



Psychedelic-assisted Coaching, Part V

A conjoined psychedelic experience.

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“Clear thinking requires courage rather than intelligence.”

— **Thomas Szasz**, psychiatrist

In the previous parts of this series I’ve considered the differences between therapy and coaching. This reflects the new dichotomy in how psychedelics are approached, either as medicines or as catalysts. Neither fully recognizes what psychedelics offer. Let’s approach the experience authentically.



Trance

Psychedelics have been used ceremonially and recreationally. In both cases they are not being used as medicines to treat a problem, disease, illness, or dysfunction. In fact, the notion of using psychedelics as medicines has no historical basis.

In the early days of what we call medicine, Asclepian Dream Healing (Winslow, 2021) used psychedelic experiences to heal. But what was being healed were not diseases, they were psychosomatic conditions. The “new” use of psychedelics as medicines is a return to that time, 2,500 years ago, when illness was not a physical thing and medicines, as we know them today, did not exist.

Psychedelic-assisted therapy has no historical meaning. It’s something doctors and therapists have made up. Since psychedelics do not act like medicines and since personal distress is not a medical condition, the notion of psychedelic-assisted therapy is undefined. We don’t even know if there is a casual relation between psychedelics and therapy.

Seen from this point of view, it’s not surprising that psychedelic-assisted therapy has no diagnosis, no protocol, and no prognosis. It is somewhat amazing that therapy and psychedelics should be connected at all and, in a sense, they are not. What is being done is more of a disjunction rather than a conjunction. It would be better called “psychedelic correlated therapy,” similar to the way that swimming pools correlate with happiness.

Psychedelic-assisted therapy amounts to doing psychedelics and then doing therapy. The idea is that the psychedelics “soften you up” so that therapy works better. We could imagine karate-assisted therapy along the same lines and, in fact, martial arts are therapeutic. My point is that the therapeutic model for the use of psychedelics does not even have a territory in which to define itself.

At this point, therapists have no insight into how to use psychedelics beyond simply using psychedelics and then doing therapy. Almost astoundingly, the training proposed for therapists to be certified as psychedelic-assisted therapists discourages their use of psychedelics! This is akin to a writing program whose prerequisite is illiteracy.

I make light of it, but the implications are dark. Psychedelics heal by connecting people to a higher power. People who connect with higher powers are excluded from hierarchies as they tend not to respect them. Saints are recognized as people of divine power but the prerequisite for sainthood is being dead. Clerics manage, they don't empower, and they are certified by the church. Schools of psychology are now doing the same in certifying managers of psychedelics. Psychologists are not asking questions. I don't think they have a clue.



Coaching

Coaching and therapy have much in common but also many differences. For one thing, coaching is not “positive-fixated,” that is to say that in coaching you don't have to “get better.” Coaching clients are less defensive because they don't consider themselves to be disabled from the start.

People doing coaching are more amenable to confronting problems than people in therapy. This reflects the solution-enabled mindset expected of coaching clients. This contrasts with the problem-disabled mindset that therapy clients are expected to and usually do bring to their work.

Ironically, although coaching clients are more willing to deal with problems they're less likely to get caught up in them. Using psychedelics in coaching is similar to using psychedelics as a sacrament.

It is perfectly reasonable to ask a coaching client to dream their way to a solution, similar to what was done in Asclepian Dreamwork. It's perfectly acceptable to ask a coaching client to see his or her problem as existing only in his or her mind.

People who use psychedelics recreationally are looking for enjoyment. They're usually unprepared and uninterested in having a challenging, therapeutic, or cathartic experience. They often do have these experiences and they might hope for them—like the prize in a box of CrackerJacks— but recreational users don't demand epiphany; simply having a nice time is sufficient. The recreational use of psychedelics lacks the goal orientation and the problem-ready attitude of the coaching client.



Narrative

“Who is the giver of the narrative? Three conceptions seem to have been formulated so far. The first takes the point of view that the narrative emanates from a person... The second conception sees the narrator as a kind of omniscient, apparently impersonal consciousness... The third... declares that a narrator must limit his story to what the characters can observe or know: the assumption is that each of the characters is, in turn, the transmitter of a narrative. All three conceptions are inadequate in that they seem to consider the narrator and the character as 'real' living persons.”

— **Roland Barthes & Lionel Duisit** (1975, p. 261), from *An Introduction to the Structural Analysis of Narrative*

Barthes and Duisit are literary critics. They seem unfamiliar with the real life claims people make regarding past life regression narratives.

Hypnotherapeutic past-life regression (PLR) creates situations closely aligned with coaching and narrative creation. I've written at length about past-life regression elsewhere, I'll only touch on those points that PLR has in common with coaching. Consider the following:

1. Past-life regression has an open focus, it is not goal directed or diagnostically based.
2. In past-life regression you deal with obstacles and opportunities in a trance state and it's up to you to decide whether or not to dwell on them.
3. The past-life regression client is free to go anywhere and explore anything.
4. The past-life regression client does not have full control because they have to deal with what comes up and they can't control what comes up. More is accomplished when a person moves into unexplored territory and gives up control.



