Shamans, Sacraments, and Psychiatrists

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This article reviews the role of psychedelic drugs as potential tools for psychiatric research and practice. The decline in the utilization of these substances is linked to social reactions, which led to psychedelics being scheduled as controlled substances and consequently unavailable for human research. Three different paradigms for the use of psychedelics in psychiatry are reviewed: the psychotomimetic, the psycholytic, and the psychedelic approaches. The psychotomimetic paradigm, which viewed hallucinogens as agents for temporarily inducing psychoses, proved to be of limited value to the understanding and treatment of mental illness. The psycholytic approach, which was derived from the psychoanalytic paradigm, is a technique employing low doses of psychedelic drugs to reduce psychological defenses and to release unconscious information. The high-dose psychedelic paradigm frequently produced reports of mystical or spiritual experiences, thus recasting the psychiatrist as the modern-day shaman. This paradigm has alienated many in the psychiatric profession and has led to a reaction against the use of psychedelics in psychotherapy. If the opportunity should arise to pursue sanctioned clinical research with these unique psychoactive substances, however, it will be imperative to learn from the traditional models of shamanic healers in order to optimally assess true clinical efficacy and safety.

Thirty years ago psychedelic drugs were regarded as exciting and promising tools for psychiatric research and practice. Their emergence in the 1950's coincided with the discovery of the neuroleptic drugs used to treat schizophrenia and helped to usher in the psychopharmacological revolution in psychiatry. Today, however, these unique psychochemical agents have been all but forgotten, except as dangerous substances of potential abuse. A search of the psychiatric literature over the past decade, with a few notable exceptions (e.g., Grof 1980; Grinspoon & Bakalar 1979), shows a virtual abandonment of the topic of psychedelics in the study and healing of the human psyche.

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Recently, a novel psychoactive drug related to the psychedelics, 3,4-methylenedioxymethamphetamine (MDMA)—popularly called Ecstasy—has undergone the same fate as the psychedelics and was placed in the most restricted class of controlled substances (Schedule I) by the Drug Enforcement Administration. Schedule I is reserved for drugs that have a high potential for abuse, have no currently accepted medical use in the United States, and have a lack of accepted safety for use under medical supervision. This occurred despite promising preliminary and anecdotal reports that MDMA greatly facilitates the process of psychotherapy and has advantages over the traditional psychedelics in this regard (Grinspoon & Bakalar 1986; Seymour, Wesson & Smith 1986). The controversy over the scheduling of MDMA was reminiscent of the debates in the 1960's about psychedelics.

Why have these drugs stirred up so much rancorous

debate? The widespread abuse of psychedelics in the streets and their identification with a politically active counterculture contributed greatly to the cessation of research with psychedelics. Yet there were special problems that arose from legitimate investigation with these drugs, which led psychiatrists to turn away from their use. This article will discuss the roles of implicit paradigms in the psychiatric use of psychedelic drugs, and will contrast this with the use of psychedeliclike plants by traditional shamanic healers. The relevance of set and setting to optimal utilization of psychedelic drugs within a clinical research setting will also be examined, as well as the need for contemporary scientists to take a fresh look at the knowledge accrued by the shamanic traditions.

HISTORY

In a review of the history of American psychiatry's ambivalent relationship with LSD, Neill (1987) described the problem of boundaries caused by the unique nature of the drug and the way it was used. The boundaries between religion and science, between sickness and health, and between doctor and patient all became blurred as a result of the methodologies and claims that sprang up around LSD. Basically, a "paradigm clash" (Kuhn 1970) arose between the standard methods of psychopharmacological investigation and the way many researchers wanted to study psychedelics. Paradigms are presuppositions, often unconscious and unarticulated, that underlie the conceptual framework on which methodologies for collecting and ordering data are based. Walsh (1980) has described some of the pitfalls of applying Western behavioral science paradigms to the study of the "consciousness disciplines" (the spiritual technologies for transforming consciousness), such as Buddhist meditation or Hindu Yoga. The use of psychedelics in psychiatry also demands a new paradigm (Yensen 1988). The authors of the present article argue that a more appropriate paradigm for the use of psychedelic substances in psychiatry must borrow from the traditions of shamans.

