

Experience with the Interpersonal Psychedelics*

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Introduction

In response to Julie Holland's invitation to contribute to this volume, I have proposed that she publish my talk on the "feeling enhancers" presented at the 1993 Psychedelic Summit at the Unitarian Church in San Francisco, where I was honored to be the opening speaker.

As one to come to the United States in the mid-1960s from a country where there was neither a psychedelic movement nor psychedelic prohibition, I was particularly aware of how the American war between the government and psychedelic enthusiasts interfered with research and the utilization of psychedelics in psychotherapy.

It seemed to me that the refractoriness of the American establishment as not only a response to its unfamiliarity with the psychedelic experience but also an expression of this implicitly anti-Dionysian culture. And the intensity of psychedelic prohibition is not simply the offspring of an ingrained, overly controlling tendency in the American character; there is also the issue that the psychedelic movement has vehemently insulted the institutions that traditionally control drugs and through which LSD might have otherwise found an official distribution channel. Take, for example, Tim Leary's romantic plea for total deregulation in the early 1960s plus his own disdain for the psychiatric world. One could sympathize with him in view of how slow mental health professionals were to realize the therapeutic potential of LSD and the fact that some early medical investigators of LSD were sponsored by the Central Intelligence Agency. Yet I have always thought that his all too heroic rebelliousness and his messianic eagerness to liberate the world has paradoxically resulted in an interference in the adoption of LSD by the establishment.

The American war for and against drugs was the background for my book *The Healing Journey*, published in the late sixties. I wanted to draw attention to psychotropic substances that had not been labeled dangerous or been criminalized and were not likely

* In *Ecstasy: The Complete Guide: A Comprehensive Look at the Risks and Benefits of MDMA*, edited by Julie Holland, M.D. (Rochester, VT: Park Street Press, 2001, pages 208-221).

to be, for they constituted what were considered “tamer” psychedelics that did not elicit disturbances in thinking or psychotic-type reactions. Also, I focused on the specifically therapeutic use of these substances, which I classified into two groups: the “feeling enhancers” and the “fantasy enhancers.”

Before I turn to the specific matter of feeling enhancers I want to share my overall impression that the therapeutic aspects of psychedelic experiences are of more significant impact in personal evaluation than the wondrous spiritual ones. Whereas psychedelic-induced spiritual states are transient, therapeutic gains have considerably more stability. Moreover, the therapeutic process, which entails cleansing the psyche of dysfunctional imprints from childhood and recovering the ability to love, opens people up in a more stable manner and brings them closer to the depth of their spiritual potential. I think that the feeling enhancers hold the greatest promise. I consider myself very fortunate that I had the opportunity to open the field of therapeutic application some two decades ago. Here I give an overview of what I have learned.

On Feeling Enhancement and the Facilitation of Psychotherapy

In 1962 I met Sasha Shulgin, the most inventive of the psychedelic chemists, who introduced me to the potential that lay in investigating the substituted phenylisopropylamines. I was on my way to the Amazon, where I was to carry out my first psychedelic research project. I was interested then in the jungle brew known as *yagé*, or ayahuasca, the effects of which I came to interpret as an awakening of the reptilian brain and a bestowal of sacredness on the body and in our “animal within.”

If all psychedelics contribute to the undoing of the ego—the Little Mind that obstructs the Big Mind—it could be said that the effect of the LSD-like psychedelics is most strikingly an undoing of the cognitive structure that constitutes the underpinning of the ego. The “ego death” they bring about is in the nature of a “blowing of the mind,” and thus they may be appropriately called “head” drugs. By contrast, the harmala alkaloids such as ayahuasca seemed to be “gut” drugs—catalysts facilitating the flow of instinctual self-regulation, even at a physical level. It is against this background that I embarked on the exploration of MDA, a drug that turned out to be a psychotropic of a new species: a “heart” drug.

MDA: The Drug of Analysis

It was obvious from the very beginning that this substituted amphetamine had to do with the heart and not so much with the gut or head. With the expression “feeling enhancer” I wanted to convey that its primary effects were on the emotional sphere, and that these effects were not those of a simple stimulant. One facet of this enhancement seemed to be increased feeling awareness, and another was an enhanced inclination to express feelings, but this was not all. Today I would call it a “feeling optimizer” for the optimal feeling, which is love.

