

Excerpts from *Psychedelics and IFS: A partnership in relational healing*, by Curt Kearney (2025).

Contains Chapter One and the intro to the other chapters.

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PSYCHEDELICS AND INTERNAL FAMILY SYSTEMS

A partnership in relational healing

by Curt Kearney

CHAPTER ONE

INTRODUCTION AND OVERVIEW

The die is cast. Psychedelics are rapidly entering the mainstream of Western mental healthcare. In this nascent stage, those of us in this field need to get ready, and we need to do it fast and well, both for our patients now and for generations to come.

Use of psychedelics, just about any use, seems to be beneficial.¹ ² ³ Still, gunpowder with expert fuselage becomes a rocket that can go places that an explosion never will. And part of good rocket travel is doing it safely, and that once we've gotten somewhere, being able to get off the rocket, get our feet on the ground, and live a life there. The point can't be to ride rockets non-stop.

An axiom of this book is that without adequate containers, without adequate cultures of psychedelia, the power of psychedelics can dissipate quickly or fuel limited, strange, or even dangerous journeys. Those of us in Western mental healthcare need to find or create pairings that are worthy of the work – and the ease – at hand with psychedelics. Enter the psychotherapy part of psychedelic assisted psychotherapy (PAP). And very notably, enter Internal Family Systems therapy (IFS). Astoundingly, Internal Family Systems is an already existing form of psychotherapy that partners extremely well with psychedelics.

Exploring and delineating some of the epic contributions that IFS can make to truly adequate Western PAP practice is the topic of this book.

¹ Peter S Hendricks et al., "Classic Psychedelic Use Is Associated with Reduced Psychological Distress and Suicidality in the United States Adult Population," *Journal of Psychopharmacology* 29, no. 3 (March 2015): 280–88.

² Grant Jones et al., "Associations between Classic Psychedelics and Opioid Use Disorder in a Nationally-Representative U.S. Adult Sample," *Scientific Reports* 12, no. 1 (April 7, 2022): 4099.

³ Peter S Hendricks et al., "The Relationships of Classic Psychedelic Use with Criminal Behavior in the United States Adult Population," *Journal of Psychopharmacology* 32, no. 1 (January 2018): 37–48.

Psychedelics and IFS have radical overlap in that they each invite soul or mind to show up in direct, powerful, and thoroughly relational healing. That is, they are each psychedelic and psychotherapeutic in the etymological sense of the words; psychedelic for “soul or mind manifesting” and psychotherapeutic for “soul or mind attending.”

We will explore how IFS can help make powerful and fairly unique contributions to PAP in each of the three general types of psychedelic work:

- In preparatory work, IFS therapy can facilitate radically respectful dialogues with our patients’ whole diverse psyches about a potential upcoming medicine session. This can lead to rich and real consent and collaboration from all “parts” of our patients, deepening the journey to come as well as making it more humane and safer. (“Parts” is an IFS term for the diverse aspects of our psyches. This will be discussed much more in the next chapter, An Overview of IFS.)
- In medicine sessions, IFS can expertly guide both overt therapy in the medicine session, as well as help guide crucial, relational, non-verbal companioning of our patients, again greatly deepening medicine sessions and making them safer.
- In integration work, we don’t want psychedelic healing to be just a flash of health, no matter how beautiful. Flashes by their nature fade. However, relationships can remain vital and endure if they are engaged in directly and actively. In IFS integration, we can help our patients integrate the healing of psychedelic medicine sessions within a living ecosystem: the relationships with and within their multifaceted psyche, and with and within their world and their daily lives. Here, integration *is* relationship.

We will explore clinical theory in trying to elaborate a wide and flexible palette in working with the novel clinical situations that can and do arise in psychedelic assisted psychotherapy. As part of this, we will explore how both IFS and psychedelics are radically relational healing modalities and as such can naturally partner together so well.

We will explore paradigm questions, questioning what our field is now in light of psychedelics, a truly profound innovation (or shocking rediscovery) in Western mental healthcare. Thomas Kuhn, who coined the term paradigm transition, wrote in his seminal book *The Structure of Scientific Revolutions*, “When the transition is complete, the profession will have changed its view of the field, its methods, and its goals.”⁴ When this paradigm transition is complete, we will view our field differently; we will have different methods; and our goals will be different. Whatever all that might be, that is where we are going as a field.

We will explore how IFS as a broad and relational systems model can make great contributions to paradigm considerations. An assumption here is that good Western PAP is going to take a village, that no one paradigm will be adequate to psychedelics. That is, instead of a sole victor, “last one standing” battle of paradigms, how we might co-create, by the participation of each of us, an interrelating, diverse ecosystem of paradigms for psychedelic Western mental healthcare. By such a co-created ecosystem of paradigms, we could finally help our field realize its long held vision of an integrated biopsychosocial model — so integrated that we don’t even write it with a space in between each. And for some of our patients, optionally, an even further enriched, complexified, and integrated biopsychosocialspiritual model.

When we look cross culturally and across time, we can see psychedelics paired with practices and traditions of healing relationships. Such practices and traditions have often been

⁴ Kuhn, Thomas S. 1962. *The Structure of Scientific Revolutions*. University of Chicago Press.

completely integrated with whole cultures. We can see this in Indigenous cultures, in the East, and possibly even at the roots of Western culture.

The Indigenous examples of cultures of psychedelia, past and present, are too numerous, too varied, and too unknown to the West to list. And they would be very difficult for a Westerner such as myself to describe in anything but at best a ham handed way. But it must be said that some of these traditions and peoples have been foundational to the current psychedelic West. I'll return to this crucial topic at the end of this chapter.

In the East, examples of psychedelic cultures include the foundational, ancient Vedic culture with their Soma, likely a psychedelic drink, especially prominent in the *Rig Veda* and the *Upanishads*.⁵ Mike Crowley also makes a case that there is a tradition of psychedelics in Tibetan Buddhism.⁶

In the West, prominent examples of entire cultures integrated with psychedelics are, by the best evidence available, the Ancient and Classical Greek and Roman worlds and the early and proto-Western cultures that were foundations for these.^{7 8} If evidence continues to bear out the West as one of the great psychedelic cultures of the world, this would, of course, have profound implications for Western identity.

I realize these are big statements about possible psychedelic roots of the West. Chapter 3, An Overview of Western Psychedelic Assisted Psychotherapy, has a short history of psychedelics in the West and we will briefly review some of the evidence there.

Shockingly enough, IFS can be seen as a contemporary Western culture of psychedelia. And it is a small and portable one. It can fit

⁵ Hu, Jane C. "India, Hinduism, and Psychedelics: 5 Questions for Scholar Swayam Bagaria." India, Hinduism, and psychedelics: 5 Questions for scholar Swayam Bagaria, December 16, 2024. <https://themicrodose.substack.com/p/india-hinduism-and-psychedelics-5>.

⁶ Mike Crowley and Ann Shulgin, *Secret Drugs of Buddhism: Psychedelic Sacraments and the Origins of the Vajrayana*, Second edition (Santa Fe: Synergetic Press, 2019).

⁷ Brian C. Muraresku and Graham Hancock, *The Immortality Key: The Secret History of the Religion with No Name* (New York: St. Martin's Press, 2020).

⁸ E. Guerra-Doce et al., "Direct Evidence of the Use of Multiple Drugs in Bronze Age Menorca (Western Mediterranean) from Human Hair Analysis," *Scientific Reports* 13, no. 1 (April 6, 2023): 4782.

in a clinical hour, giving IFS a great strength as a highly applicable culture of psychedelia in Western mental healthcare.

This brings us back to some of the great shared strengths and overlaps of IFS and psychedelics.

IFS, like psychedelics themselves, can traverse seamlessly and gracefully from general practice focuses, such as depression, anxiety, relationship concerns, and complex or developmental trauma, through to psychospiritual focuses, such as focuses on meaning, divinity, ontology, and ethics. By this, IFS can companion psychedelics in just about their full scope. Most other Western psychotherapies would need secondary spiritual models added on, perhaps awkwardly, to adequately extend to what might be called spiritual focuses. And from the other direction, most spiritual traditions require a clinical add-on to address general clinical concerns, again maybe introducing awkwardness.

Both IFS and psychedelics could also be classified as humanistic, that being a movement in psychology that is focused on human beings as just that, as beings, not as simply mechanisms, however complex.

