



No One Understands Psychedelics

The effects of psychedelics exist outside reductive psychology.

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“Although both spirituality and emotion regulation have been identified as potential mechanisms between psychedelic use and mental health, no research to date has examined... these two variables together.” — **Lafrance, et al.** (2021)

“The scientific literature lacks any comprehensive framework through which we understand psychedelics.” — **Petranker, Kim, & Anderson** (2022).

Facts are experiential and knowledge is cultural. Because the subconscious exists outside of language, psychedelics will always exist outside of psychology. Efforts to contain, define, limit, or apply psychedelics to one point of view are a failure from the start. The idea that psychedelics are going to “assist” psychotherapy is both absurd and a desecration of the original language. The original language is the chaos of experience, and that’s what psychedelics offer.

Psychedelics' action on the mind is not chemical, although they are chemicals that act on the brain. The mind is not a linear algorithm and is not reducible. Psychedelics release the mind from the reductionist blinders of logic, language, and culture. They will not be harnessed in service of psychology's flawed definitions of mental health, any more than they can be used as a paste to relieve itching.

Anthropology

Psychedelics are being ushered into the mainstream. We're emerging from a dark period of ignorance and mind restriction. Many people feel we're at the beginning of a psychedelic renaissance.

The light at the end of this tunnel is not the blue sky of healing, it's the train of retribution. Retribution for making people think they're struggling with a psychological defect when they're on a path to healing. It's retribution for poor psychological understanding, as all psychology has fled from the authentic, disassembling experience of the subconscious such as psychedelics offer.

Anthropology makes the distinction between the emic and etic approaches to understanding. The emic approach is what you follow within a culture or cosmology, striving to understand within that context. The etic approach is interpreting experience through the perspective of your own culture, judging others by your own standards.

The experience one has of oneself under the influence of a psychedelic is emic. Your rational approach is taken away, and you experience the world anew. Applying rational psychology to the psychedelic experience is an etic approach. The psychedelics experience seen through the lens of psychology is a projection of our limited, rational, consensus mind.

Psychology views psychedelics as primitive and uncivilized, just as Europeans viewed Indigenous cultures before trying to destroy them. The psychedelic and reductive perspectives are two different approaches to reality, and they are perpendicular. They are neither contrary nor reconcilable. You cannot understand psychedelics using the thinking of psychology, any more than you can shoehorn indigenous cultures into a free-market economy.

I recently spoke to a rancher in the Coast Ranges of British Columbia. Although the government has arranged water rights with the tribal bands, tribal bands sometimes deny ranchers access to water. The government keeps out of these disputes because the disputes are not reasonable, legal, or amenable to adjudication. The conflicts are resolved when the ranchers accept that they're part of a local community and accept the community's changing and peculiar needs.

The water is not there to serve anyone, it's a link in the human ecology. In indigenous cultures, if brother Jack or aunt Josie have a need, it's everyone's issue. As a user of community resources, you become partly responsible for everyone. Legal agreements don't answer community needs any more than theories explain the mind.

It is not psychedelics that mediate healing, it's changes of mind. Our minds are a part of the natural environment and, like water, will not be harnessed for medicinal purposes. The sooner we are free from the deleterious effects of reductive therapies, the sooner we'll understand psychedelics. Whether this means therapists get wise or therapists will be replaced has yet to be seen.

Medicine

To appropriate psychedelics as medicines is to constrain dreams as explanations. Yes, psychedelic

substances can be used in this way, but it does not define them, and it does not put them to best use. The reason psychedelics provide relief from depression, trauma, and addiction is because they provide relief from the prison of one's mind.

When therapists define the proper use of psychedelics to involve a comfortable experience followed by reasonable psychotherapy, they are undoing the invitation psychedelic can provide, which is to rid the client of the psychotherapist's mindset.

The psychotherapist's mindset is the belief that healing involves letting in the light and shutting out the dark. It is the fallacy that healing is a comfortable experience because comfort is good and chaos should be banished. If the therapist is nothing but a sitter and the psychedelic experience is just a positive unfolding, then our darkness will not be integrated and therapists don't heal.

Psychotherapy could accommodate a person's enlarged sense of self, but does not. Transpersonal, gestalt, and client-centered therapies originally aimed to do this but have all been housebroken to serve our institutions to provide coping not curing. Therapy gets people back to work, supports the market economy, is consumed like a drug, and is paid for by insurance. It serves mediocrity.

