Short Communication

SET, SETTING, AND MATRIX

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Abstract—The future use of psychedelics as an aid to therapeutic change is bound to come. The best source of information on how to use these extraordinary drugs is clearly a detailed description of the successes (and failures) of those researchers who have used these compounds to bring curative, creative and growth-potentiating experiences to their patients. A study of their work is recommended in order to identify those elements that lead to successful sessions. Two known essential elements are "set," which involves the personality and expectations of the patient, and "setting," which has to do with the environment of the session. A third element of importance is that of "matrix," which includes consideration of the environment (1) from which an individual comes, (2) in which the individual lives during the time of the sessions, and (3) to which the individual returns after successful therapy—the everyday living space; these three elements are discussed.

Keywords—conciousness-changing, mind-manifesting, psychedelic, therapy

"To make the trivial world sublime, take half a gramme of phanerothym," wrote Aldous Huxley to Humphry Osmond on the tricky question of what to call the new category of mind-changing compounds. Back came the answer from Osmond: "To fathom hell or soar angelic, just take a pinch of psychedelic." Neither Huxley nor Osmond felt that the names the medical profession was using, "hallucinogenic" or "psychotomimetic," were appropriate, and the word "entheogenic" hadn't been invented yet (Stevens 1988; Osmond 1959). What to do? Huxley believed "making the soul visible" was most descriptive; Osmond thought "mind manifesting" was better. Time and usage favored Osmond—psychedelics it was and has been.

In the current revival of interest in—and research on—the psychedelics, it might be useful to revisit the past and to examine some of the concepts and parameters of the discoveries from earlier research. This would be before the "tune in, turn on, and drop out" admonition of Timothy Leary brought such a rush to concur that legitimate work with psychedelics came to an end and only the black market and illegality were left. In the examination of some of the findings of those heady days of early psychedelic research, learning from that past may be of value.

As a psychotherapist using psychedelics for 22 years to assist in my practice (successfully, in my opinion), my interest is in the best and most appropriate use of these special mind-opening drugs to help people to a less constricted, more creative and healthful life. There are many factors which can help achieve this purpose, many of which were stumbled on and others of which were learned through long, hard, concentrated work those many years ago. Thus, it is perhaps time to review some of the important elements which those of us who worked with psychedelics therapeutically came to know about in the early days, and to add information from the treasure troves to which we were privy but which have not found their way into print.

The term "psychedelic" (or mind manifesting) covers a special category of mind-opening or consciousness-expanding compounds, some of which have been known as sacred plants (peyote, mushrooms, including psilocybin, ayahuasca, etc.) from early historic times, and some more recently compounded like LSD, and many other new inventions. Also, by extension "psychedelic" became the name for a specific kind of session—one using a high dose (usually 250 to 1,000 micrograms) of LSD, or sometimes psilocybin—whereby the goal was for the subject to experience a life-changing "integrative," mystic or cosmic experience. (In this article, we shall be using the word psychedelic in both its meanings, but with "method" added to specify the session.) This type of shoot-for-the-stars session was pioneered by Al Hubbard, known to many as the Johnny Appleseed of LSD. The psychedelic method was initiated and used successfully with alcoholics in the 1950s by Humphry Osmond and Abram Hoffer in Canada, and replicated by Keith Ditman at UCLA. Fifty percent of the skid row alcoholics who had a high-dose LSD session (with no therapy of any kind) became abstinent for at least six months following their integrative experiences during the session.

The other type of early use of psychedelics was known as the "psycholytic" method, so named by Hanscarl Leuner at a gathering of participants at Ronald Sandison's house in England following the February, 1961, meeting of the Royal Medico-Psychological Society in London. This method involved low doses of LSD, accompanied by therapy, in a series where the dosage was raised each week by 25 or 50 micrograms to a maximum of perhaps 150 to

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250 micrograms. Ron Sandison and I had developed this method independently; we had found it very successful therapeutically. There is still controversy over which is the more effective method, but it really depends on which is the more appropriate for the circumstances and the condition of the patient.

Circumstances and condition of the patient are extremely important elements which can determine the success or failure of the treatment session. Special descriptive terms soon developed to describe these conditions, with meanings pertaining specifically to psychedelic work: "set" and "setting." It seems appropriate to revisit their meanings and implications, and later to add the further concept of "matrix," which, to my knowledge, has not been described before in this particular context.

It is generally agreed that Tim Leary (alone or with the help of his group at Harvard) coined the terms set and setting. Leary writes (Solomon 1966) about psilocybin: "Set and suggestive contexts account for ninety-nine percent of the specific response to the drug. Thus, you cannot sensibly talk about the effects of psilocybin. It's always the set and suggestive context triggered off by the drug. A fascinating tension between these two factors—set and context—inevitably develops. If both are positive and holy then a shatteringly sacred experience results. If both are negative then a hellish encounter ensues. There is, of course, the tendency for people to impose their familiar games on to the psilocybin experience. . . ." And Stafford and Golightly (1967) note that ". . . 'set and setting' a phrase coined by Dr. Leary, has become a permanent part of the psychedelic idiom because in very simple terms it gives the components which determine what happens in an LSD session."

