Taking a Walk on the Dark Side

If the wheels fall off Psychedelic Renaissance 2.0, it will be because of its greatest enthusiasts, not its sceptics. How can we help ourselves succeed?

Psychedelic medicines are back in the research labs and in the news, after forty years in sleep mode. A second psychedelic renaissance is afoot.

And the news is good!

A growing stream of new studies from leading institutions over the past decade shows the increasingly clear promise of psychedelic medicine in the treatment of some of the biggest mental health challenges of our age: PTSD, depression, anxiety, addictions and end-of-life distress.

For those who have already benefitted personally from psychedelic medicines, and for those professionals who seek to work legally with clients in need, this new influx of supportive research and public interest is especially gratifying.

After nearly 50 years of struggle and waiting, we may well see our dream finally come true.

Let's celebrate how far the psychedelic movement has now come, and continue to focus our imaginations on that bright tomorrow. We'll soon be using a whole new class of badly needed medicines to tackle issues that today's current treatments just do not effectively address. And maybe we'll even have centers where citizens can go for a psychedelic experience that will enhance creativity, problem solving or spirituality.

So let's be optimistic! We can do this together! Keep thinking positively, and we'll reach our goal!

Right?

No, that's *not* the way it will happen. In fact, unbridled optimism may well spell the *demise* of Psychedelic Renaissance 2.0 just as it contributed to the downfall of 1.0 in the late 60s.

Let me explain.

Cognitive science has taught us some rather important things since 1.0 about how the way we *think* about reaching our goals affects our success in actually realizing them.

We've long known that it helps to think *positively* about our goals. Negative thinking has a nasty way of becoming self-fulfilling prophecy. It can sap our energy and enthusiasm. It can take the wind out of our sails, setting us up for depression and anxiety.

But we've more recently learned that wishing, dreaming, and thinking positively alone is *not* going to be enough for us to attain our goal.

In her 2014 book "Rethinking Positive Thinking: Inside the New Science of Motivation" Dr. Gabrielle Oettingen at New York University looks critically at the standard wisdom that optimistic thinking in itself is the path to success in goal attainment - that it's optimism and dreams that excite us and inspire us to act.

Optimism, pure and simple, it turns out, does *not* motivate people; instead, as Dr. Oettingen shows in several experiments, it creates a sense of relaxation and complacency.

It's as if in dreaming or fantasizing about something we want, our minds are tricked into believing we have already attained the desired goal.

And there appears to be a physiological basis for this effect. Studies show that just fantasizing about a wish lowers blood pressure, while thinking of that same wish — and then considering *not* getting it — *raises* blood pressure. It may *feel* better to daydream of success, but it leaves us less energized and less prepared for action.

Oettingen explores an alternative: motivating people to act toward their goals by leading them to directly confront the real risks and pitfalls that stand in their way. In addition to envisioning the bright desired future, she leads them to fully acknowledge the *dark* side of the dream: all the ways in which things could go awry. She developed a technique she calls *mental contrasting*.

In one study, she taught a group of third graders a mental-contrast exercise: They were told to imagine a prize they would receive if they finished a school assignment, and then to imagine several of their own behaviors that could prevent them from winning. A second group of students was instructed only to fantasize about winning the prize. The students who did the mental contrast — who took the walk on the dark side - outperformed those who just dreamed.

Apparently, being mindful not just of our dreams, but also of the real *obstacles* or threats that we or the world place in their way, is a more effective way of meeting goals such as better eating habits, improved exercise, and greater control over alcohol intake.

Oettingen hones her mental contrasting exercise into an empirically validated practical tool. She calls it WOOP: "wish, outcome, obstacle, plan."