Biological psychiatry and treatment of mental illness have evolved largely from the paradigm of nineteenth- and twentieth-century allopathic medicine, with its philosophical reductionism and materialism (i.e., the mind can be understood through biochemistry) and its emphasis on the scientific method. This has resulted in allopathic techniques of treatment (i.e., the administration of medicines to counteract a pathophysiological state in a diseased person). This paradigm has been highly successful in many areas of medicine and psychiatry. However, other models for the healing of the psyche have existed in other cultures for millenia. As Torrey (1972) has pointed out, psychiatrists are also heirs to the tradition of the shamanic healer in tribal cultures. The shamans of these tribal societies also had "biological therapies" in their therapeutic armamentaria (see Dobkin de Rios 1989). However, shamans have used and continue to use very different paradigms to guide the manner in which they incorporate psychoactive substances into their healing techniques. An examination of shamanistic paradigms for the use of psychoactive substances is critical for understanding how to use psychedelics safely and effectively in modern industrial societies.

Before examining shamanic therapy techniques with psychedelic drugs, the three major paradigms that have evolved for the use of psychedelics in psychiatry will be discussed: the psychotomimetic, the psycholytic, and the psychedelic paradigms. The earliest of these, the psychotomimetic model, is closest to the allopathic model of most twentieth-century medicine. Here, administering psychedelic drugs is seen as introducing an exogenous substance into the brain to induce a temporary psychosis or toxic delirium. The discovery of the hallucinogens aroused much hope that the chemical causes of the major psychiatric disorders would be elucidated. However, it soon became apparent that the *psychedelic state* was unlike the major psychoses in many important aspects (Hollister 1968); and indeed the psychotomimetic paradigm has fallen out of favor with most researchers.

The psycholytic paradigm derived from the psychoanalytic movement in psychiatry, which was the profession's dominant force during the first half of this century. The psychedelics were seen as drugs that could weaken an individual's psychological defenses, thus releasing unconscious material and heightening emotional responsiveness for a patient in psychoanalytically oriented psychotherapy. It soon became apparent, however, that the material produced was very sensitive to the therapist's orientation; that is, whether s/he was of a Freudian, Jungian, or another persuasion. This led some critics to claim that all that LSD did was to heighten suggestibility. Moreover, in psycholytic therapy, care must be taken to utilize a low enough dose of LSD so as not to overwhelm the patient's ego to the point where verbal analysis would be inhibited.

The psychedelic paradigm forces the psychiatrist to be recast as a modern-day shaman. It would be instructive to look at some of the similarities between psychiatrists and shamans. (For the sake of convenience, the term "psychiatrist" will be used to refer to any professional who engages in psychedelic therapy.) One such similarity is the culturally sanctioned unique relationship between the healer and the patient that takes place in a formalized and structured setting. This is common to healers and their patients in all cultures. Specific to psychiatrists and shamans is the requirement that the healer undergo intense and specialized training to acquire firsthand experiential knowledge of the treatment modalities involved in healing. This means that the shaman acquires facility in dealing with altered states of consciousness (ASC) and that the psychiatrist undergoes his/her own psychotherapy or training analysis, al-

though the requirement that psychiatrists receive their own therapy has been deemphasized in the biological era of psychiatry. In addition, both psychiatrists and shamans go through long apprenticeships with senior members of their respective professions during the course of their training.

In psychedelic therapy the requirement that psychiatrists undergo their own treatments is taken one step further. In biological psychiatry, doctors do not take their own medicines. It is essential, nonetheless, that therapists employing psychedelics be familiar with the psychic process induced by these agents. This is especially true because the terrain can be so discontinuous with normal, everyday consciousness that it may arouse fear in patients, as well as for therapists who are not well acquainted with the range of experiences generated under the influence of psychedelics.

Perhaps an even more radical challenge to the traditional paradigms of psychiatry emerged from the psychedelic model: the finding that a peak mystical experience was a key therapeutic element in therapy. This alarmed many orthodox psychiatrists as well as other authorities who feared that their colleagues who were proponents of the psychedelic paradigm were becoming evangelistic and cultlike, as indeed some of them were (Freedman 1968). This emphasis on spiritual experience as a healing factor challenged the foundations of materialistic science and was incompatible with Freudian orthodoxy. Again, something can be learned from the shamanistic paradigm, where healing is inextricably set within a preternatural frame of reference.

