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WHAT KIND OF HEALING DOES PSYCHEDELIC-ASSISTED PSYCHOTHERAPY FOSTER?

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Abstract

World-wide, researchers and practitioners in psychiatry are increasingly interested in the effectiveness of such substances as MDMA, LSA, and psilocybin in treating such disorders as addiction, post-traumatic stress disorder, and other types of depressive and anxiety. Although most of these substances were declared illegal in most countries during the 1970s, research into their use was widespread during the mid-20th century, and has recently returned to the spotlight. Psychotherapy enhanced by some of these substances has been demonstrated to be highly effective where pharmaceuticals have not. People undergoing these therapies appear to be truly healed, rather than merely treated. This, though, raises the philosophical question of what the nature is of the healing that therapy utilizing these substances fosters. Unlike pharmaceutical treatments, these treatments are not based on a biological model, chronically altering brain chemistry; and unlike traditional talk therapies, psychedelic-assisted psychotherapy does not require extended periods of time, or any of the elements associated with Freudian, cognitive behavior, or other psychological models. Using traditional philosophical methods, this paper argues that objections to the use of psychedelics in psychotherapy are unwarranted, and that, in fact, the kind of healing that they bring about is just what our competitive, isolating, and alienating contemporary world needs.

Keywords

Psychedelics, Psychotherapy, Psychiatry, Philosophical Psychology, PTSD, Depression Treatment, Anxiety Treatment

1. Introduction

One result of what Max Weber called the disenchantment of the world, the replacement of the belief in spiritual beings, absolute moral truth, and a just God with a naturalistic understanding of our existence and meaning-making, has been a widespread existential insecurity. William James (1917) says that a kind of essential sadness lies at the heart of every merely positivistic, agnostic, or naturalistic scheme of philosophy...For naturalism, fed on recent cosmological speculations, mankind is in a position similar to that of a set of people living on a frozen lake, surrounded by cliffs over which there is no escape, yet knowing that little by little the ice is melting, and the inevitable day drawing near when the last film of it will disappear, and to be drowned ignominiously will be the human creature's portion. The merrier the skating, the warmer and more sparkling the sun by day, and the ruddier the bonfires at night, the more poignant the sadness with which one must take in the meaning of the total situation. (pp. 142-143)

Contemporary psychotherapists agree that this kind of systematic inability to adapt to their world is a contemporary social phenomenon. (Dunaeva, 2019). If this is so, it is no wonder that patients are seeking treatments for anxiety and depression at record rates (Campbell, 2017); nor it is surprising that clinical success has in these areas been persistently elusive (National Institute of Mental Health, 2006). As James also says, this kind of “soul sickness,” is not easy to unseat, any more than are our fundamental beliefs. For a new idea or perspective “to be suggestive”, he declares, “it must come to the individual with the force of a revelation.” (James, 1917, p. 114)

That is, for something to really change someone’s mind, it must not merely be conveyed intellectually; it must hit at the very foundations of a person’s ways of thinking and feeling. This kind of change has historically been sought through prayer, religious ceremonies, and/or meditative practices. For most sufferers in the Western world in recent decades, though, although sometimes treated successfully with such methods as EMDR (Dunaeva, 2017) or cognitive behavior therapy, the most prevalent (and profitable) treatments offered are pharmaceuticals and/or talk therapy. Sadly, neither of these approaches has proven very successful at alleviating symptoms.

One approach that has been consistently successful, both throughout history in various parts of the world and, recently in the West in scientifically studied contexts, involves the use of plant-based or synthesized hallucinogens. LSD, MDMA, psilocybin, ayahuasca, ibogaine, and other compounds have been shown to be effective in the treatment of depression, anxiety, PTSD, and addictions of various kinds. Before governments began prohibiting their use in the 1960s, these substances had been employed as psychotherapy adjuncts in several countries; and since governments in recent years have once again began to permit their use in research studies, sufferers from an array of disorders have been treated with noteworthy success. (Grob et al., 2011, pp. 17-18) Based on this extension of research practice, the questions arise, what do these substances do that other, more standard treatments don't do, and why are they regarded with such skepticism? The objective of this analysis is as follows:

- To review the newest kinds of psychotherapies being made available to patients suffering from anxiety, depression, and PTSD, among others
- To philosophically analyze the concepts of mentality, mental health, and healing, utilizing the conventional methods of philosophy, including conceptual analysis, argument evaluation, including internal logical consistency, uncovering suppressed assumptions, and anticipating objections and meeting those with positive replies.

In accordance with philosophical tradition and methods, this paper will provide an account of the kind of healing that psychiatric treatment involving psychedelics can amount to, and will defend these forms of treatment against those who would object to them.

