AN INTRODUCTION TO THE PSYCHEDELIC PSYCHOTHERAPY OF SALVADOR ROQUET[1]

ALBERTO VILLOLDO was raised in Cuba and Puerto Rico. Upon leaving the Caribbean, he spent time in Mexico investigating the ritualistic and healing practices of various Indian groups. After receiving his MA in psychology in 1973, he travelled to Brazil to study spiritualist healing centers and the applications and implications of this work to Western frameworks of healing and psychology. He has taught at the University of Mexico and at California State College, Sonoma, and conducted workshops in varied subjects such as ritual in psychotherapy and psychic growth; hallucinogenic therapy; and shamanic initiation as transpersonal therapy. Alberto presently spends part of the year in South America doing fieldwork and the rest in the United States, where he conducts classes and lectures. He holds a PhD in psychology and has a private practice in Marin County, California.

Does one really have to fret
About enlightenment?
No matter what road I travel
I'm going home.
SHINSO

INTRODUCTION: A BRIEF HISTORY

Since time immemorial people have been employing mind-altering substances to induce expanded states of consciousness and help them solve the enigmas of human existence. Primitive cultures consider sickness and death to be caused by supernatural forces. Through the ritualistic and ceremonial use of certain types of plants, they were able to experience intensified energy and clarifying visions which greatly enhanced their understanding of natural phenomena and the universe about them. These plants were elevated to positions of veneration, being considered the sacrament that allowed man to communicate with the divine. In turn, the persons who took them became the priests, prophets, and medicine men of the people, depending on the service they rendered the community.

In Mexico, the Aztecs were acquainted with several psychedelic plants (in the sense of mind-manifesting, Osmond, 1957), such as the *Ololiuqui*, the *Psilocybe* mushrooms, and the *Peyote* cactus. The mushrooms known as *Teonanacatl*, the "flesh of the Gods," have been eaten in religious, prophetical, and mystical ceremonies for centuries. The first report of the

[1] Many thanks to Barbara La Brie for editorial help, and to Metta.

hallucinogenic fungi was made in 1502, the year of Moctezuma's coronation, when Sahagun (1938) recorded that the whole city celebrated and dancing continued for nights. It is also known that some of the Tlaxcalteca princes captured by Moctezuma were fed the mushrooms. In southern Mexico and Guatemala archeologists have found symbolic stone mushrooms dating back to a millenium B.C., which lend credence to the belief that they too venerated these plants.

There are still a large number of indigenous groups throughout the Americas which preserve the traditional cults of hallucinogenic plants. In Mexico, from the mountains of Jalisco and Nayarit, the Huicholes travel each year to the desert of San Luis Potosi in the annual "hunt for the Peyote," the "hunt for life." As Benitez (1968) reports, this annual pilgrimage serves to ". . . repeat the sacred hunting party which was supposed to have been initially undertaken by the gods. The Huicholes reenact it, and thus make themselves God's contemporaries. They travel to the center of the world, which in reality is the eternal return to daybreak, to the age when divine sacrifices established "being and life order." The use of peyote is an integral part of this pilgrimage, as it is in other religious ceremonies of the Cora, Yaqui, and Tarahumara groups from the northern part of Mexico.

All of these groups use hallucinogenic plants with tremendous respect and veneration. The purity of spirit required for their ritualistic use inspires the faith and hope which can liberate the person from the anguish and anxiety of human existence. During certain ceremonies, the shaman-priest exercises the superhuman powers necessary to guide the seeker over paths never before seen, to the place where he can "come to meet his soul." The priest is able to take the seeker to dimensions beyond space and time where only the essence of being and life are experienced. There colors, patterns, and objects dance joyfully in orgasmic creativity. The seeker journeys to the land of the ancestors and is one with the unconscious and the divine; perception of reality expands with the universe. In journeying through these dimensions, the seeker experiences a quality and depth of being that becomes an integral part of his or her life expression.