Much of Western mental healthcare can see our minds and mental health, wittingly or not, as roughly just issues of hardware or software, of mechanistic neurobiological hardware or as cognitive software information processing. That is, minds and people as roughly computers to be fixed, debugged, rewired, or reprogrammed. This obviates our patients and ourselves as full beings, as “Selves.” (“Self” is a technical IFS term that we might think of as each of us as a being; Self will also be discussed in the overview of IFS in the next chapter.) As Barry Magid, a psychiatrist, relational psychoanalyst, and Zen teacher writes, “Minds belong to people, not brains.... The mind is no more inside the brain than a dance is inside the muscles.”⁹ IFS cannot be a mechanistic psychology without ceasing to be IFS.

⁹ Magid, Barry. (2020, February 14). “‘Why I’m NOT a Neuroscientist’ Thompson offers an incisive deeply informed critique of Buddhist modernism’s mutual love affair with neuroscience.” <https://www.facebook.com/profile/804313867/search/?q=dance%20muscles%20brain>

I should underline that this is not an argument against reductionistic science in the study of psychedelics. Psychedelics are mind-breakingly interdisciplinary and supradisciplinary. But this is an argument against simplistic or overly ambitious extrapolations from reductionistic science.

Psychedelics have been massive in restoring soul, true beings, to a central place at the table in Western mental healthcare. This pushes open new paradigmatic options in Western mental healthcare and dusts off old ones. Again, IFS, with its bedrock focus on Selves, is an excellent companion here.

IFS and psychedelics are also both radically somatic. There is the literal physicality of the psychedelic “substances” themselves entering and becoming one with the “substance” of our bodies. In psychedelic sessions, much of the psyche manifests in the body. Some examples are shaking, relaxing, urges to move, movements themselves, postures, temperatures, vomiting, urinating on oneself. Yes, it apparently happens. A research participant in a psilocybin study unknowingly urinated on himself during a medicine session. At first, he experienced a warm, oceanic bliss. Then, realizing what had happened, shame. He was helped to the bathroom and given clean clothes by a female therapist. Soon after, he broke through to “finally,” in his word, grieving his deceased mother.¹⁰ Soma and psyche, sides of one coin.

IFS is also highly somatic in its focus. Some of Richard Schwartz’s earliest collaborators as he was creating IFS were Hakomi therapists, including Kay Gardner, Susan McConnell, and even Ron Kurtz, the founder of Hakomi therapy. They collaboratively built a somatic focus right into the foundations of IFS, into every IFS session. Like many therapists using IFS, I have found that relationships with parts of the psyche are far more powerful if there is a somatic focus. This is easy to do in IFS by the patient finding the part in or on their body as one way that it is manifesting.

¹⁰ Anderson, Brian. “CIIS Class.” Class lecture, 2021.

Most contemporary psychotherapies require an add-on to integrate the somatic while most somatic psychotherapies require an add-on to work with the more conventional manifestations of the psyche. Again, the elegance of IFS across a great range of psyche and soma is exceptional.

I would like to underline again that IFS and psychedelics share a sense of somatic work in mental health as entirely part of humanism. IFS and psychedelics seem to share a sense of the body as inseparable from us as beings, including body as meaning, not just body as mechanism or information.

Another natural pairing of psychedelics and IFS is that they share a focus on both inner and outer relationships, of both the intrapsychic and community. Western psychology has often struggled to truly integrate these, variously foregrounding the individual or the community. At one extreme, this can result in something of a solipsistic sense of the “real me” as my inner, private experience and the world as a sort of theater scene for this “main character” self. At the other extreme, there can be a view of the self as nothing much more than something to be shaped by psychology on a Procrustean bed to fit “the real world.”

I will go ahead and assert that psychedelics themselves don’t seem to fall into these false dichotomies. With psychedelics, people often seem to heal and grow both as citizens and as psyches.

IFS is a good match, a good partner in this. Richard Schwartz, with his steadfast background in systems thinking, has made IFS much less prone to imbalances of foregrounding either self or community. Schwartz has consistently emphasized IFS as relevant to a wide range of meaningful systems at different scales, including individual intrapsychic psychology, couples, families, groups, organizations, and cultures. Self can be present, in relationship, and leading equally in our so-called inner worlds and outer worlds.

But the most important ground that I think IFS and PAP share is almost embarrassingly simple: they both provide options for

healing, growth, and health through relationships of mutual respect. By this, in healing, our patients do not become “fixed.” They get in better, richer, more harmonious relationships, inner and outer.

We will see this in action in the clinical chapters to follow: the rich relationships of mutual respect with all parts of our patient’s psyche that are necessary for good preparation work for a psychedelic medicine session. The rich, healing relationships that often come to the fore in medicine sessions, intrapsychically and “in the room.” And what is in the room in psychedelic sessions can get, shall we say, “trippy!” And in integration work, we will see that this simple and rich relationality is what makes true integration possible.

FRAMES, LIMITS, AND WARNINGS ON THIS BOOK

The major frame of this book is psychotherapy and psychology. But psychedelic work and interest includes people of goodwill from many paths and many angles. I want this book to be widely welcoming.

Using the language of psychology will, I hope, give a consistency here that can be useful. But it is a fairly everyday language. We all have psyches and we all have relationships, the stuff of psychology. So feel free to make this book your own, whether you come with professional expertise in some or all of the areas focused on here, you are a trainee, you are reading this to help with your own healing, or you are reading this out of curiosity or general interest.

Some parts of the clinical chapters do get into quite technical discussions of IFS technique. I want this book to help clinicians in their work. The good news is that all of the IFS in this book is covered in any level 1 IFS training. The bad news is that without that clinical background, some of the technique discussions here might seem quite opaque!

Another limitation on this book and this work is that I think it is only ethical and safe to work with others in IFS and PAP to

the extent of one's expertise and training. I would urge patience, humility, and ongoing training in applying this work with others. I think it's very notable that many traditional ways of working with psychedelics to help others involve apprenticeships of maybe ten years or so.

I think we can have confidence in doing this work with others if we have done a level 1 IFS training, a good general PAP training program, had our own experience as a patient in IFS PAP, and are in ongoing IFS PAP consultation.

Without those, this work can be dangerous and can hurt people. I would particularly urge respect of “exiles” (an IFS term for the most vulnerable parts of ourselves) by not trying to help them very much in IFS PAP until we have the above training and support in place.

The spirit of this work is respect, of ourselves and of our communities. By honoring our limits honestly, even as they grow, we are doing this work: we are serving others, our community, and ourselves.

I also want to underline that this book is not meant to be a total take on psychedelics or on psychedelic assisted psychotherapy. The topic here is more narrow, on some of the great contributions that IFS can make to psychedelic assisted psychotherapies.

Lastly, this is not a treatment manual or a “how to” book. This work is far more fluid and varied than those can hold. As we will see, this work has to come primarily from relationships, not from techniques or steps.

A BIT ABOUT WHO I AM AND WHERE I'M COMING FROM

I want to give some information on myself and my background. I hope this will help make it easier to triangulate on what I am presenting here and make it easier to understand and evaluate.

I'm a psychotherapist in private practice in Evanston, Illinois, just north of Chicago. My practice is mostly “standard” IFS, that is, IFS therapy without psychedelic medicines. With many of my

patients, ketamine sessions have organically become part of our work together. I do other psychedelic work, such as some teaching on IFS and PAP, some work in psychedelic research studies, and some consulting in psychedelic practice.

I'm married and have three kids. The opening quote of the book is actually from my wife.

I've been working with psychedelics myself since I was sixteen, in the mid-1980's, driven by my deep need for relief from depression and PTSD. I was trying the available treatments, including working with an excellent therapist. But things were very bad and steadily getting worse.

My therapist mentioned once, seemingly offhandedly as I was walking out the door of a session, that some people who had taken LSD had found it helped their mental health quite a bit. I was shocked. Did my therapist just recommend I take LSD? I respected him greatly, and I also knew the topic was too hot to follow up on.

I was a reader, so I got a hold of all the books on psychedelics I could find. Eventually I wound up at the Northwestern University library during public access hours. There I found, in literally dusty, untouched bound volumes on a library shelf, the crucial information that I needed: the research from the first wave of the Western psychedelic renaissance, from the 1950's and 60's. (Thank you, Northwestern library system.)