- 1. Wish generously for the outcomes. Wish globally. Then focus your wish, make it more specific.
- 2. Get clear on *why* you want what you do. What are the anticipated outcomes that make your goal important?
- 3. Then list all the ways in which things could most likely go wrong. Itemize the obstacles, the threats or the pitfalls anticipated on the road ahead. Focus mainly on the things that could go wrong because of what *you* might mistakenly do. i.e. the things that you have some control over. Dare to stare those demons in the face!
- 4. Make a specific plan for overcoming each obstacle or threat, so that if and when it arises, we have a pre-meditated strategy for dealing with it.

Now, how does this program apply to us, and our goals concerning psychedelic medicine? Well, so far we've been pretty good at fleshing out the *bright* side of our vision: a variety of pharmaceutical-grade psychedelics available in specialized safe settings, care provided by trained psychedelic professionals for appropriately screened individuals.

But now it's time for the *heavier* lifting: what about the *dark* side? What could most likely go *wrong* with our psychedelic agenda? What might *derail* us in reaching our goal? What are the most likely threats, obstacles, quicksands, trolls, dangers or pitfalls? How might we undo ourselves again if we're not careful?

One way to begin to answer this question is to ask what went wrong the *first* time. What kinds of incidents raised the public fear level to the point that Richard Nixon, the American president at the time, would denounce Timothy Leary, the era's most prominent evangelist of psychedelics, as "the most dangerous man in America"?

Here, we could make our list from the news headlines of the time: several suicides, some psychiatric tragedies, and some scandalous incidents involving eroded sexual or professional boundaries. These were serious incidents that should not be minimized. But they were also isolated incidents that were often sensationalized and misrepresented. The biggest tragedy of 1.0 is that these news stories about the *abuse* of psychedelics obscured the tremendous scientific story unfolding about their appropriate use. Yes, the mishaps may have been few-and-far-between. But it didn't take many of them to pull the wheels off the bus.

We will, of course, do what we can to prevent such unfortunate incidents from becoming part of 2.0's history. If they do occur we must acknowledge them and call them out. But more importantly, we need to head these incidents off well before they occur.

There's an even more important focus for our vigilance than the incidents themselves. Since it is so often mistaken *thinking* that leads to tragic behavior, we need to be mindful about the kind of thinking that leads to those psychedelic tragedies. What were the dark-side *beliefs* that greased the skids to tragic behavior? Let's shift our attention from the old misguided meme of "dangerous psychedelics" to "dangerous *thinking*" about psychedelics. Some of these faulty beliefs are easy to spot:

1. Psychedelics are safe.

Yes, we know they're *very* safe when used by properly screened individuals in the context of a protected setting under the guidance of trained professionals. At a poorly planned rave? All bets are off! And in certain settings, containing mistrust, conflict, confusion or danger, psychedelics can be deadly. Risk also increases as their use strays from the therapeutic toward the recreational.

2. They're good for everyone.

Psychedelics do appear to benefit *many* people. But some, with certain major mental health issues or medical contraindications, should *never* use them.

3. More is better.

Research to date shows that many patients require more than one psychedelic session for optimum treatment results. But we also know that overuse or abuse of psychedelics can play a role in the onset of some true DSM mental disorders. And we also know that psychedelic induced peak experience has real therapeutic value only when those experiences are properly digested and "integrated" into one's daily life so as to achieve lasting change. This "psychedelic psychotherapy"

process takes time, depending on the person and the material they are trying to understand and accept. It might well take months. Over-use is inevitably counter-productive. As the 60s philosopher Alan Watts said, "When you get the message, hang up the phone".

4. Those mushrooms are magic!

Yes, psychedelic substances do have some special properties that affect perception and cognition. But the important thing about the therapeutic use of psychedelics is that it's not about what the *medicine* does to *you*, it's about the emotional *work* that *you* are willing and able to do with the medicine's assistance: that's what leads to the lasting changes. In the most productive cases, that work begins well before the medicine session, and continues well after it.