In the Western world, the use of psychedelic plants and substances has been a recent development often times removed from the culture at large. This is quite different from primitive societies in which tradition encourages the seeking and exploration of expanded states of consciousness. Western technology has not encouraged or valued the exploration of the self (where the scientist becomes the subject), and instead has tended to invalidate these experiences. It wasn't until Albert Hofmann accidentally

ingested the diethylamide of lysergic acid (LSD) in 1943 that a psychiatric revolution began which eventually liberated hallucinogenic substances from exclusive laboratory experimentation. This has initiated a cultural revolution which is affecting the foundations of Western social structures to this very day.

THE THERAPY: I

Since Albert Hofman's discovery, LSD has been used within the structures of traditional psychotherapy (Chandler & Hartman, 1960; Leuner, 1967; Sherwood, Stolarott, & Harman, 1962). Neurotics, sociopaths, psychopaths, alcoholics, schizophrenics, and terminal cancer patients have reportedly benefitted from treatment with LSD (Grof, 1975). Research on the psychotherapeutic applications of naturally occurring hallucinogens has been sorely scarce, both in the U.S. and abroad, and limited to the work of a handful of individuals with very little published material available in the field. Dr. Salvador Roquet at the Albert Schweitzer Foundation employs, as key tools of a synthesis oriented therapeutic process, a variety of manufactured and naturally occurring psychedelic substances in a programmed sequence, where he has found particular drugs to compliment most exactly the evolving needs of a patient.

Salvador Roquet is the founder and director of the Institute of Psychosynthesis (unrelated to the psychosynthesis of Roberto Assagioli in Italy) in Mexico City. Prior to his arrest and forced closure of his Institute by Mexican police in early 1975, Roquet had treated over six hundred patients in therapy employing hallucinogenic substances. He also directs the Albert Schweitzer Cultural Organization, which sponsored an integral, humanistic Summerhill-type school, where patients could enroll their children. Roquet believes that the greatest job lies in raising creative, healthy, loving children, as the roots of most adult problems can be traced to childhood, parents, and the educational system. There was also a School for Parents, where parents met, explored, and took part in the educational process. The Association also sponsors a hospital in the mountains of the State of Oaxaca.

The hallucinogenic sessions, individual and group therapies, took place at the Institute in Mexico City, where Roquet would be actively involved with up to three hundred patients (Yensen, 1973). Of these he would see some weekly; others once a month; and others, who were in the terminal stages of their treatment, as infrequently as once a year. The average patient met with him privately once a month. Eight days later the pa-

tient had a psychedelic (psycho-synthesis) group session, lasting close to twenty-two hours. Eight days later the same group met for a session without drugs, lasting approximately six hours. The cycle was then repeated, except that the next psychedelic therapy session the person has is with a different group, as flexibility and working with different people was encouraged.

Roquet began using psychodysleptic substances as an aid to psychotherapy in 1967. Initially he employed hallucinogens as a tool for shortening the time expended in psychoanalysis. He employed Leuner's technique of "Psycholytic Therapy," in psychoanalytically oriented sessions lasting eight hours each, with medium range dosages of *Rivea corymbosa*, *Ipomea violacea* (the morning glories), LSD, and *Psilocybe* mushrooms. He worked with small groups of patients within a Freudian framework, in which the patients were encouraged to establish a strong transference with the therapist and then associate images freely. Since then, he has introduced a variety of visual, auditory, and electronic stimuli into the framework of the sessions, making the technique entirely a Roquet-ian one, although within this structure he utilizes on occasions the techniques of "Psychedelic Therapy" (as developed by Hoffer and Osmond and later employed at Spring Grove State Hospital in Maryland and the Maryland Psychiatric Research Center by Unger, Pahnke, and Grof), where the patient reclines with eyeshades and earphones, listening to preselected pieces of music.