Therapy-Assisted Psychedelics

Psychotherapy's place is to help people understand their experience. Similarly, psychotherapy's place in the world of psychedelics is to help people understand their psychedelic experience. The psychedelic experience is a variation of the trance, dream, and hypnotic experience. What psychedelics are not for—and what the psychedelic experience will react against—is its use in support of the psychotherapeutic experience.

To use therapy to assist in the psychedelic experience, one must first discard self-serving presumptions. Those presumptions include presumptions of thought and behavior considered proper and healthy. Such presumptions are like directions for turning marshmallows into health foods. They do not serve and, moreover, they are likely a cause of dysfunction.

The only presumptions that need to be retained are those of safety and communication. These are the operative principles of therapy-assisted psychedelics. We can go further, but we will start here.

Safety

It's hard to know what's safe if you don't know what's real, and "real" does not mean physical, it means consequential. This leads us to the first fallacy of psychedelic-assisted therapy, which is that a therapist who does not know your reality can provide helpful guidance.

We grow at the edges of our reality, not in the area where we find consensus. We are mistaken to believe that we fully agree on what's real. This deceives us into believing that we can be helpful participants in another person's reality. Many of our deceptions and betrayals take root in this mistake, the mistake that we understand each other.

Below conscious awareness, in our subconscious world, we do not share the reality of others. It is in this world where change is most likely and emotional injury is most real. It is an error to believe that anyone can guide another without knowledge of their own subconscious and the subconscious of the other.

Ignorance of the subconscious limits current psychedelic-assisted therapy from playing a role in the

psychedelic experience itself. Attempts by therapists to play a “helpful” role have been misunderstood and condemned by outsiders and uninformed therapists. You cannot judge the outcome of actions undertaken in the context of the subconscious using projections of the conscious mind.

Judging the role that an outsider's plays in an internal, psychedelic reality is as presumptuous as judging a character in a dream. The problem is not so much one of the character's intentions as it is of the definition of the character itself. Judgements are expected to be stable; dream characters are not stable. The purpose of the dream and the trance experience is to explore these notions, both what the characters signify and the notion of stability.

The conflict—and even that word is presumptuous—lies in the definitions that support the ideas. The dream is an exploration not of the situation, but of the concepts beneath it. What are your notions of help, alliance, and support? What even is a character, or another? In a dream or a dissociated psychedelic space, all characters are a projection of yourself.

Maintaining safety in a trance experience is like maintaining the advantage in a wrestling match. It’s a question of constantly moving to stay on top. And in this case, “top” is wherever the person in trance feels safe. The guide must be entirely attuned to the mindset of the person in trance, and they must also know that it is their own intuition of safety that defines the concept, not some sign, signal, or preconception. The only reality is the changing reality that’s composed of the person in trance and their own.

If, as a guide, you feel that you and your client are safe, then that’s what you follow, regardless of the picture that’s being painted. If something makes you feel unsafe, no matter how safe things appear, then that feeling of un-safety is what you must attend to.

These are psychic or even psychotic notions of what's real, not rational or culturally defined notions. Transformative experiences often destroy aspects of us, and massively transformative experiences look massively destructive. Safety is a relative concept that rests more on feeling than definition. If you have not experienced it, you will not know it. Therapists who do not have personal experience of maintaining a measure of control in the psychedelic territory have no business being there.

Communication

People think there is no communication in the psychedelic state. This seems to be a hold-over from our cultural inability to accommodate the psychotic state of mind, rooted in our fear of it. Communication is difficult in some states of altered reality, and it may be impossible in entirely dissociated states.

The experiences of people under anesthesia who hear, remember, and react to events around them illustrate that parts of us are conscious even when we are not. As people with experience in helping others in trauma know, people are both accessible, communicative, and reactive even when in extremely dissociated states.

Most psychedelics do not put a person into an extreme, dissociated state but leave one both aware, alert, and responsive. Therapists receive no training in joining this state of mind. Current therapeutic education provides no training in effective communication with people in psychotic states.

Such communication is not only possible, it’s essential, and fairly simple. All that a therapist or guide needs to do is get out of their head and into a psychotic frame of mind. This can be just what a therapist cannot do and has been trained not to do. It's similar to a teacher recognizing their irrelevance, and most teachers are incapable of this.

It is common for therapists to be unable to understand their clients. I found that one of the greatest sources of suffering experienced by my psychotic clients was the rejection and loneliness they experienced, including from their therapists.