Our psychological heart’s blood is love, but in academic life, love is an expression that is avoided as not being scientific. Since the subject cannot be avoided, however, it is regarded as more tasteful to talk about empathy or positive emotional reinforcement. “Feeling enhancement” seemed proper in terms of the academic speech ethos. It seemed appropriate to suggest not only the elicitation of warm feelings but also the happy feelings that frequently derive from the outflowing of the heart. This quality was later emphasized by the name Ecstasy given to MDMA. Yet more deeply—as a precondition or foundation for love—I think that there lies another optimization, and optimization in our attitude toward pain. I believe that all our emotional problems have to do with a wrong attitude toward pain, a form of defensiveness to early experiences of pain that we were not ready to face that has become ingrained. Consequently, much of our learning to live right—the “gate to happiness,” we might say—lies in finding another attitude toward pain, another way of being face to face with pain. This I consider to be the most significant aspect of the feeling enhancers. Before sharing further thoughts on the characteristics of MDA, I turn to a story.

Sasha Shulgin had told me of some observations in Gordon Alles’s laboratory notes. Alles, the discoverer of amphetamine, thought that MDA might be useful as a vasodilator (a medicine that lowers blood pressure), and he tried it on himself with a platismograph around one of his fingers to test this hypothesis. After some time he found himself becoming more talkative than usual. At a certain point he saw a yellowish smoke ring in the room, but nobody was smoking. That was suggestive of a hallucinogenic

property, particularly in view of the fact that the structure of the MDA molecule is a sort of hybrid between amphetamine and mescaline.

I was at the right place at the right time, an eager seeker hoping to find more medicine for my soul, and so it fell upon me to explore the substance further. I was a psychiatrist working for the Center for Studies in Medical Anthropology at the University of Chile Medical School, which was ready to support me in such ventures. Since there was neither a drug scene nor a drug scandal in Chile, I found myself in a position very much like that of Dr. Stanislav Grof, who was able to investigate LSD during the same years in Czechoslovakia. Instead of concentrating on LSD, I went in other directions. One was the domain of the phenylisopropylamines, and another was the exploration of a South American shamanistic concoction (yagé, or ayahuasca) and the alkaloids of the African psychotropic plant iboga.

From early testing on myself and on a few acquaintances, it was clear that MDA was a drug, unlike LSD, that elicited an expansion of emotional awareness without interfering with thinking. Its effect did not take the subject away from the ordinary world of objects and persons, but rather seemed specific for the processing of unfinished businesses in the interpersonal world. In retrospect, I can say that I was exceedingly lucky to hit on MDA, for its effects are similar to the now more well-known drug MDMA, Ecstasy. The discovery of this different kind of psychedelic was published in a succinct report, co-authored with Shulgin and Sargent (1967), evaluating MDA as an adjunct to psychotherapy. Afterward, I became involved in MDA-assisted psychotherapy, such as I have described in *The Healing Journey*.

I reported in that book what was found in working with people at the university clinic in Santiago. These patients given MDA would travel right back to early childhood and to early traumatic memories, particularly incestuous rape. Freud discovered this same realm of experience at the beginning of his career but then created a theory to explain it away. (I believe that he took the side of parents, not being ready to believe that they could do such things.) The undoing of childhood amnesia could involve other kinds of memory as well. In one MDA session, for example, a middle-aged woman remembered that as a child she had been locked in a room and had witnessed through a window the murder of her father by her mother's lover. I could not prove that this event was true, but

I believed it. The understanding of herself and her life that resulted from this memory brought about a remarkable healing.

In *The Healing Journey* I referred to MDA as the "drug of analysis," because of the spontaneous age regression it induces and the interest it stimulates in reformulating—almost redigesting—the past. Descriptively appropriate as that may be, a still more essential characteristic of MDA would be conveyed by calling it a truth drug, in view of the nondefensive openness it (as well as some other phenylisopropylamines) catalyzes. Unlike the truth serum of fiction, this is not a drug that leads to the disclosure of information against one's will. Instead, there is a concern for truth and a facilitation of authenticity.

Because authenticity is the chief vehicle of therapies geared to self-knowledge, MDA and the other feeling optimizers are impressive psychotherapy enhancers. Just as other psychedelics have specialized therapeutic applications, such as the induction of mystical experiences, work on dreams, or the experience of perinatal states, the feeling enhancers open up what might be termed a "way of love." This is a spontaneous willingness to keep the flame of love alive in the face of pain—rather than becoming defensive and manipulative and, in consequence, blind. The gift of the feeling optimizers is the ability to remain a healthy and loving child of Paradise in spite of the contamination of the past and pollution of the interpersonal world. This ability is supported by a radically different stance in the face of pain, a nondefensive attitude that allows for the transmutation of pain into bliss.