THE THERAPY: II

With the discovery of the consciousness-altering properties of *Datura ceratocaulum* (possibly the most powerful hallucinogen known in the West), Roquet's technique expanded from the realm of the purely analytical. "The seed of the Datura," he says,

> is of greatest importance to us. It totally transformed our technique of analysis into synthesis. From this effect we derive the name of Psychosynthesis for our therapy. I learned from Albert Hofmann that the *Ipomea violacea* was five times as powerful as *Rivea corymbosa* (both are *Ololiuquis*, the Morning Glories). It contains five times the amides of lysergic acid that the *Rivea corymbosa* does. In the Sierra Mixe in Oaxaca, an Indian brought me some seeds he thought were *Ipomea violacea*. With our usual caution we tested them, taking a much smaller dosage than the Indian indicated. These new seeds, the *Datura ceratocaulum*, turned out to be not five, but fifteen or twenty times as strong as *Rivea*.

The effects of the *Datura* are not spectacular like LSD. Its effects are subtle and occult. They are slow, profound, and very intense. "We saw monumental changes in the personality occurring," says Roquet. "The personality structure of the individual lost its rigidity, and change and synthesis rather than analysis became a possibility."

It is believed by Roquet and his colleagues that individuals become submerged in their unconscious and explore themselves not only logically and analytically, but through a living symbolic experience of themselves. The classical techniques of Freudian and Frommian analysis are seen as helpful only to a certain point, where they cease to provide a framework for these processes of the psyche to unfold. A shift in technique from analysis to synthesis was attempted. In the view of Roquet, the *Datura* unbinds the rigid structures within and takes the patient to a place of total disintegration of the personality. He feels *Datura* takes the individual to the well springs of being, where change and reintegration as well as creativity, inspiration, and insight can occur. This is an experience similar to the perinatal and intrauterine experiences reported by Grof (1975), in which the psyche again is in a state of gestation and personality dynamics can be changed. Roquet feels the essential elements for a restructuring and integrating of an evolving new personality then become accessible to the individual for the process of a therapeutic synthesis.

The work of Roquet approaches, theoretically, the existential analysis of Victor Frankl. Within Roquet's psychedelic therapy the individual's search for meaning becomes paramount as people acquire a new vision of themselves. Although Roquet's therapy placed great theoretical emphasis on the transcendental mystical experience, seldom did the author observe true mystical experiences resulting from this therapeutic process. What indeed appeared was the individual's struggle for liberation and a "catharsis" in the sense of a cleansing, where the individual came face to face with his or her inner conflicts.

In this therapeutic process, individuals were encouraged to confront their mortality and death, the existential condition Roquet believes to be the root of all anguish. "Psychotherapy wants to examine man's pathological anguish," he says, "by isolating them from each other, without attending to man's basic existential anguish, his death. At their root all pathological manifestations are symptoms of this inherent problem of humanity."

Human anguish in facing death and the search for immortality present an existential dilemma which Roquet believes determines our madness and our health, as well as coloring every field of human activity. When the

patient acknowledges death. Roquet believes, he or she also acknowledges life. When he or she stops repressing the fear of death, the patient can begin experiencing life more fully.

The psychedelic substances in *Datura* break down all resistances. With *Datura* Roquet felt that the disintegration of the personality was achieved, which in his schema is psychological death and madness itself—regressing to childhood, to the primitive, the very roots of being. Roquet attempts to take the individual to madness, to the beginning, to the source of sensibility. The primitive, the child, and the madman are extraordinarily impulsive and sensitive. Madness then is seen by Roquet as the return of the unfeeling person to the source of sensibility, to the place where we "lost our soul," and where we also can recapture it. It is posited that by becoming an accomplice with society in the processes of desensitization, we forsake our communion with the divine. We have buried our rites of centering, we no longer live by the seasons, the days and the nights, and we become lost in our own labyrinths. People who reach madness, then, are seen as reaching out for the lost, attempting to recuperate their souls, their sensitivity, their communion with the divine, the quest for love, and for meaning in life.