Shamanistic cultures, in fact, do not split the world into secular and spiritual domains: Shamans are often the spiritual leaders of their communities as well as the healers. Moreover, healing is always conducted in a spiritual context. In addition to being masters of the spiritual realms, shamans are often political leaders and/or leaders of communal rites and rituals. In modern medicine, of course, the psychiatrist does not have this multiplicity of roles, although some would argue that there are implicit but unstated spiritual and political aspects to modern psychiatry. With the advent of psychedelic therapy and the use of high doses of substances to induce experiences that have been increasingly described in religious language and metaphor, the artificial distinction between spiritual and secular aspects of healing began to break down.

It is important to emphasize the distinction between the way modern psychiatry utilizes drugs and the way that shamans do. Shamans treat the naturally occurring plant substances that they use in their healing ceremonies as sacraments of divine origin and infused with mysterious meaning. The plants themselves are sacred and contain spirit powers, which either the shamans or their patients contact directly through ingestion to obtain information or knowledge or to enhance social cohesion. In modern psychiatry, psychoactive drugs are always administered to correct some pathological psychophysiological process, such as disordered thinking, high levels of anxiety, extremes of mood, or inability to sleep. The concept of giving drugs to patients so that they will gain knowledge or insight is unheard of, except in psychedelic therapy. The use of drugs for personal growth or spiritual exploration is also not sanctioned by psychiatry. It is curious to note, however, that prior to Western acculturation, shamanic societies that utilized powerful psychedelic drugs did not suffer from the problems of drug abuse that plague contemporary society, even though the use of psychedelics was often frequent (Blum 1969).

One of the ways that tribal societies maintain the sacramental nature of their psychoactive plants is to use them in ritualized settings where embedded meanings are shared by the community at large. In other words, shamans implicitly are aware of set and setting in their psychedelic drug use. Much has been written about the importance of set and setting in psychoactive drug use (Zinberg 1984), yet it is remarkable how often it is either ignored in psychopharmacological research or else attempts are made to factor out their effects as part of the placebo response. Yensen (1985) has written about the inappropriateness of using standard psychopharmacological paradigms, such as the double-blind placebo-control model, for psychedelic psychotherapy.

As most readers of this journal are aware, set refers to personality, intention, mood, and preparation of the individual ingesting a drug. Setting refers to the environment in which the drug is taken, including physical, interpersonal, and cultural aspects. It is useful to look at these extrapharmacological factors in detail to see the commonalities between the psychedelic paradigm of drug use and the techniques of shamans. All of the following factors are present to some degree.

EXTRAPHARMACOLOGICAL FACTORS

Preparation for the Session

Usually this takes place in the context of an ongoing relationship between a healer and a patient. Thus, the preparation can begin long in advance. Meetings between the healer and the patient involve discussing the goals of treatment, imparting information about the treatment, airing concerns and fears, and assigning readings. In traditional societies, the patients are often obliged to watch others use the drugs before they are given a dose themselves by the healer. There are often meetings with family or significant others, and the entire community may be present for a healing. Instructions for the patient may include fasting and other dietary restrictions prior to the session, abstaining from sex and/or intoxicants, or the use of techniques to quiet the mind, such as prayer or meditation. There may be rituals prior to the ingestion of the

psychoactive substances, as well as group interaction, dancing, movement or singing. The period of preparation is also the time when the shaman or therapist screens applicants as to their appropriateness for the psychedelic session. As in psychotherapy, proper intention and motivation are seen as very powerful factors in the therapeutic outcome. Furthermore, in order to ensure optimal safety to the patient, it is necessary for the therapist to possess a thorough understanding of the physiological effects of psychedelics, including which medical conditions and medications are contraindicated.