2. Background

Consider first the context in which these substances are employed—in our brain's construction of our private realities. No neuroscientist maintains that we are directly in contact with reality; rather, the reality that each of us experiences is constructed through the reception of sensory and bodily inputs over long years of interacting with and within our environments. One popular view of how all this information comes to be put together and used sees the consciousness mind as akin to a CEO in a business organization, with one central organizer delegating tasks to other mechanisms in the brain, but without ever giving up ultimate decision-making authority (Leavy, 2018). On this kind of view, it would seem that the CEO is some sort of stable entity ("homunculus" is the name used for this conception of a little man within the man) which, through its ultimate power over all the moving parts, constitutes the essence of the mind of an individual.

As it turns out, however, nothing like the CEO metaphor is supported by recent research. Rather, the view that the evidence suggests has come to support that the brain is largely modular, composed of many anatomically or functionally defined regions that constitute separate mechanical systems, each inflexibly performing a single task, sometimes with competing goals and often with no direct communication between them. This would seem to imply that the mind is not a single entity at all, but something more like a highly complex machine comprised of mostly unconsciously operating processes. On this sort of view, one might worry that anarchy would seem to follow, and so it might appear a wonder that we (or any organisms with complex structures, for that matter) could even manage to stay alive, much less to think about things and experience the world as a particular self.

2.1 An Explanation of the Unified Sense of Consciousness

But we do experience a unified consciousness and sense of self. So the question then becomes how that might happen. Following such neuroscientists as Michael Gazzaniga, some philosophers have argued that consciousness—and indeed for Gazzaniga, a morally responsible self (Gazzaniga, 2018) can and does emerge from various “layers” of independent systems, each of which follows its own autonomous laws, operates on its own temporal and spatial scales, and interacts preferentially with the layers just above or below it (Bassett & Gazzaniga, 2011, pp. 200-209). On this type of view, the mind itself emerges as a level of processing distinct from lower-level processes and the structures that support them, but dependent on all of them. It operates and is experienced as a unique entity, that is to say, but in a way that depends on lower levels of processes for its existence.

So how, one might wonder, does the familiar unity of our experiences arise out of that multitude of independently operating functional entities? The characteristics of consciousness as we normally experience them seem to be explained by the functioning of a mostly left hemisphere lateralized module that is commonly referred to as the brain’s “default mode network.” This network of neurons, although it is well-connected to other parts of the brain, is not the CEO of earlier philosophical speculation. It is one deeply-integrated module among many. It does not sit as some kind of brain matter homunculus, some place which at which all processing “finishes,” controlling what all other parts of the brain do. Rather this network operates to make the activities of various other modules, which may or may not be coordinated or even coherent with one another, make sense in conscious experience with the “usual flow” of how things go. In other words, this module provides phenomenological unity. It creates the autobiography which constitutes a

particular take on the world, develops a narrative about why we do what we do, functions in the creation of theory of mind which we use for understanding one another, and evokes a sense of self, or ego. The default mode network of course is composed of neurons, as are all other modules, each of which is composed of molecules, each of which has its own composition, etc., and it composes part of a larger system, and systems of systems, which in turn comprise what we experience as a conscious mind. This module, with its own system-level operations, can evidently influence or control other modules—for example, it might from stop me from eating the greasy French fries that I am considering—but it can also be influenced by other modules, and end up providing me with a story of why it’s ok today to eat those fries if I do in fact end up doing so.

2.2 The Problem of Causation, Answered

Now we have a problem, though. How is it that a “higher” layer of organization can control a “lower” level if it is dependent on that lower level for its existence?

Philosophical and scientific objections to this picture arise largely because of the issue of causation. What causes what? Can causation be “top down” as well as “bottom up”? Can it be cyclical? For many thinkers, there is something just “spooky,” about an entity that emerges from lower levels of organization and then influences the operations of those lower levels. If the neurons at the “bottom” are really the cause of an act or an experience, then something constituted of whole networks of neurons cannot also be the cause. Causation must go from simpler to more complex; emergent entities cannot, many will say, cause changes in the very things from which they emerge. The problem, though, seems to be not with the emergentist account of what happens, but rather with the notion of causation in use. The intuitive understanding of “cause” (and the one that underlies that ever-hawked distinction between correlation and causation) is a linear one derived from a Newtonian conception of the universe. On that understanding there cannot be, by definition, any such thing as top-down or cyclical causation. But that understanding is simply a mistake. Many kinds of causal questions may be asked, a point that many people tend to ignore. When we ask “what caused X?” we might be asking about the structures that made it possible for X to happen, or we might be asking about the mechanics of how X happened, or we might be asking something else entirely—like who is to blame. As philosopher J. L. Mackie points out, when the fireman looks to see what caused the kitchen to burn down, he might seek an answer in terms of an overheated frying pan, the lack of a sprinkler system, curtains flapping from an open window, sufficient oxygen in the room, no one being at home to stop it, or all of them together in a particular sort of relationship. What counts as a cause depends largely upon what question one asks. And in

complex dynamic systems, with multiple scales of organization, massive parallel processing, and preponderant feedback loops, we should not be surprised to find that this is the case.