HALLUCINOGENS EMPLOYED THERAPEUTICALLY

The hallucinogenic substances employed by Roquet as therapeutic tools are administered in a programmed sequence as follows:

1. *Rivea corymbosa*
2. *Ipomea violacea*
3. *Psilocybe* mushrooms
4. *Lophophora williamsii* (*Peyote* cactus)
5. *Datura ceratocaulum*
6. Ketamine Hydrochloride
7. LSD

The *Rivea* and the *Ipomea* are the Morning Glories (*Ololiuqui*). R. E. Schlutes (1972), the Harvard ethnobotanist, quotes F. Hernandez as follows on the *Ololiuqui*:

> When the priests wanted to commune with their gods and to receive messages from them, they ate this plant to induce a delirium. A thousand visions and satanic hallucinations appeared to them.

The principal active compound of the *Ololiuqui* seems to be ergine (d-lysergic acid amide), in much heavier concentrations in the *Ipomea*.

The *Psilocybe* mushrooms are the following three varieties—*Psilocybe mexicana heim*, called *nti'ni-se* meaning "bird" in Mazateco, *Stropharia cubensis earle*, called *nti-si-tho* meaning the mushroom of St. Isidro, and *Psilocybe caerulescens muril*, called *nti-ki-so* meaning "landslide." Ketamine HCl is an anesthetic drug which produces a dissociative anesthesia. When employed at a fraction of the anesthetic dosage, it can catalyze profound changes in the personality and is considered by Roquet to be valuable in therapy.

PSYCHODYSLEPTIC SESSION

Roquet's psychosynthesis group therapy session consists of between six and thirty patients, several assistant therapists, and other patients and guests who are "observing." Everyone who is not participating in the session as a patient (i.e., receiving a drug) wears a white laboratory coat. The group is a carefully selected heterogenous mix of ages, sex, individuals who represent figures of authority, maternal, paternal, and youthful figures, and a blend of education and social classes. The length of time in therapy of the different members of the group varies, as well as the particular drug they will be receiving during a session.

Prior to the beginning of the session the patients meet in a large room for an informal, leaderless discussion group lasting several hours. This time is particularly important to the patients as they meet each other and get more in touch with their fears and expectatations for the session. They also share previous experiences among themselves, since no therapist is present. At this time projections and transferences, which will play a very important role during the psychosynthesis session, take place between the members of the group.

By now it is midnight. Finishing the group discussion, patients leave their shoes, watches, and cigarettes with one of the assistants and enter the session room. This is a large room with foam pads on the floor and a variety of paintings and posters along the wall which have been specially selected for the emotive reactions they evoke. For example, there is a large painting of the Mexican revolutionary, Emiliano Zapata, who even today is very much of a folk hero and a national symbol. There is no furniture in the room, allowing the patients to move freely about. In the back, on a large table, the electronic projection equipment is set up.

Led by one of the assistant therapists, the yoga and meditative exercises begin and continue for one hour. This serves to relax and sensitize the patients by quieting the conscious mind, so that unconscious material can surface and become more readily accessible during the session itself. As

soon as the meditation ends, the sensory stimulation begins. Three slide projectors and one full-length feature film are displayed simultaneously with music appropriate for the theme of the session. The visual stimuli are selected from slides and films depicting a wide range of human experience. With these stimuli of a more universal nature, themes personal to the individual patient are also portrayed, such as family slides, pictures and music from the patient's youth.

When these images are projected three and four at a time, portraying conflicting, absurd, or diametrically opposed situations, they tend to form uncertain figures in the patient's eye, evoking powerful and frequently dormant imagery from the subconscious mind. These images come forth from the realms of darkness and of light in which they dwell and manifest many times with cataclysmic intensity, causing great emotional reactions. This experience, it is felt, facilitates the comprehension and integration of these various energies into the conscious personality.

The use of slides of abstract, psychedelic, or suggestive art allows the patients to project into the universal character of these figures and come in touch with their personal themes, fears, dramas, weaknesses, strengths, and hopes. Among the themes found most useful are those of death (both very traumatic deaths as well as abstract and peaceful ones), births, religion, sexuality, love, pain, destruction, and children. Color floodlights flashing intermittently serve to create a light show during specific parts of the session. The auditory stimuli is selected from a wide variety of sources, from classical, to folk, to pieces particularly relevant to any one individual. An example of this is as follows: during the height of the session for one particular patient, Rachmaninoff's Third Concerto was played. This patient had been practicing that piece for months, as shortly after his session he was to play it before a large audience.