5. The path to happiness lies within.

Yes, it is true that "going within" with psychedelics can result in experiences of profound peace, bliss, emotional or spiritual ecstasy, healing or redemption. But it's an empirical fact that human beings are fundamentally *social* creatures, and our *lasting* happiness depends on our relationships with others; we all need love, friendship, and a sense of acceptance and place within community. Yes, it is true that psychedelic experiences may lead to profound healing in our relationships with others, to the letting down of emotional walls and the opening of hearts. But psychedelic experience is no *substitute* for human connection. Looking for happiness by simply going within is bound to disappoint if it is not balanced by our recognition that we need ongoing human warmth and connection to make life truly satisfying.

Each of these five dark-side beliefs above contains just enough truth to make them dangerous. They are often held out of sheer ignorance, and are relatively correctable. We can help enthusiasts who mistakenly hold them by pointing to the science that can set them straight.

But there are two additional beliefs that are more insidious than these first five, beliefs whose prominence today would pose a grave threat to our goal of psychedelic medicine for Canadians. These next two are harder to spot, and they cannot be easily dispelled by simply pointing to research fact. Unlike the five above, they are *philosophical* beliefs rather than empirical ones.

6. Psychedelic experience leads us to find our "true self".

Psychedelic exploration can lead to "ego loss" or "ego death" - a temporary dissolution of sense of self in which the individual melts into a cosmic oneness, often experienced as merging with the divine. (This experience sounds strikingly similar to the Hindu idea of enlightenment: the discovery that *atman*, the individual self, is actually Brahman, the divine universal self underlying all things.) This so-called peak or "mystical" experience can play a very important role in personal healing with psychedelics. Many who experience it become less self-aggrandizing, egocentric, and egotistical. They become more open, tolerant and compassionate in a lasting way.

But some misconstrue this experience, falling into the mistaken belief that if our true self is the divine, we should try to rid ourselves of our "false" self, our ego.

However, our ego-self is our interface with others. Without it, we are helpless in the world we share with others, and are unable to exercise discernment, agency and efficacy, the very qualities we now

need to move toward our goals for psychedelic medicine. Without ego we are incapable of real interpersonal relationship. We're defenseless, and vulnerable to the machinations of others.

Rather than disparage the ego or seek to annihilate it, we need to build *healthy* ego-selves, *real* selves that can stand up for ourselves and take care of business, but also treat others with respect and compassion. It may be that our *deep* self is indeed identical to the cosmic Godhead, and that our ego is some kind of "surface" self. But that doesn't mean that the ego is any less *real* a self than the divine self. Balanced psychedelic veterans agree with the truth shared by many spiritual traditions: In addition to being the thousand-petal lotus flower, we are equally truly other possible selves, perhaps a magician, a warrior, a lover, or a sovereign. Each aspect or facet of self contributes to the rich unity of who we really are. The goal following psychedelic experience is not to spend as much more time as possible in some "true-self" egoless state, but to develop a self in the material world that has solidity, agency and efficacy, openness to other selves, and compassion for others. The true message from mystical experience seems to be that we can come to honour *all* facets of self, not just the lotus flower. The ultimate step in spirituality is to come to fully honour our incarnated humanity, to live fully and joyfully through our embodied egos. So keep that warrior-self handy; you're going to need her (or him)! Sometime soon! There will be plenty of time later for that egoless state.

7. Psychedelic experience yields a truth that trumps science.

The science around psychedelics is now getting pretty clear: it seems to be a brute clinical fact not only that many patients experience profound healing and growth through psychedelic experience, but that a good measure of that transformative healing comes through having mystical, or "noetic" experiences – ones in which subjects have the sense that deep personal, emotional, metaphysical or spiritual truths are being revealed to them.