Therapeutic Visualization

The title “past life regression” is a misnomer. The term comes from PLR’s early presentation as an example of reincarnation, as a parlor trick, or a mystical adventure. This is similar to how hypnosis continues to be perceived in many quarters. In its generality, past life regression has nothing to do with the past, past lives, or with regression. Those are just descriptions of the method.

Past-life regression is a technique for immersing yourself in unexplored narratives in a state of deep engagement. With the growing acceptance of psychedelics we are on a trajectory to accept things like past-life regression along with other trance experiences.

I propose conducting psychedelic-assisted coaching similar to past life regression. To do this requires an interpersonal context that I’m surprised to find no one has talked about. It requires a collegial psychedelic experience.

PLR requires the client and the facilitator to remain present and communicative. This is not your usual presence or communication, and typically is not continuous. It is typical of both PLR and the psychedelic experience that a person is alternately immersed and aware, alternately consciously verbal and lost and inchoate.

The states that one experiences, both conscious and psychedelic, depend on the person, the chemical, and the situation. Arranging the right mix of awareness and immersion, engagement, and disengagement requires adjustment for each person.

To facilitate this, a coach or therapist would have to know how to enter a psychedelic space, navigate within that space, and remain communicative. These skills are easy to learn separately, the trick comes in putting them together. They are skills that can be learned by experience.

The past-life regression protocol requires no drug, psychedelic, or enhancing substance. The PLR protocol can be implemented using any substance in any amount that allows continued contact and alliance. It's not limited to psychedelics and it's not dependent on them.

At the same time, the PLR protocol does not work equally well and certainly doesn't generate equal results for everyone. For that reason, it's unlikely that there will ever be one drug, one dosage, and one protocol that's right for everyone or always right for anyone.

I want to emphasize that as most psychedelics are illegal, this proposal must either be done using legal chemicals, under legally allowed circumstances, or in jurisdictions where the psychedelic of choice is both safe and legal.

Some high-potency cannabis products can alter your perception without incapacitating you. Some psychedelics taken at low-doses can alter your awareness and perception. Either or these situations could help or hinder the PLR protocol.

The Protocol

The well prepared facilitator of past-life regression knows the client, their issues, situations, likes and dislikes. These are not deep issues, although they can have deep roots. Every facilitator should at least establish an understanding of a client's "safe place." A safe place is that combination of vision, look, feel, memory, and experience that is associated with comfort and safety.

Before starting a past-life regression, and also before starting a psychedelic experience, there should be some idea of what there is to gain. This view does not need to be goal or problem oriented, it can be a recreational, relaxing, or creative goal. It can apply to any aspect of one's life but it should have depth. The facilitator should understand the client's starting territory and context.

It's important to understand that "context" is whatever the client meaningfully associates with the present and with the objectives they hold. Questions about this environment are phrased sensibly, reasonable, or humorously but the answers are explored through association, emotion, and reaction. We want to know what things really mean and where the sharp places are.

The facilitator navigates psychedelic territory. That usually means that they've been there themselves but it doesn't mean that they need to be in a chemically altered state at the time. It seems to be the case for many psychedelics that their overwhelming effect moderates with experience.

The role of the psychedelic is to unlock awareness. Using a psychedelic, a person who is otherwise excluded from certain insights becomes insightful. You don't need a chemical to have insights, but there are some important insights that are elusive without them.

If you know how to travel in psychedelic spaces, if you are adept at jumping from being intellectual to being emotional and from one imagined reality to another, then you don't need a chemical to enable you. In addition to unlocking insights, psychedelics seem to enhance a person's ability to have insights.

I suspect that a psychedelic facilitator would perform better in their role as a guide and grounding agent if they did not have any exogenous psychedelic. What your system produces endogenously should be sufficient. As a facilitator you want to both join in the psychedelic experience and be able to lead your clients back to toward consciousness.



The Mirror

You can't mirror another person's deep psychedelic state in any event, and there will be times when the client loses communication with you. This also happens in hypnotic regression. In those cases the facilitator wants to be both looking for the client in their alter state environment and be able to join them back on the surface of superficial awareness if that's where they should reappear.

The client is leading and the facilitator is following; the client is seeing and feeling and you are imagining and empathizing. The facilitator's role is to encourage vision, intention, patience, relaxation, and safety. The client has provided a basic map of the territory which should enable the facilitator to at least distinguish sharp from dull states and safe from dangerous situations.

The facilitator reminds the client of their presence. The client may stray into separate territory and be content to know that the facilitator remains available on the surface, like a sitter.