Suffering is inextricably bound to earthly existence, but it may be a narcotic or an awakener, according to our willingness to take it in and use it for our growth. Our pain can be a stimulus to defensiveness and selfishness or to compassion and love. The difference is like that between a contrary wind that obstructs our progress and one that, through skillful use of the sail, permits us to advance somewhat against it. Such willingness may be the fruit of an austerity developed along our psychospiritual journey, yet it is also the transient gift of the feeling optimizers. They may take users directly to the realm of Adam and Eve (as if in reward for openheartedness) or they may take them not to hell, as in the case of LSD-like psychedelics, but to a worldly place of pain, to the

other side of earthly Paradise, which is purgatory. This is the realm of psychotherapy par excellence.

I think that the name Adam, with which Leo Zeff baptized MDMA, was a very fortunate one. I was never happy with the overly academic and euphemistic term "entactogen" (which sounds like Latin and Greek and suggests the inner sense of contact more appropriately called "relationship"). I always liked Adam, because it indicates earthly paradise. And if psychedelic heavens can be related to the prenatal condition of life in the womb, earthly paradise echoes the postnatal condition of the newborn.

At the time of writing *The Healing Journey*, I thought it likely that since it is the more sick people who have the greater need to deal with the pain of the past, it would follow that the potentially addicted ones would tend to have "bad trips" and little enticement for the use of MDA as an escape into pleasure. When MDMA (with effects only subtly different from MDA) became available, I had occasion to see that I was wrong. There are people (with a hypomanic disposition) who manage to repress pain and experience instead euphoria and warmth in a way that seems to echo their customary denial of pain and anger. Instead of the therapeutic purgatory that they need, their hedonistic bias succeeds in directing them to a paradise, though their visits to paradise remain a sort of opium of the people, a spiritual exaltation that becomes a substitute rather than a remedy for their condition. In such cases, I think that preparatory psychotherapy and the therapeutic readiness of a person before the initial session—and therapeutic skill on the part of someone during the session—can make a great difference.

MMDA: The Eternal Now

Here I take up the thread of my story. I was ready to move into a new exploration, and this was to be MMDA. By the time Sasha Shulgin and I published its animal and human pharmacological characteristics in collaboration with Sargent (1973), I was using it in psychotherapy. The most important quality I found in MMDA—a sense of what I call "the eternal now"—was something that I was particularly ready to appreciate, in view of an unexpected source of frustration that I had just encountered in my attempts to conduct therapy under MDA.

I was a budding Gestalt therapist in those days, having come in recent contact with Fritz Perls, and I had attempted to bring Gestalt therapy to bear on the psychedelic experience. I was frustrated in this endeavor, because while I tried to have people focus on the here and now, they insisted upon the "there and then," keenly determined to dwell on their memories. I must confess that I was a little slow to catch on to the fact that just as the more remarkable potential of MDA is its ability to bring long-repressed memories to the surface, the potential of MMDA is an increased awareness of the present.

For this reason MMDA lent itself admirably to Gestalt work, better than MDA. It not only focused on the here and now but also enhanced work involving imagery—not archetypal imagery like LSD and the fantasy enhancers but personal imagery, as in ordinary dreams. (I put iboga and harmala in the category of fantasy enhancers.) Furthermore, I found that MMDA often triggered psychosomatic symptoms and lent itself to exploration of this domain. All in all, I think that through the use of MMDA in conjunction with Gestalt therapy I helped many people. Discovering the specific excellence of MDA and MMDA in the facilitation of psychotherapy was like having twins in more than an intellectual sense, but the winds of adventure inclined me to the new.

Sasha Shulgin's skill in the synthesis of new psychoactive molecules is now becoming widely known. In those days he already had produced a number of analogs that were waiting for human testing, and this prompted me to turn to comparative research with some of these substances. Shulgin, Sargent, and I (1969) also published a summary report on the testing of various isopropylamines and closely related compounds.

MDMA: A Nontoxic Alternative to MDA

For me, the greatest news since the discovery of MDA and its healing potential has been MDMA—which differs chemically from MDA in the same way that amphetamine differs from nor-amphetamine. The effects are essentially the same as those of MDA, though it has a somewhat shorter duration of action and less of the toxicity.