This juxtaposition of scientific thinking and mystical experience creates an interesting cognitive tension that runs right through the center of our understanding of psychedelics. Scientific thinking leads to the development of the psychedelic medicines themselves in a chemist's laboratory. Research on the effects of those psychedelics aspires to reach "evidence-based" conclusions through a "scientific method" using conceptual tools such as randomized controlled trials (RCTs), double-blind placebo design, statistical and phenomenological analysis. Scientific thinking leads to the development of the psychedelic medicines themselves in a chemist's laboratory. Research on the effects of those psychedelics aspires to reach "evidence-based" conclusions through a "scientific method" using conceptual tools such as randomized controlled trials (RCTs), double-blind placebo design, statistical and phenomenological analysis. But mystical experience involving "revealed truths" plays a really big role in the actual personal healing or growth.

Most of us can find a place of comfortable balance in this cognitive polarity between science and mysticism, where these two perspectives become integrated into a kind of binocularity that adds a sense of richness and depth to our understanding of our lives and our world. Science has its rightful place in its own domain – the empirical, or observable world. Science does not tell the complete story of reality; it has nothing to say about the domains of spirit or metaphysics, nor should we expect it to. But, operating within its rightful domain, science does its job pretty well. And viceversa; the deeply intuitive truths coming from mystical experience pertain to another much older and deeper realm of human experience. Mystical truth is silent with respect to the world of empirical science, but it provides the deep personal meanings, understandings and interpretations of the human condition that are necessary for healing and living fully.

However, some thinkers about psychedelic experience are not able to find this natural balance between these two domains, and their thinking falls to one pole or the other. It lapses into a kind of *fundamentalism*. Some become so stuck in the scientific mindset that it becomes scientism; they reduce, devalue or dismiss mystical experience as mere fantasy, illusion, delusion or psychosis. Others, conversely, get so entranced by mystical experience that the findings from psychedelic experience lead to a demeaning, disrespect or even repudiation of science. They allow mystical truth to overrule science.

And here is exactly where big-time risk creeps in. The more we honour intuitive mystical truth *at the expense of* empirical science the more we stray toward disregard of the cautions, practice standards and protocols established for safe use by scientific researchers, the more we are likely to see the precepts of professional ethics, boundaries and accountability as too limited, or no longer relevant, or somehow not fully applying to us anymore. When intuitive truth trumps science, the door opens to cult thinking, to authoritarianism, to the rise of a new priestly caste of psychedelic savants, and to a climate in which emotionally and spiritually hungry people are vulnerable to exploitation. Psychedelic experience can indeed lead to the growth of humility, authenticity and compassion. But among evangelists who hold this mistaken belief, it can lead to hubris on steroids.

If the wheels come off of 2.0, it won't be because of what the researchers in the labs tell us. The science has already advanced to the point where it is reasonable to believe that future research will much more likely to confirm the current promise of psychedelic psychotherapy than to diminish it. No, the biggest risks to our venture come from our movement's most enthusiastic and evangelical proponents – underground psychedelic therapists and voyagers who hold these mistaken beliefs that pave the way for tragic results. So let's be vigilant for these seven deadly-thinking sins, and vocally resist them when they appear.

Psychedelic experience, and our thinking about it, contains many paradoxes. Isn't it a delightful paradox that the ingestion of a particular molecule that affects certain neurons can lead to the deep conviction that the world consists of so much more than just molecules and neurons! It's also a paradox that the more psychedelic voyagers ignore or evade the dark side of their process, the more that dark side is likely to find them. This is true similarly on the collective level regarding our shared dreams of a psychedelic future: it's a paradox that taking a walk on that dark side – facing up to the things that could go wrong and the beliefs that could most likely take us there – increases our likelihood of reaching our goals and confirming our optimism. Let us embrace this paradox as we move forward.

Bruce Tobin, Ph.D., Registered Psychologist (NWT), Registered Clinical Counsellor (BC)
Bruce earned a doctorate in philosophy, has been a psychotherapist in private practice for thirty-five years, and taught clinical skills at the University of Victoria for a quarter century. He has long been a student of cognitive psychology and the history of psychedelic medicines, and an advocate for their responsible and legal use. He welcomes your response to this article at bruce.a.tobin@gmail.com