It behooves us to examine what is involved in set and setting (and later in matrix) in order to understand what the parameters were for early workers in the field for the sort of psychedelic session desired. These sessions could be either therapeutic, where even a "bad" trip could be "good" if helpful, or integrative/mystic/cosmic. Our therapeutic measure of success in either case: did the session help the patient to change in the desired direction?

Set refers to the subject; setting is the environment of the session. Matrix is the environment from which the subject comes: the environment surrounding the subject before and after the session, and the larger environment to which the subject returns.

Set has to do with a number of elements: the personality of the subject and his or her expectations of and motivation for the session; his or her preparation for the session both by those in charge and by the subjects themselves who were asked to be "prepared". That preparation ideally meant no loose strings or uncompleted tasks, no difficult or imminent chores to be done; in other words, clearing the field so there were no unnecessary distractions. With nagging concerns taken care of, the session could deal with the patient's problem. This preparation is particularly important in those cases where a transcendental experience is being sought in a psychedelic-method session.

The preparation on the part of the therapist or guide conducting the session should impart information about the drug, the dosage, what might be expected, what might be desired, elements of the session, the fact that someone would be with the patient at all times, aids to be used in the session (such as music, pictures, or a mirror) and that the session might be terminated at any time if desired (although this is not considered a good option). As a preparation, some therapists used talk sessions; Al Hubbard favored giving nitrous oxide to subjects "to clear the field."

Then there was the most important information for a therapeutic session, the suggestion that the subject should allow IT (whatever) to happen. At the symbolic level, where there are images and archetypes, the imperative was: "Move toward the problem!" In other words, one should go into the fire, toward the dragon, into the vortex, toward the void, toward that which is frightening. In a psychedelic session (as in life?), it is confronting the seemingly life-threatening situation that allows the problem to be solved and/or transcended. Another of our important maxims was: "Life—or the deep unconscious—knows better than we do."

An important element of all drug-potentiated sessions, as it is in all therapy, is the element of trust—or of learning to trust, since most of our patients had apparently lost their ability to trust. We felt that the series of low-dose sessions enabled patients to progressively let go of controls and to trust, not only the therapist or guide, but also the drug and the process itself.

Zinberg (1988) developed a group of rules for psychedelic use—plans should be made for use, never use with strangers or in a strange place, never use psychedelics by oneself, make special schedules for use, don't let significant other know (this feels very wrong to me), clean the surroundings before use—and rules about obtaining the drug and other specific items. Planning or structure includes specifications for food and beverages, activities during the trip, people to trip with, having a guide (an experienced user to be with someone new), being "secure and comfortable, in a good place," putting one's affairs in order, and being in a good mood.

The setting is the environment of the session, the site where it takes place, the people who are present (including the therapist/guide/baby sitter) and the aids used at the session—the props such as music, pictures, a mirror, live flowers, photographs from the patient's album, etc. A bare hospital room is NOT a good place for a session, as we learned from Dr. Sidney Cohen's first research with professionals (Cohen, Fichman & Eisner 1958). A number of important factors were learned from Cohen's study, as well as from Al Hubbard's sessions and the props which he had found useful in producing transcendental experiences. The

room where we gave our sessions was decorated like the most welcoming home of a friend, with a comfortable couch so the subject could lie down, easy chairs, plants, and attractive pictures.

It was mostly through experience that we found the music which worked best, although we had the benefit of Al Hubbard's many sessions. Our most effective music was classical, light classical at the beginning (as well as Hindu ragas) , and especially concertos during the body of the session. The interplay between the individual solo instrument and the whole orchestra seems to recapitulate life in a harmonious interaction. We had special music to take the patient into problem areas; for instance, a recording of Mexican curandera Maria Sabina's chants, and a particularly bombastic *Sinfonia Orienta*, as well as the more gentle *Kol Nidrei* with Pablo Casals. There was another body of music such as Bach's *Arioso*, songs by the Mormon Tabernacle Choir and "House of the Lord" to help transcend the problem.

A garden and nature are also helpful with problems and their resolution. Gardens are always more productive of the transcendental than the fanciest office. (As an interesting footnote, nature is an especially good setting for experiencing mescaline and psilocybin mushrooms).

And of course, the person of primary importance is the guide or therapist. Here there is a very simple necessity: the capacity for empathy. Of course the guide should have a truly nonjudgmental attitude and great patience, but empathy is the most important capacity. University degrees may be necessary for legal requirements, but it is openness of the mind and heart that really count. And, interestingly enough, we found that having both a man and a woman present speeded up the therapeutic process: growth happens best in the presence of yang and yin?

It scarcely needs to be stated that no one can be a proper guide without having experienced psychedelics himself or herself. This is the firm opinion of anyone and everyone who has worked with psychedelics. We have found no exceptions.