Unlike being a sitter, the client has agreed to take the facilitator with them, so the facilitator's insistence on being included should not be resented or rebuffed. There may be times, as if the facilitator was adventuring with their older sibling, when the unaware facilitator becomes more of a hindrance than a help. If the client is in safe territory, then the facilitator should give them space and stop being annoying.

There are experiences that can't be put into words. There are modes of communication that feel telepathic. The facilitator needs facility in working in these areas where everything is symbolic and awareness and emotion can go off the scale.

I have accompanied clients in voyages to insect and vegetal existence, dawn on other planets, and into distorted minds and bodies. The facilitator needs the ability to mirror, imagine, and fill in the missing pieces. There are places where the facilitator cannot go and where the client no longer exists.

In these times and places the facilitator remains present in the psychedelic space, not just as a sitter in the physical space. The facilitator is in trance, but they are not lost in trance.



Contact

Regarding physical contact, I doubt anything but the most subtle contact is safe or effective. In the psychedelic realm sensations are distorted, associative, and symbolic. Most of these distortions and associations are out of the client's control and tap into unexpected and uncontrollable energies. The facilitator will likely only be aware of what the client can tell them and not be able to steer the client through psychosomatic territory. If the client cannot find support in the verbal connection, then they may need to explore the territory on their own.

Useful touch might be agreed upon beforehand. Even at that, things change and the use of touch should be confirmed and reconfirmed. The reality is what's happening in the client's mind, not the facilitators'. If the facilitator's intention is inconsistent with the client's reality, then it's irrelevant.

It has always been my preference to avoid touch, I even find the remote ceremonial kind of touch annoying, such as spraying water, scents, or blowing air or smoke. Anything that's sensory will be amplified and can trigger unexpected associations, energies, and experiences.

Because the facilitator knows and can describe the client's safe place, the facilitator can lead the client back toward the state it engenders. It is typical in hypnotherapy to end sessions by creating positive suggestions of sensation, memory, and integration. The intention is not to create or disturb but simply to recollect, relax, and relieve.

If a facilitator recreates the safe space, then it can become the client's reality as a final destination. Broad or vague suggestions can color the client's experience by softening their perceptions and calling up positive associations.

The facilitator needs to be attentive and responsive. One's intention should not intrude. A good facilitator can create atmospheres of varying reality and tone. They make small additions reflecting what the client communicates. This is closer to nursing than doctoring.

Discomfort is to be expected. Everything in a psychedelic experience can have psychosomatic aspects and challenging issues come with the territory. The facilitator's role is to encourage, relax, support, and suggest but not to relieve, deny, or obstruct. You're trimming not steering.



Danger

The exception is danger. I have not dealt with emergencies and I hope these can be foreseen and avoided. Most cases of serious distress arise from lack of information, preparation, direction, control, or support.

I do not know if all distress can be avoided because most of my past psychedelic experiences have been as a participant and not a facilitator. In situations where extreme distress occurred, the facilitators were

not engaged and offered support after the fact. If they had been supportive and more involved in preparation and selection, then I expect these out of control situations could have been addressed sooner or avoided entirely.

One of the major questions is whether one facilitator can be a facilitator for more than one person at a time. The protocol that I'm describing limits a facilitator to work with one client at a time. However, most ceremonial uses of psychedelics involve many clients. I have also led past-life regression sessions with multiple clients simultaneously. There will be other protocols for other situations.

There are dangers whenever the client feels their altered reality is a dangerous environment. The facilitator must use their judgment when something threatening appears. Is this a transformative or destructive event? Is this something that the client needs to bring forward and surmount or is something they can't handle?

Controlling danger should attune the facilitator with the client's experience. If the client cannot lead or join with the facilitator, then the facilitator may want to extract the client from the situation. If the client is courageously engaged, then the facilitator may want to join them in exploration, contest, confrontation, or combat. While these are imaginative battles and not physically real battles, they can have long-term positive or negative impact. It's hard to understand this if you have not had these experiences yourself.

The facilitator has an avenue to escape to a different reality that's not available to the chemically enmeshed client. The facilitator uses this as a path to safety. When the client starts to fear or falter, the facilitator may want to lay the positive experience on thickly and intrusively. It's not enough to be timid and repetitive, you must be connected and effective in restructuring the client's reality. These are skills of rapport and familiarity that will be unavailable to anyone without skills in navigating psychedelic spaces.

In all that I've described so far there is neither corrective therapy nor directive coaching. I believe neither are appropriate unless arranged, approved, and encouraged by the client. To my knowledge there is little precedent for direction or correction during mind-altered ceremonial experiences, but there are exceptions. These exceptions include the indigenous sweat lodge and sun dance which don't use psychedelics, and the ceremonies of the Santo Daime and União Do Vegetal churches which do.

In the next installment in this series I'll consider how coaching protocols might be introduced and how collaborative experiences lead to integration.

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