ELTE, Institute of Psychology PPK-PSY:64 Psychedelic Psychotherapies

autumn semester 2023



Dr Levente Móró PhD (psychology) DRLEVE@IKI.FI

Psychedelic Psychotherapies presentations & seminar (5 x 4 h)

- [01] Sep 15 [01.1] Course Introduction and Overview [01.2] Altered State Assisted Therapies [01.3] The Broader Context of Psychedelics
- [02] Oct 6 [02.1] Psychedelics: Substance Information [02.2] Psychology of Psychedelic Experience [02.3] Psychedelics: Research, Experiments, Healing
- [03] Oct 27 [03.1] Psychedelic-Assisted Psychotherapies: Theory [03.2] Psychedelic-Assisted Psychotherapies: Practice

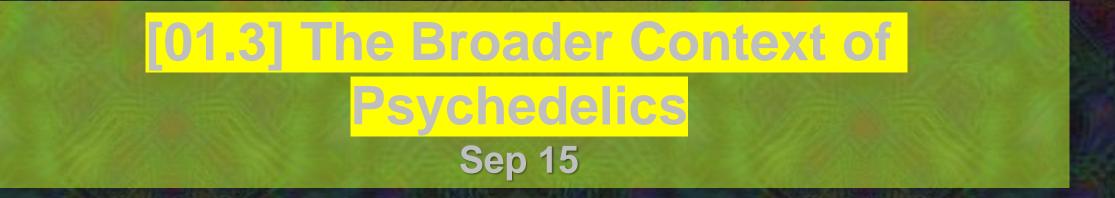
[04] Nov 17[04] Psychedelic Experience Integration[05] Dec 8[05] Summary and Outlook

13:30-14:30 14:45-15:45

+ fun part! 16:00-17:00



Altered states of consciousness (ASC): definitions and phenomena. Spontaneous, pathological and induced states. Physiological, pharmacological and psychological inductions. Altering subsystems of consciousness. Therapeutic applications of ASC.



Hallucinations: definitions and phenomena. Hallucinogens: dissociative, deliriant, psychedelic. Other related substances. Purposes of substance use. The drug instrumentalisation hypothesis. Psychonaut subculture. Biohacking.



[02.1] Psychedelics: Substance Information Oct 6

History, physiology, psychology and phenomenology of psychedelics and related substances:

ayahuasca cannabis DMT ibogaine ketamine LSD MDMA muscimol psilocybin salvinorin A LSA mescaline





Stanislav GROF

LSD PSZICHOTERÁPIA

for the Hungaran

Relative relationship of mystical experience to treatment outcome

| Paper | Substance | Treatment | Outcome measure | Mystical exp. correlation size | |
|---------------------------------------|--|-------------------------------------|--------------------------------|-----------------------------------|--|
| Segunachutz et psilocybin 4., 2015 | | Alcohol dependence | heavy drinking days % | .85 | |
| Garcia-Romeu et al., 2014 | psEocybin | Tobacco addiction | addiction Change in craving | | |
| Rothberg et al. 2020 | et al. Retarring Alcohol dependence heavy drinking days % | | heavy drinking days % | .62 | |
| Coffiths et al., 2016 | palincybin | End of life depression & anxiety | Ansiety (Ø 5 weeks) | 59 | |
| Ross et al., 2016 | psilosybin | End of life depression & analety | Depression (2) 6 weeks) | .49 | |
| Ross et al., 2016 | osa et al., 2016 pallocybin Er | | Ansiety (Ø 6 weeks) | 42 | |
| Davis et al., 2020 | | | Depression (@4 weeks) | -,41 | |
| | | End of He depression & ansisty | Depression (@ 5 weeks) | -,36 | |

[02.2] Psychology of Psychedelic Experience Oct 6

Psychoeducation. Theories and models. Set and setting. **Intention and integration. Deconditioning agents. Transpersonality and spirituality. Entheogens. Trauma processing and regression. Stanislav Grof and the perinatal matrix. Metaphysical considerations.**



[02.3] Psychedelics: Research, Experiments, Healing Oct 6

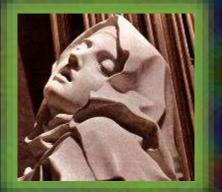
The dawn, golden age, pause and renaissance of psychedelic research. Early results. Current research directions. Psychometric measuring instruments. Treatments of addictions and dependence. Hospice use: end-life anxiety.

[03.1] Psychedelic Assisted Psychotherapies: Theory Oct 27

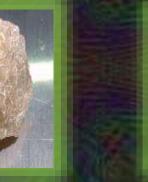
Ethical principles. Psychedelic and psycholytic therapies. Lay and underground therapies. Therapist training process. Therapy protocols: MAPS, Johns Hopkins, Kenézy hospital.