3. Psychedelic-Assisted Therapy and Its Objectors

But if dynamic, mutually-causal systems are the way to explain how consciousness and the sense of a persisting self are generated, how should we understand psychological distress, or how psychedelic-induced experiences can relieve it? Should we consider these treatments as psychiatric treatments at all, or rather as some say, as something more akin to a spiritual revelation? What would that latter even mean? Do the changes brought about by such experiences, because of the way that they are brought about, in a revolutionary Gestalt-type insight, rather than incrementally over time, threaten the identity of a patient, making the treatments too radical to condone? None of us think that the changes that we all undergo over a decade or two threaten our identity, but if those same changes happened over a day, would our view be different? None of these factors to my view undermine the value or medicinal nature of treatment involving hallucinogens—in fact, quite to the contrary—but in order to make that case, let us consider some of the arguments offered by those who oppose or dismiss these therapies.

3.1 The Objection from Addiction, and Replies

One thing that concerns some people about the use of hallucinogens in psychotherapy is that patients might become addicted to them. That in fact does not happen. In no study in which these substances were used did patients become addicted (or even use the substances more than a few times), and anecdotal evidence amassed over decades suggests the same thing. Another fear often expressed is that such substances might “drive someone crazy,” might create mental illness where there is none. That accusation as well has no basis in facts. Aside from these non-starters, there is a question of what kinds of changes psychedelics bring about in the brains of patients who take them. While we have become consigned to dosing patients with anxiolytics and antidepressants for long periods, or even for life, psychedelic drugs used just a few times in order to bring about permanent changes seem to some very worrisome. Such worries seem to be based on the assumption that while typical pharmaceuticals change specific, clearly chemical aspects of the a person, and talk therapies bring about basically the same kinds of changes through different mechanisms, hallucinogens make profound, global changes to the brain and one’s “take” on the world, and thereby in some way threaten one’s identity.

Three things could be said in response. First, not all treatment involving hallucinogens is psychedelic therapy, in which significant doses of hallucinogens are given in order to trigger intense, transformational psychedelic experiences all at once. Although this is this model that has been most researched, it is not the only type of hallucinogen-assisted therapy extant. Second, it is simply not true that traditional pharmaceutical psychoactive drugs are controllable, and therefore safe, while hallucinogens are not.

Not only is no one certain of how such widely used pharmaceuticals as antidepressants and anti-psychotics work, so that their prescription is necessarily by trial and error; what is more, people often experience significant adverse side effects from using them. It is now firmly established, for example, that use of antidepressants is associated with suicidal ideation in many teenagers and young adults. Third, it is not the case that pharmaceutical compounds make only (positive) localized differences in the brain. In addition to side effects, addiction to both antidepressants and anti-anxiety medications is well-documented. Finally, if the permanence or semi-permanence of changes in the brain is the argument against the therapeutic use of hallucinogens, then it misses the mark altogether, for not only do other types of drug treatments create changes just as long-lasting; so do talk therapy and cognitive behavioral therapy, when successful, and that is a good thing. Surely our conception of healing when we naïvely visit a surgeon, medical doctor, or psychiatrist, is not simply to control our symptoms for as long as we stay in treatment. We seek “to get better.”

With the assistance of hallucinogens in therapeutic settings, many people do by their own accounts get better, for at least three potential reasons, some or all of which may be related to the specific mechanism of action of a particular compound. One reason that profound shifts may come about involves the biochemistry of memory. It is certainly plausible, given what we know about how memory re-consolidation works with drugs such as propranolol, that the effects of at least some of these compounds is due to reconsolidation of certain memories (Lonergan et al., 2013, pp. 222-223). In this case, memories originally created with the involvement of powerful negative inputs from emotion-producing modules are loosened during the treatment and then re-consolidated without those inputs. So one remembers painful events, but does not experience the negative emotions associated with those events after treatment.

3.2 The Objection from the Threat to Personal Identity, and Replies

A second reason why psychotherapy may be more effective when accompanied by psychedelics may be that learning occurs under influence of these medicines, when patients

experience new insights due to the higher connectivity that these substances allow among different parts of the brain (Carhart-Harris et al., 2016, pp. 4853-4858). That is to say, rather than associations running along the usual lines (along the well-worn and preferentially chosen paths that an adult's thought runs automatically and constantly under the influence of the default mode network), during exposure to these compounds processing in the brain becomes much more integrated, allowing for decidedly different perspectives to arise. Learning that happens from experiencing things in profoundly different ways from the usual may be maintained long after treatment due to the profundity of the insight (which would imply a large-scale change in one's overall conceptual framework) and/or powerful emotional experiences that may accompany those insights.. Finally, depression of the default mode network is correlated with the experience of "ego-dissolution," or a feeling of the diminution or disappearance of the normal sense of self, in favor of a more encompassing sense of oneself as part of the unity of all things (Carhart-Harris et al., p. 4854).