The visual and auditory stimuli give the therapist control of the environment, the reactions of the group, the intensity, the depth, and the extent of the influence of the drugs. Through the stimuli presented, vivid experiences are aroused which are directly related to the patient's problems, and hallucinations are usually diminished and many times eliminated. To deepen and expand the experience, Chinese, Hindu, Jewish, Russian, Zen Buddhist, and indigenous music may be played, depending on the backgrounds of the patients and the stimuli to which they are most suceptible.

Toward the end of the projective stimuli, the patients are called individually to ingest their dosage of the particular hallucinogen they are receiving. After taking the hallucinogen, the patient returns to the floor and continues observing the projections of the walls. If it has been determined

beforehand by Roquet that it would be most beneficial at this stage of the patient's therapy to spend the sensory bombardment part of the session with very specific auditory stimuli, after receiving the hallucinogen the patient is led by an assistant to one side of the room where he or she is blindfolded and given stereophonic headphones. These patients listen to a preprogrammed set of musical pieces.

Group psychosynthesis sessions generally begin around midnight, so that by 5:00 A.M. most patients are reaching peak levels on the various drugs (except those who have taken *Datura*, who will not peak for another eight to ten hours, and those who will take Ketamine, which is administered in the morning and afternoon, during the synthesis part of the session). A typical session continues as follows: at this time (around 5:00 A.M.) the period of "madness" commences. The last film to be shown is of a child being born. Now all the films and slides stop. The music changes gradually as two stereo systems are activated. There is total darkness, and soft religious music may be superimposed with sounds of an airplane diving and crashing; stroboscopic lights begin to flash, and bleeping car horns and machine-gun fire may fill the room. Then it may all cease and the only sound is that of the wind picking up in intensity and seeming to take you further and further away from the earth. This period lasts for about three hours, as the tone of the music and the frenzy subside. During this time the unconscious material that was stimulated in the early part of the session takes vivid form before the patient.

This period is for many one of anguish and pain, where they experience their madness in an uncontrollable and disconcerting manner. For some patients it is also one of the most significant moments of their therapy, where they live experiences similar to those described as satori, illumination, revelation, dying and being reborn, and of becoming one with the universe.

As the music subsides, the synthesis phase of the session begins. The session has now been going on for about eight or nine hours. The room is illuminated by a pleasant colored light, and the patients interact more fluidly with one another. At this time they also approach and interact with Roquet, who is either behind the long table which has now been cleared of the projection equipment or on the session floor amidst the patients. The patients' files are brought out, and they are given photographs, old letters, and journals to read. Their old selves are brought back for them to examine. These papers may be letters, statements of problems, fears and hopes, poetry, autobiographies, or anything which the patients have closely identified with or written. The first Ketamine injections are also adminis-

tered at this time. As the effects of Ketamine are very short-acting, these patients experience any of the four stages of psychedelic involvement defined by Roquet in a very short period of time (from one to one and a half hours), while the other patients are in the synthesis stage of the session. The psycho-synthetic process is already well under way and available for these persons to participate in immediately following their Ketamine experience.

Between ten and eleven in the morning, or approximately half-way through the session, a three-hour break is taken. For one hour there are yoga exercises and guided meditations (introduced by the author in 1973), including deep breathing exercises. This generally relaxes and refreshes the patients. It is often the most joyful part of the session, besides the concluding part, as it intensifies the already keenly sensitive group empathy. Since patients are not allowed to leave the room while sessioning, everyone stretches out on the cushions for a short nap.