I was astounded by what I read. Most of the studies were on LSD. The reports of the great therapeutic efficacy and especially of the excellent medical safety of psychedelics were not at all what the culture was telling me at the time. This was during Reagan's second term, an intense reboot of the "war on drugs."

I was something of a straight edge kid, and I also dearly did not want to fry my brain like an egg. But based on the research that was available and my desperation, I decided that Nancy Reagan was probably wrong and that the risk of not trying psychedelics was likely far greater than the risk of trying them.

I studied all I could about working with psychedelics safely and effectively. After months of careful and, in retrospect, shockingly good preparation with a friend, we gave it a heartfelt go. All went very well, and I turned a corner.

Things definitely didn't get "all better," but the trajectory was no longer downward. And although I knew I had a long, varied, and in many ways hard road ahead of me, I knew I could walk it. I am, of course, deeply grateful.

I can attest as an "*n* of 1" that psychedelics are usually not an automatic cure. But they can be a key part of a path.

It quickly became apparent to me that my friends and I could not reliably create adequate containers for working with psychedelics, a *temenos*, the necessary cauldron of alchemy that Jung rightly saw as usually essential for rich transformational processes. (Jung's work was the main model I had available at the time.) It seemed to me that without finding or building adequate containers I was wasting the power of psychedelics and thereby not respecting them. I just couldn't do that. So I worked with psychedelics rarely, only when there seemed to be a truly adequate, respectful setting.

I also quickly realized that psychedelics were not a standalone practice. I finally took up Zen practice, now seeing that there were no shortcuts. I also went to a lot of Grateful Dead shows. These both influence this book greatly...

I eventually knew that I wanted to be a therapist, but I very sadly realized that with psychedelics being illegal I could not use them to help other people. So in my work I tried to find the most psychedelic and legal ways of helping people. I trained and worked in long backcountry expeditions, including Outward Bound. I thought I would become a Jungian analyst. I sought out the most psychedelic schools I could find. I had the honor of doing my undergrad at the great Hutchins School at Sonoma State University. I chose Pacifica Graduate Institute for graduate school.

I worked in a residential group home and a school in inner city Chicago. I later worked as a therapist in a local hospital system for ten years and slowly grew my current full-time private practice.

In midlife, I was called to re-engage with psychedelic practice again within — finally — an adequate *temenos*.

But I again quickly realized that psychedelics were not a standalone practice. Psychedelics led me to IFS (pretty literally). Finally, a worthy psychological companion to psychedelics.

I asked around and was referred to an IFS therapist who was interested in psychedelics. Through a comical misunderstanding, my therapist was *interested* in psychedelics, but she didn't actually work with psychedelics herself! But we hit it off. We've since learned much together over the years, and it's been a joy and of profound help to me. The fact that much of my IFS PAP has been with an IFS therapist naïve to psychedelics has powerfully highlighted to me again and again the natural pairing of IFS and psychedelics.

In a very real way, I have been a patient in a long term IFS psychedelic therapy. I often think that one of the best ways to learn about a treatment is to go through it as a patient. The root of the word “patient” is the Greek word *pathos*, for “feeling or suffering.” I highly recommend that clinicians interested in working with IFS PAP in their practices do their own IFS PAP truly as a patient, as one who presents their feelings and suffering, not just as an academic exercise. There is much that most of us simply cannot learn otherwise. This is, again, something of an apprenticeship model.

Eventually, the current Western “psychedelic renaissance” took off, shocking the hell out of me. I never saw that coming! To put it mildly, thank you Rick Doblin and many others for keeping going on working to make PAP a legal and widely available treatment, a goal that I and so many others “knew” was impossible. I am very glad to have been wrong on this.

With the current psychedelic renaissance, I could then shift my work more explicitly towards psychedelics, including, as I mentioned, bringing ketamine assisted psychotherapy (KAP) into my practice, teaching, doing some work in research studies, and doing some consulting.

As part of finding my way in this new professional terrain, I badly wanted to read a book on IFS and psychedelics. But sadly, one didn't exist. So I grudgingly went ahead and researched and wrote this book.

It's been a real trip. Long, at times grueling, at times joyous, and ultimately richly transformative and satisfying. Part of this has been classes and generous conversations with some of the masters of IFS and PAP, including Richard Schwartz, Michael Mithoefer, Robert Grant, Robert Falconer, as well as general training in PAP through the Usona Institute, MAPS (Multidisciplinary Association for Psychedelic Studies), the California Institute for Integral Studies (CIIS), and Healing Realms.

As I said in the acknowledgements, this book has grown and developed one conversation at a time, one – I hope – friendship at a time. Again, my thanks.

A NOTE ON TERMS

I will use the words “West” and “Western” here a good bit. I do that to be clear on what form of PAP I am talking about in this book. Psychedelic practices are very diverse, going far beyond Western culture and Western mental healthcare. So I think it's important and respectful to be clear about what kind of psychedelic practice is the topic here.

Having said that, I should define how I am using the terms West and Western. I'll borrow from David Graeber in his book *There Never was a West*, of what “...one might call... the Great Books theory of civilization.”¹¹ This is a sense of a culture or a civilization not as so much the culture of a particular geography at a particular

¹¹ David Graeber, “There Never Was a West,” 2007, <https://theanarchistlibrary.org/library/david-graeber-there-never-was-a-west>.

time, but a culture as a long, diverse, curated tradition. By this, the “list” of the Great Books of the West has always been in flux and has always been dialogically and relationally co-created. I see the current Western psychedelic renaissance as part of this dynamic tradition.

Psychedelics as becoming, once again, part of the “official” Western Great Books? This could get funky.

In this sense of co-created cultures, we are shaped by the cultures, large and small, that we live in. And, we shape those cultures. Then we live in those cultures more and are shaped by them again. And on and on and on. By this, what those of us in this Western psychedelic renaissance do and say now is part of the ongoing dialogue and co-creation of our field and “the West.”

STRUCTURE OF WHAT’S TO FOLLOW

This book is in three parts. Part I of this book is roughly overviews. We’ll start that in the next chapter with an overview of IFS therapy. Chapter 3 is a brief overview and history of psychedelics in the West. Chapter 4 starts trying to bring PAP and IFS together on some neutral terrain by looking at Peter Webster’s salience hypothesis of psychedelics and Martin Buber’s work on I-Thou and I-it relationships.

Part II is the clinical heart of the book. There are three chapters on clinical technique, theory, and case material. Chapter 5 is on IFS in psychedelic preparation work. Chapter 6 is on IFS in psychedelic medicine sessions. And chapter 7 is on IFS in psychedelic integration work. These are fairly long chapters, with a lot of clinical material and discussion of many topics.

Part III closes the book. Chapter 8 is a conclusion that attempts to explore larger paradigm considerations. And then there is an Epilogue, with some of my personal reflections on where this has all been and where it might be going.

A PERSONAL NOTE

I've been in relationship with these psychedelic terrains for 39 years now, for my whole adult life plus change. But I am young here. I think we're all young here. Of course, this book is nothing like "final answers." Like I said, I mostly wrote it because I needed to read something like it.

Robin Wall Kimmerer, a member of the Potawatomi Nation, botany professor, and writer, wrote beautifully of our youth in her gift of a book *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge and the Teachings of Plants*. Here is Kimmerer:

In the Western tradition there is a recognized hierarchy of beings, with, of course, the human being on top—the pinnacle of evolution, the darling of Creation—and the plants at the bottom. But in Native ways of knowing, human people are often referred to as “the younger brothers of Creation.” We say that humans have the least experience with how to live and thus the most to learn—we must look to our teachers among the other species for guidance.... They've been on the earth far longer than we have been, and have had time to figure things out.... Plants know how to make food and medicine from light and water, and then they give it away.¹²

Again, we're all young here. We're all learning this PAP stuff on the fly. My sense is that we will never get *there* with psychedelics. That is maybe part of the “point.” As the Talmud says, “We plan, God laughs.” We could say, “We try to understand psychedelics, God laughs.” We're all young here, and hopefully growing, and doing it together. That might be about all we get.

It can be pretty damn good.

¹² Robin Wall Kimmerer, *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge and the Teachings of Plants* (New York: Milkweed Editions, 2013).

We need each other, like members of an ecosystem need each other. We need dialogue. We need questions at least as much as we need answers. We need disagreements. And optimally, we need our disagreements to be mutually respectful, even of some friendship, and to be forward moving.