But surely not just these, but all powerful experiences, and indeed one might argue all non-trivial learning, changes conceptual frameworks and the self. That is a good thing. After all, many of us pay large sums to have our children changed through both profound experiences (travel to foreign places) and university training, and people for many centuries have practiced various forms of prayer and meditation in order to achieve the sense(s) of unity that use of hallucinogens can create under the right circumstances. Only in the case of conceiving of the self as a static entity that in some way forever defines an individual would changes in the self in any of these ways be comprehensible as posing some kind of threat to personal identity. For dynamic systems such as the minded organisms that we actually are, change is central to what it means to grow, to mature, and to develop wisdom.

In order to consider the objection that psychedelics might dissolve one's sense of self, and thereby by definition render impossible any healing of the self, let us consider at least two different senses in which we can think of the self. On one hand, we can think of the self as some kind of soul or non-physical mind, connected to the body, but not of the body. On the other hand, we can think of the self as the set of attitudes, character traits, dispositions, and, at an ever higher level of organization, the identity by which one recognizes oneself as one among others in the world, the "particular person" one is. In this second sense, the very young child, whose personality, as we say "is developing," hardly has any sense of self in this way. The child is very open to new ways of doing things, can learn any language (and thus ways of being in the world), and does not have

any highly habituated responses, ways of solving problems, or strong sense of autobiography. As time goes on, however, and the default neural network becomes better established (since, as it is famously put, “neurons that fire together wire together”), so do we become more “expert” at all kinds of things, we develop dispositions to see things in certain ways, to solve problems in certain ways, to think about “who we are” in the autobiographical sense, developing a temporal sense of self. Our memories say much about who we are in this sense, and so do our projects. The successful predictions that we have made in the past create tendencies to see things in the same ways in similar situations in the future, so much so that we just automatically perceive situations in what come to be familiar ways, and sometimes see things (explanations of our actions, for instance, or malicious intent) where there is nothing. It is in this way that many adults get “stuck” as they get older, and fall into repetitive patterns that they can see goes nowhere new, even when they aren’t interested, or can’t, do anything about it.

4. Conclusion

Psychedelic-assisted therapies have their effect by suppressing the default mode network for a time, which results in the softening or dissolution of the sense of self (ego); not in forgetting the past that in part creates the ego. Consciousness, with the suppression of the activity of the default neural network is expanded. For some that expansion is experienced as a mystical experience; for others, it is perceived rather as a fundamental shift in perspective, but in the vast majority of cases of those included in research studies completed so far, it is something positive, and lastingly positive for that very self that seems to be dissolved during the experience. Roland Griffiths reports, for instance, that subjects in his well-known psilocybin study expressed increased satisfaction with their social relations over a year after the treatment was completed. Many claimed that they were “more prosocial, more generous, and more loving,” and Griffiths comments that “[c]aretaking of self and others emerges from this experience.” (Griffiths and MacLean, 2017) So, while the use of hallucinogens in psychotherapy may indeed be vulnerable to the charge that it “changes the self,” or causes one to “lose oneself,” that is only a threat if one fails to be clear about what these terms mean. Loss of self in the sense that it happens during hallucinogen-assisted therapies is a positive thing that is in fact often actively sought and characterized as a powerfully positive thing in many religious and meditative traditions, as well as in a variety of other activities, such as extreme sports, playing music, and sex. Further research may uncover further objections to the use of psychedelics in psychotherapy, but, given that they have been used for thousands of

years, and current studies have yet to uncover any adverse effects in their use on many hundreds of patients, that seems unlikely. However, much further research is required into the range of possible psychiatric syndromes that may be amenable to treatment with psychedelic substances, as well as into the many modalities in which clinicians could be making use of them.

William James cites the case of a man whom he treated with a sort of “spiritual cure.” The man reported satisfaction and overall improvement in his quality of life and in his view of himself, despite the fact that he did not receive traditional talk therapy or anything like the pharmaceuticals that are widely used today. He reported that his experience was of personal growth. And, in his own words, “I may say that the growth has all been toward the elimination of selfishness. I do not mean simply the grosser, more sensual forms, but those subtler and generally unrecognized kinds, such as express themselves in sorrow, grief, regret, envy, etc. (James, p. 126).” If that is a sense in which one can say that self was lost, it is not a bad thing. Indeed, it may be the cure for the very “essential sadness” that James recognized over one hundred years ago as the unintended consequence of our culture’s rationalism, individualism, and divisiveness.

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