmacology*. 42(11): 2105–2113.

doi: 10.1038/npp.2017.84

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5603818/>

Cautin, R. L. (2009). The founding of the Association for Psychological Science: Part 1. Dialectical tensions within organized psychology. *Perspectives on Psychological Science*. 4(3):211-223.

<https://doi.org/10.1111/j.1745-6924.2009.01120.x>

Nielson, E. M., and Guss, J. (2018). The influence of therapists’ first-hand experience with psychedelics on psychedelic-assisted psychotherapy research and therapist training, *Journal of Psychedelic Studies* 2(2), pp. 64–73. doi: 10.1556/2054.2018.009

<https://akjournals.com/view/journals/2054/2/2/article-p64.xml>

Sessa, B. (2007, Oct). From sacred plants to psychotherapy: the history and re-emergence of psychedelics in medicine, *J of European College of Neuropsychopharmacology*, 17.

DOI:10.1016/S0924-977X(07)70278-X

<https://www.rcpsych.ac.uk/docs/default-source/members/sigs/spirituality-spsig/ben-sessa-from-sacred-plants-to-psychotherapy.pdf>

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