THE PSYCHEDELIC WEST BEING IN HONORABLE RECIPROCITY WITH THE NATIVE PEOPLES AND TRADITIONS IT HAS BENEFITED FROM SO MUCH

It may seem off topic here to discuss the relationships between the psychedelic West and Native psychedelic traditions, but I think these relationships are so foundational to the psychedelic West and there are so many current and pressing problems in these relationships that this cannot rightfully be ignored in any discussion of the psychedelic West.

Without the West's relationships with Native psychedelic traditions, there might not be any or much of a current psychedelic West. Native traditions brought many of the literal psychedelic medicines to the awareness of the West, and provided the West with rich cultural, medical, psychological, and religious frameworks on psychedelics.

Psychedelic medicines occur naturally worldwide, but in the West for much of Western history until quite recently, when someone accidentally ate a psychedelic plant or fungi, the "trip" was mostly classified as a painful or weird effect of a poison, like a fever dream. Nothing of much meaning or helpfulness. It seems that without a framework, without a "set" or "mindset" on psychedelics, there is no rich psychedelia.^{13 14} So in a very real way, Native peoples provided both the medicines and the necessary "sets" for modern Western psychedelia to exist. Arguably, no Native psychedelic traditions, no contemporary psychedelic West.

But there are great breaks, imbalances, and harms in the relationships between the psychedelic West and some of these

¹³ Leary T, Litwin G, Metzner R (1963) Reactions to psilocybin administered in a supportive environment. *J Nerv Ment Dis* 137: 561–73.

¹⁴ Hartogsohn I. Constructing drug effects: A history of set and setting. *Drug Science, Policy and Law*. 2017;3.

Indigenous peoples and traditions. Some breaks are subtle, and some are not at all subtle.

One major example of a break in these relationships is that the West got access to psilocybin through Gordon Wasson going to the Sierra Madre mountains in present day Mexico hoping to get the mushrooms that were rumored to cause religious experiences.

Wasson set up expeditions and traveled to Indigenous villages in Oaxaca State. He was eventually introduced to Maria Sabina, a Mazatec woman skilled with the mushrooms in ceremony.

Sabina told Wasson that he could attend the ceremonies, but that outsiders were highly forbidden from eating the mushrooms. Wasson knew that in her tradition the mushrooms and the ceremonies were not for simple curiosity, but for healing and for finding lost people or belongings. So Wasson told her a lie that he didn't know where his son was and that he was worried about his wellbeing. Sabina was also told by a higher-up in her town to allow Wasson into the ceremony and to give him mushrooms to eat. Based in Wasson's lie, her compassion, and maybe pressure as a relatively poor woman, Sabina decided to go against her tradition and let an outsider eat the mushrooms in ceremony. But she first negotiated a promise from Wasson that he would only share the story with his intimates who he trusted and who sincerely needed to know, and that Wasson would not share her name or the name of her town.¹⁵

Wasson ate the mushrooms, deceitfully pocketed some for later identification, and had an astounding experience. He returned to New York, and promptly violated his agreement with Sabina by publishing a story in *Life Magazine* and writing a book naming Sabina and her town.^{16 17 18}

¹⁵ Andy Letcher, *Shroom: A Cultural History of the Magic Mushroom*, 1st Harper Perennial ed (New York: HarperCollins, 2008).

¹⁶ Seeking the Magic Mushroom. *Life* 13 May 1959 42(19) 100-102, 104-110, 112, 114, 117-118, 120. R. Gordon Wasson

¹⁷ Wasson, Valentina Pavlovna, R. Gordon Wasson, Stephan Francis De Borhegyi, D. Jacomet, Stamperia Valdona, and Fratelli Alinari. 1957. *Mushrooms, Russia, and History*. New York: Pantheon Books.

¹⁸ Stephan V. Beyer, *Singing to the Plants: A Guide to Mestizo Shamanism in the Upper Amazon* (Albuquerque: UNM press, 2009).

The West got knowledge of psilocybin mushrooms and a “set” of working with them in ceremonies.

Wasson became a psychedelic celebrity. He held mushroom “ceremonies” in his Manhattan apartment for friends and influential people. Already a vice president of a New York bank, he became even richer through his books and articles on psychedelics and eventually was made a director of a chemical company that hoped to profit off psilocybin mushrooms.¹⁹

But Sabina and her culture were trampled badly by the West. By the curious, by the desperate, by Mexican police looking to shut down these Indigenous “drug dealers.”²⁰

In the fallout of this, Sabina wound up living an extremely difficult life. Her son was murdered before her eyes. Her house and beloved store were burnt down. She was never sure if these were from her breaking tradition and letting an outsider eat the mushrooms. She wound up very alone and impoverished in her old age and ultimately died of malnutrition.²¹

Respect goes a long way.

Wasson later made a deeply flawed apology, but an apology nonetheless, lamenting what had happened to the Mazatec people and Sabina, while disavowing his repeated dishonesty to Sabina and his direct responsibility for what happened to her and her people.²² By his disavowal, I imagine that what he had done gnawed at his soul badly.

Now, in purest tragic irony, we have Western corporations valued in the hundreds of millions of dollars based on their business plans of fighting tooth and nail for the exclusive “rights” to psilocybin.²³ The Conquest is continuing.

¹⁹ Andy Letcher, *Shroom: A Cultural History of the Magic Mushroom*, 1st Harper Perennial ed (New York: HarperCollins, 2008).

²⁰ The Tragedy of Maria Sabina | Singing to the Plants. (2008, February 17). <https://singingtotheplants.com/2008/02/tragedy-of-maria-sabina/>

²¹ Chloe Aridjis, “On María Sabina, One of Mexico’s Greatest Poets,” March 30, 2015, <https://www.britishcouncil.org/voices-magazine/maria-sabina-one-of-mexicos-greatest-poets>.

²² R. Gordon Wasson, “Drugs: The Sacred Mushroom,” September 26, 1970, <https://timesmachine.nytimes.com/timesmachine/1970/09/26/90615979.html?pageNumber=21>.

²³ Dave Hodes, “Pending Patents: Can Any Company Own Psilocybin?,” January 13, 2022, <https://www.greenmarketreport.com/pending-patents-can-any-company-own-psilocybin/>.

Like with most things regarding psychedelics, these current issues are complex. There are open source patent methods that could be the most workable and honorable patent method for integrating already existing psychedelics into Western mental healthcare. The Usona Institute is spearheading such an approach. But the drug development costs of novel psychedelics may be so great that time limited, for-profit patents may be necessary and appropriate. But certainly, dishonorable “patent trolling” should have no place and should not be tolerated by ethical professionals in our field.^{24 25}

The current psychedelic West owes many Native peoples massive debts of honorable reciprocity. I would urge the psychedelic West to make honorable reciprocity with these Native peoples foundational to our field, in financial and political support and in relationships of respect. Many of these peoples are in a time of great need, even genocidal need, precisely from injuries from the West: from global warming, from habitat destruction from agribusiness, oil extraction, mining, and from often very grave racism.²⁶ Those of us in the psychedelic West are generally in positions to help materially and politically.

Some ways for the psychedelic West to begin being in honorable reciprocity with these Native peoples could include joining and donating to organizations such as Chacruna’s Indigenous Reciprocity Initiative (especially for businesses), Survival International, Amazon Aid, Amazon Watch, or other similar Indigenous advocacy organizations. And for those of us from the West to humbly and honestly try to be in truly respectful relationship with these peoples and cultures. This can include knowing where we as Westerners stand and to be in respectful relationship and dialogue from there. That might mean decentering

²⁴ Christian Angermayer, “An Open Letter to Tim Ferriss about the Value of Patents in the Psychedelic World,” March 9, 2021, <https://www.linkedin.com/pulse/open-letter-tim-ferriss-value-patents-psychedelic-angermayer/>.

²⁵ Steve Paulson, “Psilocybin, the ‘God Molecule,’ and the Quest to Revolutionize Mental Health Care” (Wisconsin Public Radio, August 6, 2022).

²⁶ Flavia Milhorange, “Jump in Child Deaths Reveals Impact of Industrialisation on Amazon’s Indigenous Peoples” (The Guardian, June 5, 2023).

from ourselves and listening more. After all, the main theme of this book, and I think of this work, is rightful relationships.