Friends or family members of the patient were welcome at the proper time (in the judgment of the guide) but were absolutely necessary toward the end of the session to drive the subject home. With group sessions, we found that people who had not been part of the session should be introduced carefully at the end, along with a symbolic ritual such as eating a meal together. It is also valuable to have the session recorded, if possible for review and for research purposes.

The concept of matrix has apparently not been of primary concern to psychedelic researchers, or elements of it have been subsumed under set and setting. By matrix is meant that environment from which the subject comes, such as family and living situation; the environment the subject is living in while having sessions; and the environment to which a patient returns after successful therapy—the everyday living space. A good matrix, like a good group or a good marriage, is a place where the best interests of the separate individuals are served within the creative context of the larger relationship. In other words, the situation is right for "him" and for "her," and for all the hims and hers, and also for the combination, all the "theys." When a matrix is working properly, it also becomes a process: the setting becomes one in which individuals can change and mature, and as they grow, the matrix expands to contain the additional growth. There is also continual reinforcement toward change.

Our interest in the matrix arose when a therapeutic community grew up around our drug work. Patients would come from out of town for treatment and find lodging in one of our four "communes." The therapeutic community was dedicated to change, and thus, creative changes in an individual undergoing drug-potentiated therapy were greeted enthusiastically. Also, the therapeutic community had a certain set of rules or structure (for orderly living) which seemed to be helpful for the patient undergoing sessions; change is more easily integrated in an orderly environment than in a chaotic one. Patients were allowed to stay as long as necessary, if not in one part of the community, then in another, particularly when the matrix from which the patient came was especially dysfunctional. When therapy was completed, an attempt was made to find the most positive situation to which to return the patient.

During the therapy, members of the community served as guides, baby sitters, and even members of the sessions, as in the initial commitment-to-nonviolence session. The commitment to nonviolence was an integral part of the therapy, and followed the intake interview and a complete physical for the subject. Its efficacy is indicated by the fact that there were no incidents of violence in any sessions, once the commitment session was in operation. The session, following a low-dose intramuscular shot of 25 to 40 mg. of ritalin, consisted of the patients saying a simple sentence, "I (name) will not hurt myself or anyone else physically during this session," a statement which sometimes took up to two hours to say perfectly to every person present at the session. This was followed by a discharge of hostility which we called "blasting" where patients were encouraged to discharge anger. Members of the group served as aides, witnesses, and stand-ins for family and friends with whom there were unresolved problems of deep anger, which were resolved by the vocal discharge of deep-seated rage rather than by acting out. It was as though the commitment created a network which allowed the rage to be expressed vocally without needing to be acted out physically.

In truth, the members of our therapeutic community became the matrix for subjects undergoing psychedelic therapy, and served as a matrix of transition back to the "everyday" world of the subject's continuing life. Did this work? It seemed to. Rapid change is very difficult to

sustain if the living environment is the same as the one which caused the difficulties in the first place. People who came for therapy grew and changed, and seeing them work through problems enabled observers to understand and manage their own change. Also, sessions with psychedelics were available to all members of the community when the need arose, as was deep-level body work, which often, just by itself, effected basic change. Many times I've heard a rolf or deep massage session described as "just like an LSD session."

The group, or therapeutic community, had a more than 20-year span. It was multi-generational and served as an extended family for its members. Most young members finished college and went on to advanced degrees. Even older members went back to school, changed careers, and started new endeavors. New families were started, and established families grew. Special care was taken to bridge to biological families so that further alienation did not occur. A number of books were written, paintings painted, sculptures created. Several dramatic productions were staged, one an original operetta written by two members. It was a period of intense creativity and growth. The therapeutic community served us, its members, well. And it served people with problems who wanted to change by means of psychedelic experiences especially well.

Thus, set, setting and matrix—the state of the subject, the circumstances and environment of the session, and the greater environment of the individual—are three vitally important components of psychedelic therapy. Set, setting and matrix must all be considered and planned for when psychedelics are again available as tools for therapeutic change. The more that is known about all the elements and parameters, the better future work can be. And the more that future researchers can learn of the successes—and, more particularly, the failures—of those who went before, the more creative and therapeutic will be their endeavors. The experiences of those of us who worked with psychedelics should serve as a base of knowledge and insight for the workers of tomorrow.

The future of psychedelics as an aid to therapeutic change is bound to come. Albert Hofmann's "problem child" is far too effective a tool for visiting and understanding the unconscious and consciousness, for training mental health workers, and for helping people to become more open, integrated and loving, to remain unused. But this time around, the use should be knowledgeable and appropriate, and managed with great care. The psychedelics can and have seemed miraculous in their power to help, and will prove even more helpful in the future.

Humanity needs help today if we are not to destroy ourselves and our environment—help in resolving problems, in integrating within ourselves, and in reuniting each of us to others and to the overall whole. What better place to find help than from the mind-changing, psyche-opening, consciousness-expanding compounds and the knowledge of their use from prehistoric times, through past use and research, into the present?

And truly blessed will be those privileged to do the work.

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