Music awakens the patients for the last part of the session. Additional readings, more family pictures, and more interaction between therapist and patient are integral aspects of the final six to eight hours. During this period Ketamine injections continue to be given to those who are at that stage in their therapy. Various relatives, wives, husbands, children, and friends are brought to the session telephone, or are telephoned by the patients. Many emotional encounters begin to enable the patient to share some of their less inhibited selves with those who are closest to them. It establishes a more free-flowing contact with the world to which they return. When everyone has finished with his or her readings, roses are brought in and given to each person by one of the patients. The doors and windows are opened while fresh air and people flow back and forth. The intent is not for the session to end, but rather for it to flow out the door with families, patients and friends, and into their lives and homes.

FIVE STAGES OF A SESSION

Five characteristic stages of psychedelic development have been found by Roquet in his sessions. While the first four are directly related to the effect of the hallucinogens, the fifth, the synthesis stage, is not.

In the first and most superficial stage, the patient is expectant, and many times anxious of the evening ahead. This is often a state of suspense, and many are simulating laughter and joking, and appearing self-assured. There are those who outrightly manifest fear, and those who sit quietly, reflecting within themselves. These attitudes prevail until the time of

ingestion of the hallucinogen, where physical manifestations such as nausea and vomiting may occur, accompanied by confusion, perceptual alterations, and euphoria.

During the second stage, visual hallucinations appear. This is the pleasant, Dionysian phase, where escape and evasion of conflictive material occurs. Homer speaks of this stage in the Odyssey when Ulysses encounters the Sirens, witches, and giants. The existential message is the same: we deviate from our path and become lost in fantasy and in illusion, in a state of reverie that serves to preserve the static, parasitic structures of the psyche. In this stage there are always pseudo-visions, and it is considered the stage of the pseudo-religious and pseudo-mystical experience. The hallucinations reinforce the individual's escape into fantasy, and the main theme seems to be that of evasion. This level is the one in which Roquet believes the real danger of employing hallucinogenic substances lies, in that pseudo-visionary phenomena is used to maintain the individual's present neurotic structure and avoid real conflicts. The psychosynthesis techniques of Roquet, using projective musical and visual stimuli, encourages the patient back to the group, to conflicts, and to the present external realities.

In pseudo-religious experiences, the person experiences a god that is but a projection of oneself; merely hallucinations that may be the result of "residue" of previous sense perceptions. They are mirages and deceptions; the same as Ulysses saw. The individual may seek to possess and cling to this fantasy which, in later visions when this stage is transcended, reveals itself to be the antithesis of liberation and the divine.

In the third stage the person has the most vivid and lucid experiences. He or she achieves a naked, pitiless vision of reality which is very difficult to avoid. The person acquires a vision of his or her life, of all he or she loves, and of all that is personally meaningful, with the clarity these psychedelic substances facilitate. The person becomes the observer and the one observed, the actor and the public, the walker and the path itself. In this and the next, the fourth stage, the cathartic process in the form of a "cleansing" occurs most thoroughly. The individual becomes involved in an experiential process of free associations in which situations project before him, emerging freely from the unconscious: consciousness becomes an observer to itself, unable to intervene or repress in any way. The individual observes himself or herself fully conscious, saying and doing things he or she never expected. This stage is always dramatic and painful, accompanied by much abreaction. The amount of pain the individual undergoes varies from patient to patient and seems to depend upon the

degree of neurosis and repression. This phase is crucial, as in it the patient can reach resolution with his or her pathological position and find the path to well-being.

At times this anguish turns into panic, with symbolic representations such as being swallowed, or engulfed by death, falling, and drowning. This becomes a way of giving expression to their internal paralysis, passivity, and lack of creativity.

For many persons, on the other hand, entering deeply within themselves is one of the most fascinating, comforting, nourishing, and vitalizing experiences in life. The individual gains consciousness of the capacity to accomplish activities with dedication, interest, fulfillment, and satisfaction, being able to see how other people are as meaningful and important as oneself. He or she begins to recognize limitations realistically, and realizes how transcendence of these can take place.