CHAPTER TWO

AN OVERVIEW AND REVIEW OF IFS

“The primary healing relationship in internal family systems therapy is between the client’s Self and her young, injured parts.”

— Richard Schwartz, Ch 1, *IFS: New Dimensions*²⁷

IFS is a psychotherapy that does an excellent job of taking our psychological lives very seriously and very directly. By that, I mean that IFS isn’t *about* our psyches. It’s not a removed, bird’s eye view or an interpretive stance on our psyches. IFS does have excellent maps of the psyche, but it is ultimately entirely experiential and relational. That is, it is about helping our patients get directly into better relationships with and within their own psyches, and ultimately with and within their world. IFS is entirely about lived relationships.

IFS tends to be deeply satisfying for patients, and for therapists, even if it is quite challenging at times. When I work with new patients with IFS, they are often nearly mute with gratitude at relating to themselves via IFS therapy. Over time, and not a lot of time, they are very often pleased that their lives, inner and outer, seem to be richly if subtly improving via the therapy.

And of course, IFS can deeply and fruitfully partner with psychedelics. But the overview of IFS in this chapter will not be about an adaptation of IFS to partner with psychedelics. One of the most shocking things is that we don’t need to modify IFS much, if at all, to partner with psychedelics.

²⁷ Martha Sweezy, ed., *Internal Family Systems Therapy: New Dimensions* (New York: Routledge, 2013).

This is all the more shocking because Richard Schwartz developed IFS in the 1980's when psychedelics just weren't on his radar. As Schwartz stated in an interview with Tim Ferris, when the current wave of the Western psychedelic renaissance started, his stance was that with standard IFS we could do everything that psychedelic assisted psychotherapy does, and in some ways do it more safely and simply. And he was right. But eventually he decided to get empirical about it and did some IFS PAP himself with Robert Grant, a physician very skilled in IFS and ketamine assisted psychotherapy. Soon after that – very soon after that! – Schwartz changed his stance on the benefits of psychedelics. Since then, he has been a great proponent, practitioner, and teacher of IFS and psychedelics.²⁸

I want to reiterate something from the Introduction chapter: IFS *is* psychedelic. IFS therapy skillfully and lovingly helps manifest our psyches, our minds, our souls. Patients and therapists doing IFS therapy are doing psychedelia all the time.

I have a personal list of criteria of what, for me, makes an excellent psychotherapy. IFS meets this list very well. IFS is or can be:

- Non-dogmatic. No one needs to become a true believer to get relief.
- Ecological. Nothing is attempted to be thrown out of or destroyed in the psyche. This is both a pragmatic and a moral commitment.
- Democratic. No authoritarian stance by the clinician. Empowers the patient. The therapist and patient are equals in the relationship even if they occupy usefully differentiated roles.
- Of depth and richness. All in the deep and complex psyche can be met directly. It doesn't traffic in simplistic or overly limited understandings.

²⁸ Tim Ferris and Schwartz, "Richard Schwartz — IFS, Psychedelic Experiences without Drugs, and Finding Inner Peace for Our Many Parts (#492)," January 14, 2021.

CHAPTER THREE

AN OVERVIEW OF WESTERN PSYCHEDELIC ASSISTED PSYCHOTHERAPY

The future may teach us to exercise a direct influence, by means of particular chemical substances, on the amounts of energy and their distribution in the mental apparatus. It may be that there are other still undreamt-of possibilities of therapy. But for the moment we have nothing better at our disposal...

— Sigmund Freud, *An Outline of Psychoanalysis*, 1940⁴²

We need better ways to help people. Some people just clearly need more or different than standard psychotherapy and psychiatry can readily offer. Psychedelic assisted help, taking the term very broadly, is both an ancient and varied healing modality and a shockingly novel and highly promising introduction to modern Western mental healthcare. It is already helping many people who have not responded to standard treatments. It is even shaking current paradigms on what mental health is and what healing is. It looks like it could be one of the most efficacious and profound innovations in the history of Western mental healthcare.

We could say that there have been two main forces in modern Western mental healthcare: psychology implemented within a clinical relationship, that is, psychotherapy; and medications for mental health. Psychedelics are radically novel in ways that we do not understand now, and we may never understand, but one way of thinking about them is as a shocking combination of these two forces, as psychological medicines. Medicines that help partially via psychology.

⁴² Quoted by Hanscarl Leuner in Passie T. (1997). Psycholytic and psychedelic therapy research 1931 - 1995 a complete international bibliography. Laurentius Publ.

This is not normal. This is no longer “normal science,” in Thomas Kuhn’s phrase. Kuhn noted that when a field passes beyond its “normal science,” it has entered a paradigm transition.⁴³

And adding to the shock, psychedelic assisted psychotherapy outcomes studies show some of the best results ever seen in Western mental healthcare. Again, very notably, many people with previously treatment resistant conditions have gotten quite significant relief through PAP.

Even the governmental and legal categories of the old paradigm are shifting and creaking in the face of psychedelic medicines. The recent decision by the US FDA to not yet approve MDMA as a prescribable medicine, based in MAPS/Lycos’ application, was partially because MAPS/Lycos rightly paired psychedelics and psychotherapy. The FDA — the Food and *Drug* Administration — had never regulated a psychotherapy before, and they were apparently quite uncomfortable, understandably, with what would have been a massive shift in their role. Clearly, psychedelic medicines are like no drugs the FDA has ever regulated.

To clarify some terms, psychedelic assisted psychotherapy, as the name says, is psychotherapy *assisted* by psychedelics. Psychedelics are not going to and should not replace psychotherapy. Properly respected and with best efficacy, psychedelic assisted help is not about psychedelics as simply standalone medicines. Psychedelics will be considered here as in a relational partnership with psychotherapy.

I will use the term “psychedelics” very broadly, as any medicine that helps manifest the psyche. The term psychedelics here will not be restricted to 5-HT_{2A} agonists as in the “classic psychedelics” of LSD, mescaline, DMT, and psilocybin. Because this is a book of clinical psychotherapy, the psychological effects of medicines will be the consideration of what is psychedelic. Ketamine and MDMA

⁴³ Kuhn, T. S. (1962). *The Structure of Scientific Revolutions*. University of Chicago Press.

CHAPTER FOUR

STARTING TO BRING PSYCHEDELICS AND IFS TOGETHER: PETER WEBSTER'S SALIENCE HYPOTHESIS OF PSYCHEDELICS AND MARTIN BUBER'S I-THOU RELATIONSHIPS

This chapter will discuss Peter Webster's "salience hypothesis of psychedelics"¹¹³ as a simple, powerful, and non-mechanistic take on some of what psychedelics "do." We will also look at and discuss Martin Buber's work on I-Thou relationships, a rich framework on relationality and being. These two perspectives can provide us with something of meta or theoretical views on our topics here, PAP and IFS. They might help us reflect on these topics from a somewhat abstract or outside vantage point, and thereby open more perspectives for bringing psychedelics and IFS together.

PETER WEBSTER'S SALIENCE AMPLIFICATION HYPOTHESIS OF PSYCHEDELICS

Peter Webster is an independent scholar who has been doing creative work in the field of psychedelics since, like many people, the 1960's. Here we will discuss some of his work from his 2018 book, *KOSMOS: A Theory of Psychedelic Experience*.

In his salience amplification hypothesis, Webster argues that much of what psychedelics do is take what is already there, what has always been there for us, and make it more salient; that is, make it matter more to us. Like — **Matter**. Sometimes I think about this increased salience as turning the volume up, like to 11. In this sense, psychedelics don't actually show us anything new.

This can sound counterintuitive, even a letdown — aren't psychedelics all about great discovery, great novelty?

¹¹³ Available online, <https://www.psychedelic-library.org/books/Kosmos+Cover.pdf>

INTRODUCTION TO PART II

Part II is the clinical heart of this book, on IFS in psychedelic preparation work, medicine sessions, and integration work, one chapter on each.

I am obviously using the common grouping of psychedelic work into prep work, medicine sessions, and integration work. Although these distinctions are quite useful in helping us organize our practice and our thinking about PAP, I think these distinctions should be held lightly and seen as fuzzy. I would recommend considering the three chapters to follow as really about one living thing: psychedelic assisted healing. Like in biology, if we separate a living thing too much, it is no longer alive!