While MDA is a therapy enhancer without the psychotomimetic potential of LSD, it has the serious drawback of toxicity. In my experience this was not a constant effect but one that became apparent every now and then in an unpredictable manner. In this

sense it is like chloroform. In the old days, some patients would die from chloroform anesthesia, but this could not be anticipated. The reasons were unknown, and something similar seemed to be the case with MDA. I had observed at the time of writing *The Healing Journey* that once in awhile MDA brought about skin rashes and that beyond a certain dosage (about 250 mg), some people became incoherent, which could be attributed to cerebral vascular effects. I had warned my readers, urging them to test a person's reaction to MDA cautiously, starting with a very low dose. I fortunately did not have any accidents during my work in Chile. Given the fact that about thirty people took the drug, I view this as a blessing. A Chilean colleague was less lucky (and certainly less careful), for he administered 500 mg to a friend who experienced aphasia. After that, several deaths were reported in the United States.

We know that with MDMA the case is strikingly different. It has been known and used widely for many years, and despite accidents attributed to high blood pressure or inappropriate use it is remarkable for its lack of danger to healthy people. I would say that it is the champagne of the feeling enhancers. My approach to MDMA-assisted therapy (just as it was in the case of MDA) could be described as providing people with a special opportunity to talk about their past and present lives and problems, with a view to developing insight into their relationships and personalities. I emphasize this, because most people I know have used MDMA with a model borrowed from the use of LSD—that of listening to music through headphones while blindfolded. Much can be gained from that alone, but essentially the feeling enhancers have to do with the world of relationship and with the enhancement of the sense of "I" and the sense of "You" (which are interdependent). They are remarkable for the greater openness that they elicit and the ability they engender to communicate better concerning relationship problems.

I also emphasize this aspect because at one of the Esalen ARUPA (Association for the Responsible Use of Psychedelic Agents) conferences devoted to an exchange between MDMA therapists, I found myself at odds with my colleagues in the psychedelic network. To my astonishment, everybody who spoke there professed to believe that the best way to take people on an MDMA trip is to urge them to withdraw into listening to music. I remember that Dr. Rick Ingrasci (past president of Association of Humanistic

Psychology) and I were the only oddballs in that meeting: we talked to people and listened to them.

I also use music, but frequently I prefer to begin a session without it. I see verbal interaction as an invaluable vehicle for guiding people and helping them go deeper into their difficult experiences. This became apparent when I would come back into the room after a brief absence, and a patient would say, "Oh, I thought the effect had gone away, but as we talk it is all coming back." It is not the case that talking needs to be a distraction; it depends on the kind of talking and the empathic understanding one can provide.

After some time working with MDMA in individual and group situations, my main interest became its use within groups of people who had ongoing relationships with one another, such as families and communities. In this situation MDMA lends itself to occasional sessions geared to "clearing away the garbage" so as to keep relationships healthy. I have worked in this way not only with associated psychotherapists but also with people concerned with the quality of their partnerships in business and with good friends who wanted to keep their relationship free from the deterioration that most are prone to undergo in the course of time. Typically, I would work with groups of fifteen to twenty people consisting of a number of subgroups, in each of which people are involved in ongoing relationships outside therapy, for example, a family of three, four partners in a business firm, or the staff of a spiritual community.

One case report might convey some sense of the nature of an experience of group therapy in the way I have conducted it. While I have used the expression "analytical psychotherapy" in connection with my approach to individual therapy with MDA and MDMA, the kind of group therapy I have developed is one in which I have intervened little, except in the preparation of the group and in the course of a session of retrospective sharing and group feedback. I not only coordinate and share my own perceptions but also assist toward further elaboration of the experience.

An important part of my role in preparing for the MDMA session has been to create an atmosphere of surrender and spontaneity within the boundaries of a simple structure that limits movement away from the group but allows for withdrawal, protecting everyone's experience from invasion. In the case of MDMA administered to a group of

optimal size and composition, I have witnessed a remarkable coincidence between the need of some participants to regress and be mothered and the availability of others to give such mothering. Since the effect of MDMA can be a peak experience or a delving into pain (or both), it is easy to see how it is possible that some persons find themselves in the garden of earthly paradise while others undergo the fires of purification—and the experience of the former is a gift to the latter. Again and again I have had the impression that as the result of the catalytic effect of MDMA upon the participants, the group becomes a spontaneously organizing system, for the good of all.