I believe that it's because of my background dealing with a wide variety of extreme people that I am comfortable joining people in their psychotic states. It must be understood that a number of our most exalted states of love, trust, and spirit lie outside the range of acceptable social behavior. If you wonder why you have not found the love, trust, and spirit that you desire, it's because what you desire is abnormal.

As I mentioned, if you have no experience navigating your own psychotic states of mind, you have no business pretending to be of value to someone who is in one of those states. We are frequently in “small p” psychotic states, such as when we’re overcome with emotion, and we’re in “large p” psychotic states when we dream. Being present in our own dreams, which means attaining a degree of lucidity, is the most accessible training ground for controlling one's psychotic experience.

There are as many ways to join a person in their altered reality as there are altered realities. Two of the most obvious are joining them from a straight or from an altered state. Coming from a “normal” state has the benefit of holding on to consensual reality, but coming from an altered state has the benefit of being better able to fully share the altered state.

How much sharing is helpful? Most psychedelic experiences are solipsistic. The mental space may remain personal and exclusive. This isn't the case where socializing is a goal, such as in social drinking, but it is the case where there is mental dissociation and a lack of synchrony with one's environment.

Most hallucinogenic psychedelic experiences distort but do not destroy one's reality. Moods may change unexpectedly, but this is not surprising. The more interesting question is whether two explorers of inner space can share an altered reality.

Shamanic rituals presume a measure of control. The control is not over the details, but the mood of the experience. The shaman typically does not instruct or describe, but paints the background. They do this using music, dance, and ritual, rather than by touch or language. For those who are familiar with the shaman's culture, the symbols are familiar and their indications known. Those outside the shaman's culture will have a less structured experience, and might get the misimpression that the shaman is there to entertain or relax them, which is not the case.

In a Western cultural context, where the role of the shaman is not formalized, there may be less symbolic guidance. I suspect any actions taken by the facilitators has some symbolic value. In the context of current psychedelic-assisted therapy, practitioners are not aware of the symbolic guidance they are providing. All the more reason that the uninformed should not be involved in the experience beyond the role of sitters.

Invitation

“Out-of-body experiences are a subjective paradigm for construction of cognized models of the world that are fundamental to understanding the primordial nature of altered consciousness... These experience of one's self as a soul-like entity are... at the core of human concerns with altered consciousness even today.”— Winkelman (2011)

As in any shared experience, the most productive, shared psychedelic experience is one of mutual

consent. Not only does each person need to be a welcome guest of the other, but each person needs to be oriented to the distinct reality of the other. Some degree of consensual reality must remain, though periods of total dissociation can be expected.

The implications of events cannot be presumed: actions may be seen as highly important or unimportant. Each person in a trance state must both invite and describe to the other the reality they are experiencing. Without this description, the disconnection can be total.

When exploring the unknown, there needs to be a protocol. Where there are dual realities, there must be an effort at either agreed perception or direction. The experience is like a three-legged potato sack race, where a pair try to run with one of their legs tied to the leg of another, while each is experiencing a distinct reality. Walking is a good idea, and when connection is lost, remain in a stationary and attentive state of mind.

There are two purposes. One is to communicate the reality one perceives in order that it form more clearly, and the other is to orchestrate or navigate change. If one person is the explorer, then the other person can be the guide or the witness. In every exploration there is a pilot and a navigator, and psychedelic journeys are no exception.

I have induced pairs of clients in simultaneous trances while guiding both members of the pair. These were interesting experiments in which my clients could overhear each other even though they were not addressing each other. Their two phantasmagorical visions proceeded through similar, unscripted terrain. The narrative of one fed into the imagination of the other.

In psychedelic-assisted therapy, where the client is both pilot and navigator without assistance, both roles are under stress. In my vision of therapy-assisted psychedelic experiences, the pilot is free to explore and express. Their partner can provide recollection, reflection, and suggestions. Whether the guide is in a normal or altered state, they are part of the journey.

The quality of the therapist's contribution depends on their skill at integrating spiritual, psychotic, and consensual realities. That requires understanding beyond the level beyond listening and reflection. You can't teach this kind of understanding.

“For clinicians who were trained to avoid such topics unless directed by the client, a focus on this dimension may feel foreign and possibly uncomfortable, and therefore, more training may be required to do so in a manner that is ethical, client-centered, and ultimately effective.”

— **Lafrance et al.** (2021)

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