For example, we will see in these chapters, and I think in our clinical work, that preparation work is healing work itself. Medicine sessions might be experiences of great healing; or they might primarily inform healing to come in integration work. And integration work can naturally become preparation work for future medicine sessions. And so on, lines blurred and crossed.

I am happy to say that there is quite a bit of diverse case material in these chapters. Some of this is from my patients and our work together, and some is from several masters of PAP, including Richard Schwartz, Michael and Annie Mithoefer, Bill Richards, Rick Doblin, and Robert Grant. Very notably, not all this work was within an IFS framework at all, but IFS still somehow fits excellently.

Some sections in these chapters will get into pretty technical “deep dives.” I do this so that therapists who already have a good background in both PAP and IFS can see some very concrete suggestions on combining PAP and IFS. I hope that these deep dives are also helpful for therapists in training. But for some

readers, some of these discussions might seem pretty weird and indecipherable. My apologies for that. But hey — psychedelics! Sometimes weird and indecipherable can ultimately be useful?

CHAPTER FIVE

PREPARATION WORK

“The well-prepared person” — Bill Richards

Like in house painting and gardening, good preparation work in PAP can make everything that follows smoother, more enjoyable, more effective, and longer lasting. In PAP, good preparatory work can also make what’s to come more humane and safer.

The main term of this chapter is a beautiful and simple one from Bill Richards, “the well-prepared person.” Richards is a true elder in this field. Richards stresses that trust and safety are foundational to good preparation work.

Here is Richards from his book *Sacred Knowledge*:

The bottom line with a well-prepared person is to trust one’s own mind, one’s grounding with the guide beside him or her, the safety of the physical surroundings, and, if religious perspectives permit, God or another sacred symbol for ultimate reality.¹²⁸

An axiom of this chapter is that all preparation work towards trust and safety is relational and dialogical. In this chapter, we will explore many preparatory dialogues – that is, preparatory relationships – towards our patient possibly becoming “a well-prepared person.”

¹²⁸ Richards, William A., *Sacred Knowledge: Psychedelics and Religious Experiences*. United States: Columbia University Press, 2015.

A crucial part of the preparatory dialogues and relationships of this chapter will be about consent from all parts of our patient to do any medicine session. And in prep work, we don't always get to consent from all parts to do a medicine session. Fully respecting parts means that any part has the right to veto a possible upcoming medicine session.

We will also see that preparatory dialogues can lead to far deeper and richer collaboration from all our patient's parts in preparing for a possible medicine session. Such collaboration can deepen, guide, and smooth out medicine sessions quite a bit.

The relationships of prep work are not only inner, so in this chapter we will also discuss "in the room" relational prep work. That is, overt dialogue about the relationships of our patient and their parts with us as therapist.

And prep work also isn't just for our patient! A major theme here will be some preparation work we can do as therapists. Specifically, a major focus here will be on therapist unblending. That is, on us being Self well enough in PAP work.

We will also start to discuss prep work for possible psychotherapy in an upcoming medicine session. Psychotherapy in medicine sessions is a crucial, complex, and often controversial topic. It will be a major focus on the Medicine Session chapter as well.

We will also explore here a way to bring IFS to topics of general PAP preparation work, like discussing getting to and from the bathroom safely. This can be as easy and as crucial as adding on a great IFS question to the topics of general prep work: "... and all parts of you?" This can make general PAP prep work far richer and more grounded and therefore lead to greater safety and efficacy.

And a crucial topic here is that I think we will see that prep work for a medicine session is fully healing work. Prep work is not just instrumental to the supposed "main event" of the medicine session.

For case material, we are very fortunate to have a full session of prep work. This is from the work a patient and I did together. It is also fictionalized and amalgamated to cover more topics and to protect confidentiality. We will draw on this session throughout the chapter and we will review it and discuss it in its entirety. I am very grateful to “Claire” for agreeing to share her process here as a way of helping others.

Let’s jump in with specific topics on prep work. We’ll start with the crucial topic of consent, or not, from parts for a medicine session.

DIALOGUE WITH ALL PARTS ABOUT CONSENT FOR THE MEDICINE SESSION

We might say that respect is foundational to IFS. That is because respect is essential to relationships of Self. If we recognize the autonomy and ontology of parts, that is, their “beingness,” then they naturally deserve respect. And this respect is all the more important and real if we consider parts as being the children of our patient’s inner family.

So, parts need to be in consent for a medicine session. This is for both clinical and ethical reasons. There are risks in PAP of traumatizing patients. It is not clinically or ethically good enough to just take the medicine, “trust the medicine,” and go from there. There is some data in one psychedelic study, that does not reach statistical significance, that found that for some people there can be increased suicidality in the period after medicine sessions.¹²⁹ Very notably, this study had a protocol of a thin “psychological support” (their term)¹³⁰ as opposed to a rich psychotherapy, where all parts can be considered, dialogued with, and respected.

When we engage with all parts about possible consent and collaboration in prep work, and parts do come to true agreement for the medicine session, they then don’t feel as victimized if things get very weird or challenging in the medicine session. Medicine

¹²⁹ Goodwin, Guy M et al. “Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression.” *The New England journal of medicine* vol. 387,18 (2022): 1637-1648.

¹³⁰ Ibid.

CHAPTER SIX

MEDICINE SESSIONS

And if you go
No one may follow
That path is for
Your steps alone

— Robert Hunter, “Ripple”¹⁴⁸

This chapter will discuss some of the powerful contributions that IFS can make to medicine session work. As part of this, we will have the honor of following some very rich case material, including from the work of Michael and Annie Mithoefer, Richard Schwartz, Bill Richards, Robert Grant, and Rick Doblin. Notably, not all of this work was based in IFS at all, for the patient or for the therapist. But I think we will see that it still tracks amazingly well with IFS. This can again argue for the natural overlap of IFS and psychedelics.

This chapter will be in two sections, the first on low to medium dose medicine sessions and the second on high dose medicine sessions. Especially in the section on low to medium dose sessions we will look at psychotherapy in medicine sessions. Psychotherapy in medicine sessions can be controversial, both for excellent reasons and for not so good or even poor reasons. We will discuss these controversies and try to either learn from them or address them.

As part of our discussion of therapy in medicine sessions, we will closely follow and discuss a session of IFS therapy in a ketamine assisted psychotherapy that Richard Schwartz presented

¹⁴⁸ “Ripple,” Robert Hunter, Jerry Garcia. Ice Nine Publishing Inc., November, 1970.

at the Psychedelic Science 2023 conference. We are very fortunate to have video available of the session.

Then in the second section of this chapter, on high dose medicine sessions, we will discuss how IFS can very helpfully inform “companioning” of our patient in the medicine session. We might say that companioning is when we as therapist are present with our patient, respecting and trusting them and any parts involved, and trusting the medicine. At many points in a high dose medicine session, that is about all we might be able to do. And I think we will find it is plenty and even decisive.

We will discuss “hyperblending,” which is when, in the power of a medicine session, parts blend with our patient with a great intensity, a psychedelic intensity. This can be a great challenge for all involved, and it can be a great healing opportunity if worked with well, including in integration work.

We’ll then have some discussion of what I’m calling here multiple Selves in the room in medicine sessions. This will get into some possible psychospiritual aspects of medicine sessions, which we also discussed in the Preparation Work chapter.

Then we will have the honor of following a very extensive case example of several weeks of a high dose MDMA assisted psychotherapy led by Michael and Annie Mithoefer.

And the last part of this chapter will be a discussion of working with difficult patches in medicine sessions. Difficult patches of a medicine session can often be crucial to some of the most important healing that happens in medicine sessions. And sometimes they seem to “hand off” some of the crucial healing work to the integration work.

Having made the distinction between low to medium dose and high dose medicine sessions, I want to clarify that I think it’s important not to overestimate the differences between the two. Topics on low to moderate dose sessions might apply very importantly to high dose medicine sessions and vice versa.

CHAPTER SEVEN

INTEGRATION WORK

“Time is a circle.”

— Dave Kiepert, Neenah High School jazz
band instructor

We might say that in preparation work we planted a seed. Then in the medicine session, the seed sprouted and maybe flowered and bore fruit. It may have left behind tender shoots, further seeds, a stalk, and maybe a glorious memory. Now, in integration work, we could say we are helping our patient engage with and elaborate an ecosystem of health. That will be the main image here for integration work: engaging with and elaborating an ecosystem of health.