I now turn to a personal letter in which one middle-aged woman tells me of her experience at a group session, as an illustration of the kinds of things that can happen. It is not an unusual report in its content, and it is particularly illustrative of how much can happen through appropriate group preparation, without one-to-one therapeutic interactions. I think that experienced therapists will know well that this noninteraction is not a matter of simple strategy but rather a sort of art of "not doing" developed through experience and supported by a faith in group and individual organic self-regulation. All in all, it is not something that can be explained easily, nor is it something that can be prescribed mechanically, for it seems to require an educated ability to be present in the right way with sensitivity to what is happening. I have to add that this particular group had prepared for the experience with several days of psychotherapeutic exercises and meditation. The woman identified as K was a member of the group who chose to participate without taking MDMA, and J, who did take MDMA, is a sex therapist.

After swallowing the capsule, I adopted an attitude of confidence—in myself, in life, before the unknown (which always scares me). Rachel's loving and strong presence made it easier for me. I felt strong palpitations that scared me, but I had confidence in you, who would assist me if it were necessary. I began to lose my skin sensations; I felt cold and as if I were lacking in air. This made me very afraid of death, afraid of dissolving or that my heart would explode. I lay on my side as if folded upon myself, closed in, and within me I began to feel more peaceful and secure. A moaning came from my body, soft and trembling, as if shivering

from cold. Then I realized that I was a baby, or a fetus, still unborn and sent into being to realize "Being," emerging out of nothing, solitude and cold. I was very afraid of being born.

Then somebody covered me, and I felt that somebody was by my side and caressed me. I saw that it was K and I told her, "I am being born into this world." This was certain to me like the light of day. I was then able to let go into pain and weeping, for I felt secure before another human being, who gave me much warmth and tenderness. I sucked my fingers and her fingers, and I felt my teeth with which I could bite. When I felt more at ease, I could uncurl my body a little and talk to her. I told her, "Don't leave yet." I very much needed to talk to her and to tell her what I was going through and what I had lived through with my parents. I felt no anger toward my mother, only pain; I said this with great conviction, as if coming to own it completely. "She was not able to do more; she didn't know how to be with me." I did feel angry toward my father. I gave him hard words for so much damage that he had inflicted on me in a subtle way throughout my life.

I told K that I had written a poem to my inner child, and she wanted to hear it. When she did, I saw her tears. I recited other poems to her, but then she left me alone a little. She asked me whether I could stay alone for a little while, and she went to somebody who was calling her, assuring me that she would return. For the first time I did not feel alone. I had her jacket over me, which I could touch and smell, and the fantasy of her remained with me. I felt happy, for I was sure of her return, and I could also be with myself. I understood that it was good that she left me alone a little, for after letting her come into me and fill me, I could now assimilate it, integrating it into myself. I had much need to touch and press against the ground with different parts of my body. J came by, and I received him too as a gift from God. I told him

what I was living. I felt him and told him everything from the beginning of the experience and the deep abyss—how I felt lovingly interwoven with essence, as if all my cells were constituted of Him. I was sorry that in our "normal state of mind" we did not realize this Reality that we are. And we also talked about sexuality. He assisted me with his hands toward an integration of head, heart, and sex, opening paths. He helped release my father from my body, for I felt as if I had been possessed by him thus far.

It was in this moment when you came by, and I told you I was purging myself of my father. And so you smiled, in confirmation. I would have liked you to have stayed longer, but I didn't dare to ask you. Then J told me he needed to be alone a little, that afterward he would have to help somebody else and that he would come back. I thus learned from both of them that I could find my space of aloneness when I needed it and how that was all right; it was not bad. I continued to feel happy, neither alone nor empty. I continued to feel nourished while by myself. It all seemed a gift from God that filled me with gladness—I was receiving much without having to seek it. Yes, I felt that I no longer needed the compulsive seeking of another (mothers and fathers) but only to open up and receive what came to me at the moment.

K returned, and in her company I started to look around in the room, absorbing and opening up to the surroundings, listening to groups of people who conversed and laughed. For a moment I came in touch with an admonition that had been introjected earlier in my life: "You must go with the others." But I understood that it was more important at that moment to remain with my own experience. Afterward J told me of his experience, and I could listen to him and let him in, feeling clear and free from myself, with space for the other. Then I started to dance alone, feeling all

my joy, my living cells. I found my body axis and felt that energy moved along it upward and downward. I felt that I danced like a serpent, undulating my body and feeling successively an Arab, a Hindu, a gypsy— full of strength and energy.