The fourth stage is that of madness. The individual experiences the highest degree of sensibility and loses his or her ego completely; all trace of personality and boundary disintegrates. The person has disidentified with his or her place of dwelling, with all that his or her personality consisted of previously, and has tossed it into the cosmos. The individual no longer is distinctly different from anything else; no better, no worse, no more or less significant or important.

The person's previous personality is seen as having been hermetically sealed and unapproachable. Such a person had no access or receptivity to humanity, and therefore was unable to develop and interrelate with others. The next step was to disintegrate the entire structure; the personality is tossed into the air, and then with the help of the therapist and the therapeutic environment, the patient carefully reconstructs, reintegrates and synthesizes, choosing only the essential elements. The new dwelling place is more flexible and permeable than the previous one and has a path through which the world can approach and be approached.

It is in this stage that the individual describes experiences of "ego-loss" of spiritual death and rebirth. In this stage, Roquet believes, the experiences of satori, of illumination, and the true religious and mystical experiences are encountered. As a result, effective change and a reinvestment of the personality can be facilitated in the fifth, if seldom attained synthesis stage.

The synthesis stage takes place in the second half of the Roquetian psychosynthesis session, from the end of the sensorial stimuli to when the patients and their families leave the session room. In this 8–10 hour period, they have been sharing their experiences and reviewing their past

in the light of the new-found vision they have acquired of themselves. Family members come in, telephone calls are made; the focus is on integration, synthesis, and carrying this new vision of themselves and of the world into action—manifesting it in their daily lives.

CONCLUSIONS

Psychosynthesis as developed by Salvador Roquet presents a new method combining Freudian, Frommian, and transpersonal therapies. The therapeutic model employed by Roquet until his incarceration was the result of an evolutionary process spanning over six hundred psychosynthesis therapy sessions in seven years. With it he claims to have obtained the results expected from long-term psychoanalysis in an abbreviated period of time. I have personally noted great success in the treatment of some existential neurosis and anxiety, largely within a Freudian context.

As the use of psychedelics as valuable therapeutic tools is more and more demonstrated, it is the author's hope that controlled studies will be done incorporating Roquet's techniques, paying special attention to the therapeutic issues of concern to humanistic and transpersonal psychology. Some of the issues that I believe have not been successfully resolved by Roquet's therapy are: the establishing and working through of transference; the process of assuming responsibility and claiming personal power; the facilitating of true mystical and transcendental experiences, and the creation of an ongoing transpersonal process that would provide benefits similar to those derived from meditation, in order to support and nurture new and more dynamic personality structures.

REFERENCES

BENITEZ, F. *En la tierra magica del peyote*. Mexico: Era, 1968.

CHANDLER, A. L., & HARTMAN, M. A. LSD as a facilitating agent in psychotherapy. *Archives of General Psychiatry*, 1960, **2**, 286.

GROF, S. *Realms of the human unconscious*. New York: Viking Press, 1975.

LEUNER H. *Hallucinogenic drugs and their psychotherapeutic use*. R. Crocket, R. A. Saudisun & A. Walk (Eds.), London: Lewis, 1967.

LEUNER, H. Las drogas alucinogenas como auxiliares en la psicoterapia. *Revista del Instituto Nacional de Neurologia*, 1967, **13**, 1.

OSMOND, H. A review of the clinical affects of psychotomimetic agents. *Annals of the New York Academy of Science*, 1957, **66**, 418–434.

SAHAGUN, B. *Historia general de las cosas de la neuva España*. Mexico: Pedro Robredo, 1938.

SCHULTES, R. E. *In Flesh of the Gods*. Peter Furst (Ed.), 1972.

SHERWOOD, J. A., STOLAROTT, M. J. & HARMAN, W. W. The psychedelic experience: A new concept in psychotherapy. *Journal of Neuropsychiatry*, 1962, **4**, 77–84.

YENSEN, R. *Group psychotherapy with a variety of hallucinogens*. Paper presented at the meeting of the Association for Humanistic Psychology. Montreal. August 1973.

Reprint requests: Alberto Villoldo, P.O. Box 84, Cotati, California 94928.