An axiom of this ecosystem sense of psychedelic integration is that if we do not make the benefits of a medicine session relational then they risk withering or stunting. A quick, simple, and beautiful example: let's say our patient has a vision during a medicine session of, “I'm good.” This comes with a rare and simple relief, a calmness and a willingness to be present. That's — obviously — awesome. But now what? After the medicine session, if our patient just tries to hold on to that or intensify it in mainly some muscular or informational way, as something of an affirmation, a slogan, or as a “state” to hold on to or recreate, it probably won't endure long as a living thing. Because relationships are not just information or an experience.

As an entirely relational model of inner and outer relationships, IFS fits right in here. In this example, if our patient finds and gets into a living, ongoing relationship with the part of themselves who

found themselves as “good,” who was healed, then our patient and that part can have each other, for the rest of their lives. A great friendship, a great inner family, can result.

For the protectors of such a part, if they can see that that part of our patient, the former exile, is now doing “good,” then the protector or protectors can rethink their role. Maybe they now want to rest more, a lot more, trusting Self and the now healed part. Maybe the protector wants to shift into a quite novel role as a great helper. Or maybe the protector wants to stay in some level of a protective role, but with more nuance, and in some partnership and friendship with Self and the now healed part.

Through such relational integration of the healing there can be a living, new, complex, inner ecosystem of health and friendship. From there, our patient and their parts can interact with their outside relationships, enriching into an even more complex ecosystem of health.

Then, I think we can say that this IFS and psychedelic psychotherapy has gone very well.

So here in integration work we are stating and restating most strongly the central themes of this book: that psychedelics and IFS are always relational, are always about ecosystems. Following from this, we could say that everything we’ve been looking at in this book and doing in IFS PAP has been about integration. The integration in prep work: of Self and all parts of our patient preparing together in collaboration and possible consent for a medicine session. The integration in the medicine session: the same cast of characters and maybe new ones integrating into new relationships, perhaps as themselves, or as being seen and known, burdens and all, and now available for relationship and healing. And then here in integration the integration obviously gets the most explicit, simple, grounded, and ongoing.

By this, we could say that PAP is a circle. Circles famously have no beginning and no end. They’re all integration.

In the quote opening this chapter, apparently the great high school music instructor Dave Kiepert would greet his students as they walked into the room for rehearsal by swinging his hand in a circle, snapping at the top in rhythm. When the students were settled in, he'd keep swinging his hand and say, "Time is a circle," and count them in on the snaps. "One and uh two and uh three and uh four and uh." And then on the one, they'd start playing together.

This chapter will be in roughly two sections. The first section will involve discussions of some big picture topics on psychedelic integration work and IFS. We will discuss some short-comings of common Western PAP integration work; the crucial topic of working with disappointments in medicine sessions; some differences in integration work in standard IFS versus in IFS PAP; and how integration work and medicine sessions are fully equal partners, including how medicine sessions can act as diagnostic aids and then pass on the actual healing to integration work.

This first section will be grounded in case material following and discussing some of Nick's crucial and powerful integration work.

The second section of this chapter will get into detailed discussions of some of the specific important relationships, inner and outer, of IFS PAP integration. As part of this, we will discuss some concrete suggestions for the first two integration sessions.

For case material in this second section, we will return to Claire and look at and discuss her first integration session in its entirety. That session will ground and illustrate many topics in this chapter.

We will end this chapter, and the clinical part of the book, by focusing on day to day integration practices that we might suggest to our patients. After all, by definition, our patient's day to day life is where the richest and most important integration can and needs to happen.

INTRODUCTION TO PART III

In the previous three clinical chapters, we've discussed that psychedelics can be profoundly healing, but that if they are to be safe and of the greatest effectiveness they must be paired with some sort of adequate relational practice, a sort of culture of psychedelia of one scale or another. And I think we have seen that IFS therapy is an excellent relational, small, and portable culture of psychedelia. The purpose of this book has been to at least start spelling out this great two-way partnership of psychedelics and IFS.

I think we've also seen that all PAP is about relationships. Preparation work, medicine sessions, and integration can all be seen as at base about ongoing, living relationships.

In this third part of the book, I'd like to try to extend these themes of ongoing relationship into some big picture views. The next chapter, the Conclusion chapter, will bring this relational sense into some possible paradigm views on Western PAP. In the Epilogue, I will get into some of my personal considerations and hopes on where Western psychedelia has been and where it might go.

In this third part of the book, I offer these concluding considerations in the spirit of dialogue, of looking for good questions more than looking for answers. We're dealing with psychedelics here — we might get more questions than answers! And good questions might be mostly what we need now.

CHAPTER EIGHT

CONCLUSION: TOWARDS AN ECOLOGY OF PARADIGMS RATHER THAN A BATTLE OF PARADIGMS

This chapter will attempt to explore some paradigm considerations for the field of Western mental healthcare now that psychedelics are once again part of the “official” culture of the West, one of the Great Books of the West, we might say.

It has become both a commonplace and a shocking observation that psychedelics are pushing a paradigm shift on Western mental healthcare and even Western culture. To expand on the discussion of paradigm transitions that we started in the Introduction chapter, here is more from Thomas Kuhn: “Normal science, the activity in which most scientists inevitably spend almost all their time, is predicated on the assumption that the scientific community knows what the world is like.”¹⁸³ It has also become a commonplace and shocking observation to many that in light of psychedelics, we no longer know what the world is like, including what psychological healing is like. Even the word “psychological” can begin to ring awkward. We, in our field and even culturally, are in a paradigm turmoil.

Returning to Kuhn as quoted in the Introduction chapter, “When the transition is complete, the profession will have changed its view of the field, its methods, and its goals.” This is big stuff. A paradigm transition is no walk in the park and can feel fraught.

I don’t think we know where this is all going for our field yet. But I would like to be so bold as to offer some discussion of at least the process we are in. And who knows, to a large extent, maybe not knowing and a richer process *is* what this paradigm shift is?

¹⁸³ Kuhn, T. S. (1962). *The Structure of Scientific Revolutions*. University of Chicago Press.

I'd like to suggest that what the West is going through with psychedelics is not just a normal Kuhnian paradigm shift, but it is — or it could be, with our participation — something of a paradigm shift on paradigm shifts. That is, this doesn't have to be a traditional paradigm shift of a new paradigm battling the old one, slaying it, and standing victorious and alone, at least for a while. Or of the old paradigm defeating an upstart paradigm and continuing its grand rule alone, for a while.

I would like to argue that any such sole victor model of paradigms will not stand long with psychedelics, and that it would not serve us well for good Western PAP. What I am proposing in this chapter is that we as practitioners now find ourselves in an ecosystem of paradigms, and it is on us to get good at living there.

To flesh this out and support it, I will draw on sources to explore roughly three levels of an ecosystem of paradigms: First, we will look at Andrew Weil's work on "integrative medicine," a term he coined, as an existing clinical model that already draws on an ecosystem sense of paradigms. Then to provide a deeper philosophical grounding for an ecosystem model of paradigms, we will explore Richard Tarnas' work on what he termed a "participatory worldview." And finally, attempting to ground an ecosystem model of paradigms even further and broader, into possibly a radically relational ecosystem model of all that is, we will draw on "case material" from Homer Simpson (yes, *that* Homer Simpson!) and on the work of Eihei Dogen, a thirteenth century Japanese Zen teacher, widely considered one of the greatest Zen teachers.

IFS will be central here. IFS has great contributions to make to living in and working in an ecosystem of paradigms. Ecosystems are (obviously!) systems, and they are entirely relational. That is exactly the stuff of IFS.

EPILOGUE

We are in a time of deep cultural crisis. Rabid capitalism is winning a terrible defeat. Adam Smith warned about this possibility when he studied capitalism in its nascent stages, just 250 years ago. As he saw it, the newly budding Modern capitalism, with its invisible hand of the market and what he called, “the vile maxim of the masters, all for us, none for anybody else,”¹⁹⁶ could, if not adequately restrained, buy out and cripple governments, democracy, and civil society.^{197 198} In its frenzied grab, it has already bent the very throats of love, community, and the biosphere itself.

By sleight of hand, some of our Selfhood has been stolen from us and replaced with brand.^{199 200} The very *temenos*, the sacred sanctuary of friendship, was recast, against the evidence of our very eyes, as a commercial port.