At several points J approached, as if seduced by me. I felt afraid, as if he were going to rape me. I told him, as if to discourage him, "Hey, wait. I have just been born." I was with him in a group in which also was V, to whose peaceful face I felt attracted. With him I could verbally express my aggression toward men. When masculine singing sounded, I said, "I would have liked to dance like a woman." But he said, "Precisely because it is a man singing. Why don't you dance now, and you'll finish with your father this way." I took it as a special challenge, and I danced. It was an experience of feminine strength—and self-affirmation before my father, of separation and autonomy. I felt as if in this destructive history, I had reached further closure.

Well, Claudio, I won't tell you more anecdotes, because this letter, I think, has reflected the most meaningful things in the experience. It was profoundly therapeutic for me. I feel as if some of my archaic, primordial lack has been covered and that it couldn't have been in any other way. I have returned to this experience many times to nourish myself, and I feel that I am coming to the end of a healing process with a more lucid, organized, and creative mind, more confident, daring to teach and share the riches I have been keeping to myself I continue to write poetry, and I enjoy life more and more.

I hope that this session report will serve to convey a general understanding of how many issues that are distinct and separate in theory commingle in a single experience. The anonymous subject says that she has just been born, and the session as a whole may be seen as a step in a birthing process. Separation and union both have a part in this birthing. In asserting her individuality, she differentiates herself from her father; at the same time

the event occurs in the context of a mothering situation—one in which she allows herself to regress through the support of others (the therapist, the group, and, most specifically, her companions). Yet regression is not all there is to birthing; just as separation and union are both part of the process, so there is here a regression to progress, the allowing of a fetal state that then becomes the stepping-stone, as it were, for self-expression.

I have said that the content of the session is not particularly special, yet it is rich enough to bring up many issues. Among these issues is the importance of the attitude with which the subject embarks on the experience—and more specifically, an attitude of confidence and even a measure of acceptance in the face of "death," or a sense of impending "explosion." It is the extent of this acceptance of ongoing experience that makes the deep surrender possible that is in the background of an organic unfolding. The classic elements of an MDMA experience are all here: awareness of psychological pain, insight into life and relationships, self-expression in verbal communication and movement, and a progression from defensive accusation toward an understanding of others. It is clear from the account just how important the relationship between group members can be, in the sense of both mothering and intuition sharing or, more generally, peer therapy.

Carl Rogers has claimed that therapeutic groups may be the most beneficial invention of the twentieth century, and I have not known a more effective form of group psychotherapy than the skillful use of MDMA. I hope that this glimpse into the nature of the experience may be a stimulus for future health authorities to give more positive attention to this neglected approach, for we cannot afford to squander resources in days when emotional health has become so vital to the human destiny. MDMA is an extremely valuable resource for processing past life experience and for healing relationships in the context of dialogue. Yet the great gift that heaven seems to be offering us through scientific know-how remains unused at a time when there is an urgent need for collective mental health. Given that the regulatory and medical establishment considers these statements unproven, I believe them to be research priorities.

For a long time I thought that *The Healing Journey* had been a failure, for it had not appeared to stimulate the interest of either the medical establishment or the lay public in

finding out how to put these gifts to use for the good of all. The book seemed to have been liked mostly by insiders, who needed it least. Over the years, however, I have been surprised to see scarcely a book about psychedelic therapy, and I think *The Healing Journey* continues to fill a void, to some extent, giving credibility to psychedelics as the precious therapeutic catalysts they are. I hope that it serves to support my contention that we cannot afford the luxury of wasting their potential while we linger in a deadly police-minded mentality, for they constitute precisely the kind of remedy that we need as we approach a new collective Red Sea crossing.

I believe that it is the absence of a channel for the potential beneficial use of psychedelics that is to be held responsible for our collective psychedelic disease, with its addiction and criminalization. I am convinced that abuse comes from bad use, and this has been the result of restricted opportunity for good use. Of course, the repressive quality of government with respect to drug issues is an expression of a repressive bias in the very structure of civilization and also of the prohibitionist leanings that we have inherited from our early Puritan ancestors. We are living through times, however, where it has become critical to our very survival that we go beyond the overly stable and fossilized spirit of the institutions that we have created. I trust that our government will rise from its slumber before long and reconsider its dysfunctional policy. What is needed now is not prohibition but true expertise: the training of specialists who can use psychotropic substances wisely and skillfully. I am happy to see that we seem to be coming to a time when a reconsidering of psychedelics by the establishment is under way, and I pray that enlightened government may perceive and put to use the potential of psychedelics for our individual and collective healing.