[03.2] Psychedelic Assisted Psychotherapies: Practice Oct 27

MDMA

















[03.2] Psychedelic Assisted Psychotherapies: Practice II Oct 27



Psilocybin Ketamine





[03.2] Psychedelic Assisted Psychotherapies: Practice III

Oct 27



LSD Ibogaine Ayahuasca













[!] Substances x Properties

| | Ayahuasca | Ibogaine | Ketamine | LSD | MDMA | Psilocybin |
|------------------------------|----------------------|-----------------------------|-----------|--------|----------------------------|-------------------|
| Duration | ~4-6 h | days! | few hours | 8-12 h | ~4-6 h | ~4-6 h |
| Bodily uncomfort | yes | yes | (no body) | - | On the contrary! | - |
| Addictive potential | - | Definitely not to repeat | some | - | yes (euphoria) | - |
| Risky in weak patients | may be (vomiting) | may be (vomiting) | - | - | may be (cardiovascular) | - |
| Talk therapy under influence | - | ••• | ••• | - | + | - |

[!] Substances x Indications

| | Ayahuasca | Ibogaine | Ketamine | LSD | MDMA | Psilocybin |
|--------------------------------|-----------|----------|----------|-------------|------|------------|
| Post-traumatic stress disorder | | | | (| | |
| Major depressive disorder | | | 0 | | | |
| Alcohol dependence | | | 0.000 | 010 7943 | | |
| Tobacco addiction | | | | | | |
| Substance use disorders | | | | | | |
| End-of-life anxiety | | | | 010 7943 | | |

[!] Therapist's roles

- preparing clients for substance use
- "trip sitting" (passive)
- "trip guiding" (active)
- pre- and post-intake therapeutical sessions
- present at administering a substance in a clinical setting
- experience integration 1-on-1
- leading integration circles (groups)
- psycare (crisis intervention)
- case reports, academic publication, public education etc.

Course Topics

- altered states of consciousness; psychedelics
- transpersonal psychology; trauma processing and regression
- psychedelic research, experiments and healing
- psychometric measuring; addictions and dependence; assisted psychotherapies; ethics
- psychedelic and psycholytic therapies; therapist training; therapy protocols
- MDMA, psilocybin, ketamine, LSD, ibogaine, ayahuasca
- psychedelic experience integration

[04] Psychedelic Experience Integration TOC

Client groups. Conditions and environment of client-work. Search for meaning, apprehension. The lived body experience. Psychedelic 'bypass' and ego inflation. Non-pathologising language use. Transference and counter-transference. Data protection.

Psychedelic Experience Integration

- not psychedelic-assisted therapeutic session, but "post-work"
- in ideal case: paired with "pre-work" (preparation)
- in ideal case: as part of a longer client relationship
- in ideal case: soon after the experience



e.g.: integration of an ayahuasca ceremony e.g.: talking about psychedelic use with self-knowledge intention e.g.: making sense of an unintended/unexpected/difficult trip e.g.: knowledgeable/educated preparation for a trip + its post-work e.g.: hospice – reflections on life and (imminent) death

Conditions and environment of client-work

- safe setting! ("hold the space")
- trust (based on previous fame/merits)
- safety measures, both directions
- data recording, data protection, discretion
- defining the limits of competence

Search for meaning, apprehension

- knowing the client's life situation, life problems
- client-side ideology/world-view/human-ideal/metaphysics
- visions, symbols, archetypes
- questions asked and answers received
- focusing on intuitive processes
- deconditioning, change of attitude/behaviour
- + transfer to everyday life: self-monitoring, old and new routines

The lived body experience

- the body as a memory storage ("The body keeps the score.")
- preverbal (perinatal, infant) experiences
- one-time, non-understood, non-reflected childhood experiences
- body temperature, skin contact, olfactory and oral experiences, nutrition
- ("gut") feelings, preferences, disgusts, fears etc.
- blocks, inhibitions, automatisms etc.
- passively/subconsciously held self-defence mechanisms
- traumas, dissociations, depersonalisation-derealisation
- source of joy, well-being, openness, nearing, trust

Psychedelic 'bypass' and ego inflation

- actually "spiritual bypass": over-emphasized importance
- negligence of other, more important (laborious) areas
- experience-centrism, experience-overloading, experience-repetition
- quantitative (self-)measurement, hierarchies, "levels"
- direction is ego-inflation instead of ego-dissolution
- identity-building mainly in social, for-profit environment
- megalomania, increased feeling of 'gnosis', obsessive transfer of 'knowledge' (to others)

Non-pathologising language use

- - "narcotic", "abuse", "deviance", "unreal" etc.
- drug demonising, attributing malicious agency
- + knowledge of traditional healing frameworks
- + e.g. transfer of knowledge about medicinal plants
- + e.g. usage of psychointegration agents
- + e.g. experiencing altered states with autognostic intentions
- + accepting others' subjective realities

Transference and counter-transference

- transference: patient's feelings (toward others) projected on the therapist
- counter-transference: therapist's feelings (toward others or as reaction) in the direction of the patient
- anger, distrust, "parentising", "guruising", erotica, paranoia etc.
- delusions, exaggerations, errors from under-/overratings

Data protection

- both directions!
- potential drug crime consequences for the client
- data recording: notes, audio records (symmetry recommended)
- data marking: identification (by voice/information), code/mark
- data storing: password-protected disk/partition/file container/zip
- unencrypted storage in the cloud = no data protection!
- no "shady" stuff (in the presence of witnesses / if recorded!)
- self-defense of personal (non-role) information
- professional discretion: collegial sharing of cases e.g. pseudonymous
- obligations by law to report (not to snitch!) in certain cases

[04] Psychedelic Experience Integration Summary

Client groups. Conditions and environment of client-work. Search for meaning, apprehension. The lived body experience. Psychedelic 'bypass' and ego inflation. Non-pathologising language use. Transference and counter-transference. Data protection.

QUESTIONS

Thank you for your attention!



Last lecture:

[05] Summary and Outlook

Dec 8 Friday 13:15