But despite more Reagan-esque propaganda, virulent capitalism, with its particular strains of the profound public health diseases of racism, classism, sexism, isolation, and biosphere destruction, is not a fact of physics. Capitalism is a historically recent set of human decisions, of even simple legal decisions. Different decisions can be made. Hope is far from lost.^{201 202}

We’re also in a Western renewal of psychedelics and of wider cultures of psychedelia, of souls manifesting, and it is spreading rapidly. Terence McKenna, the great psychedelic philosopher and comedian, once said in a talk of the West’s cultural crisis, “In a way, it’s the poets who have failed us. Because they have

¹⁹⁶ Smith, Adam. *The Wealth of Nations*. United Kingdom: Random House Publishing Group, 2000.

¹⁹⁷ Samuels, Warren J., Perry, William H.. *Erasing the Invisible Hand: Essays on an Elusive and Misused Concept in Economics*. Warren J. Samuels. United Kingdom: Cambridge University Press, 2014.

¹⁹⁸ Elliott, Larry. “The Invisible Hand’s Crippling, Deadening Grip on Economics.” *The Guardian*. October 7, 2011.

¹⁹⁹ Lanier, Jaron. *Ten Arguments for Deleting Your Social Media Accounts Right Now*. United Kingdom: Henry Holt and Company, 2018.

²⁰⁰ Fromm, Erich. *The Sane Society*. United Kingdom: Rinehart, 1955.

²⁰¹ Arendt, Hannah. *The origins of totalitarianism*. Saint Lucia: Harcourt Brace Jovanovich, 1973.

²⁰² Reich, Robert B., *Saving Capitalism: For the Many, Not the Few*. United States: Knopf Doubleday Publishing Group, 2015.

not provided a song or sung a vision that we could all move in concert to.”²⁰³

As we’ve seen, psychedelics seem to help manifest I-Thou relationships, Selves. Like all real teaching, this can’t be a reprogramming. That would obviate Self. Instead, we are agents in what we learn, we have co-creation and responsibility in what we learn.

If we choose, maybe in a renewed psychedelic West we can sing songs of I-Thou, songs of Self to Self. A note or two, any note or two, from I to Thou, will do. The simplicity of these songs can be part of their power. We can look to the birds and the insects. They’ve been singing far longer than we have.

Let’s return to and expand on our history of Western psychedelia from Chapter 2. Psychedelics have been exiled in the West for the last 1,600 years, with untold, understudied, but in all likelihood profound implications for Western society, Western minds, Western hearts, and Western souls. Brian Muraresku, in his crucial book, *The Immortality Key*, tells the story best. In 364 CE, the early Christian Roman emperor Valentinian moved to end the likely psychedelic Eleusinian Mysteries and related ceremonies. Praetextatus, a high initiate of the Mysteries, facing the threat of the ending of the 2,000-year lineage of the Mysteries, pleaded with Valentinian with a dire warning: ending the Mysteries “would make the life of the Greeks unlivable.”²⁰⁴

The Greek word there for “unlivable” is very important. It is of great interest to Muraresku, as it was to Carl Kerényi, a classicist, interdisciplinary scholar of mythology, and a close collaborator of Jung’s. Muraresku, himself a skilled classicist, writes, “The Greek word for ‘unlivable’ is *abiotos* (ἀβίωτος)—literally, the absence or opposite of ‘life’ (*bios*). It’s a rare, evocative word.”²⁰⁵ He notes

²⁰³ McKenna, Terence. “Opening the Doors of Creativity.” <https://www.asktmk.com/talks/Opening+the+Doors+of+Creativity>.

²⁰⁴ Muraresku, Brian C.. *The Immortality Key: The Secret History of the Religion with No Name*. United States: St. Martin’s Publishing Group, 2020.

²⁰⁵ *ibid.*

that “Kerenyi concludes that the word was consciously chosen to inform later generations that the Mysteries ‘were connected not only with Athenian and Greek existence but with human existence in general.’”²⁰⁶

Emperor Valentinian maybe got it and he did relent. But in 392 CE, one of his successors, Theodosius I, outlawed the Eleusinian Mysteries and similar ceremonies. This ended the line of “official” psychedelics in the West. One of the living roots and foundations of Western culture was destroyed. This was a fateful day. Again, the impacts of this are far understudied.

And notably, with Theodosius I’s decree, not just psychedelics were exiled from the West, but women were also removed from the center of the religious and spiritual life of the West. The best documented of the Ancient and Classical likely psychedelic Western rituals were either entirely led by women, like the Dionysian festivals, or were co-led by women and men of equal religious respect, such as the Eleusinian Mysteries.

The central vision of the Eleusinian Mysteries was the kidnapping, descent to near death, and eventual return to life of a goddess, of Persephone. And of the near heart stopping grief of her mother, Demeter, the goddess of fertility.

Demeter, desperately searching the world for her daughter, unable to go on, unable to bless the land with her fertility, dropping her sacred scythe to the ground. The people and the land starving.

Finally, all but broken, she sat down. A kind company of people approached her. They offered her a healing drink, a *kykeon*, a special mixture of water, barley, and mint. Then — *somehow*, a *delos*: finding her daughter, the return of her daughter. Mother and child reunited. Connection, life, fertility renewed. Suffering and death conquered.

This happened each year in the Eleusinian rituals, over and over and over for maybe 2,000 years. The would be initiates were served the likely psychedelic *kykeon*, perhaps expertly prepared

²⁰⁶ Ibid. Original quote from Kerényi, Karl. *Eleusis: Archetypal Image of Mother and Daughter*. United States: Princeton University Press, 1991.

for them by female priests from the special grain fields and ergot on the outskirts of Eleusis.^{207 208}

There is also evidence that women may have led at least some of the literally underground early Christian churches, in the burial catacombs under Rome. Regular, possibly in some instances psychedelic Christian ceremonies. Highly illegal, to the point of death. Not because of the possible psychedelics — that was fine at the time. But because Christianity was deeply illegal in its early days. Groups of people putting their very lives on the line to pray together. Perhaps reliving the Last Supper. The sacred wine, the sacred bread, eaten and drank together. Possibly visiting the dead, visiting death itself, and returning to life. Over and over and over.^{209 210 211}

There's nothing quite like experiences of defeat, of near death, and return to life, to connection and friendship, to get one's priorities in order.

But in 392 CE, with psychedelics and female priesthood exiled, Western culture entered a new epoch, one that came to often be called “the Dark Ages.”

There is much here to be witnessed.

My personal sense is that Praetextatus' warning was staggeringly correct. Western life has become for many “unlivable,” a half-born life, a somapsyche dry life, one of facing a stone wall with no retreat possible. Perhaps Praetextatus' term *abiotos* means something very much like Buber's I-it relationships. The I of I-it

²⁰⁷ Webster, Peter & Ruck, Carl & Perrine, Daniel. (2000). Mixing the Kykeon. ELEUSIS: Journal of Psychoactive Plants and Compounds. New Series 4.

²⁰⁸ Carl P. Ruck, Peter Webster - The Mythology and Chemistry of the Eleusinian Mysteries, presented at LSD - Problem Child and Wonder Drug International Symposium on the Occasion of the 100th Birthday of Albert Hofmann, 13 January 2006, Basel, Switzerland. Video available at <https://www.youtube.com/watch?v=uwfkjkbR-I>

²⁰⁹ Muraresku, Brian C., The Immortality Key: The Secret History of the Religion with No Name. United States: St. Martin's Publishing Group, 2020.

²¹⁰ Macy, Gary. The Hidden History of Women's Ordination: Female Clergy in the Medieval West. United Kingdom: OUP USA, 2012.

²¹¹ Muraresku, Brian C., The Immortality Key: The Secret History of the Religion with No Name. United States: St. Martin's Publishing Group, 2020.

relationships is a devitalized I, a ghostly I who lives in a world of its, a devitalized world of just stuff, a “disenchanted” world, as Richard Tarnas puts it.²¹²

Maybe at some point, after much witnessing and companioning, Western psychedelia will consent to be retrieved, to unburden, and to claim — well, that’s the magic of real relationships of Self: to hear what the other says for themselves, of themselves. That would require us to be sensitive enough to hear. And to be ourselves well enough in response, in relationship.

²¹² Tarnas, Richard. *Cosmos and Psyche: Intimations of a New World View*. New York: Penguin, 2006.