Powerful Expectation Effects Directed Toward Predetermined Therapeutic Goals

This factor is related to the placebo response, the positive expectations that the patient has that s/he is going to be healed. Shamans and psychotherapists utilizing psychedelics are aware that what they tell the patient beforehand will have tremendous influence on what happens during the session. Covert expectations by the patient or therapist are very important. For this reason, the orientation, experience, and personality of the therapist are critical variables. For example, a psychiatrist who believes that a patient will have a psychotic experience may easily set up a self-fulfilling prophecy. This is in contrast to healers who are aware of the transformational aspects of the psychoactive substances they use and who set the goals of the experience to produce culturally and psychologically meaningful experiences for their patients.

Formalized Structure of the Sessions

The setting itself includes the physical environment where the session is to be held, the intrinsic structure of the session, and environmental aids to facilitate the experience. Particular care is given to ensuring the physical safety of the patient during the session. Settings are sufficiently isolated from the outside world to minimize the intrusion of any disruptive external influence. Furthermore, the patient is closely monitored by the therapist (and his/her assistants) throughout the session in order to prevent any potentially dangerous behaviors.

Therapists who employ psychedelics emphasize that sessions should be held in comfortable home-style surroundings with accessibility to beautiful paintings or other works of art as well as objects that are meaningful to the patient. This will enhance the likelihood of positive associations and positive outcome for the patient, whose perceptions are in a heightened state of acuity. An environmental aid that is almost ubiquitous in shamanistic and psychedelic therapy is the presence of music to structure the session (Dobkin de Rios & Katz 1975). For millenia, shamans have used singing, chanting, drumming, rattling, or any of a number of techniques to facilitate the patient's entering an ASC. Grof (1980) has written about the use of music to shape and structure the experience for the individual, and to guide and facilitate the induction of ASC.

The use of ritual has also evolved as extremely important and useful—and some would argue that it is necessary (Metzner 1988)—to obtain the kind of therapeutic effect desired from psychedelic therapy. In this sense, rituals are far from being the obsessive acts described by Freud. For shamans, spirituality and healing are integrated parts of the same activity. Rituals facilitate and structure the experience so that a focus of concentration allows the mind to enter more deeply into the implicit meaning. As previously mentioned, sacred rituals give structure and social sanctions to drug taking in tribal societies. When drug taking becomes desacralized, as it has in Western societies, the ritual behavior surrounding drugs may persist but becomes associated with groups that are perceived to be at odds with and outside of the mainstream of society.

Groups also play a prominent role in psychedelic therapy. Shamanic societies frequently use drugs in a group setting to heighten the reinforcing effects of social expectations and communal participation. Group models have also evolved in psychedelic therapy (Adamson & Metzner 1988; Blewett 1970). The power of shared belief systems in groups is well known in psychotherapy, and this factor has been capitalized on in psychedelic therapy. One well-known Mexican therapist employing psychedelics, Salvador Roquet, utilized the group dynamic as an integral part of his sessions (Villoldo 1977).

Induction of the Altered State of Consciousness

Traditionally, a variety of methods have existed to induce ASC. Nondrug techniques include dancing, singing, chanting, drumming, fasting, prayer, prolonged isolation, and sensory deprivation. Some anthropologists have in fact argued that such altered states are virtually indistinguishable from those induced by psychedelic plants (Harner 1980), and modern nondrug psychotherapeutic techniques utilizing ASC have been developed (Grof 1988).

In examining shamanic induction of the psychedelic state of consciousness through ingestion of psychoactive plants, it is important to understand all the variables involved, including plant type, plant admixtures, and dosage. Shamans must have comprehensive knowledge of the indigenous plant pharmacopoeia in order to provide safe and effective treatments for their patients. If the renewal of sanctioned clinical research with psychedelic drugs is to occur, those actively engaged in this work must utilize the knowledge that can be gleaned from traditional shamanic practitioners. The modern therapist employing psychedelics must also be knowledgeable of the psychopharmacology of both naturally occurring and synthetic psychedelic drugs.

The Psychedelic State

Through their knowledge of the intrapsychic terrain, shamans guide their subjects through the many facets of the psychedelic state. The metaphor of the "trip" as a description of this process occurs cross-culturally. Huxley (1954) eloquently described how states of both heaven and hell may be encountered as integral elements of the healing journey. The expert shamanic guide facilitates and directs this process so that even periods of severe emotional distress (or in more recent parlance, the bad trip) may result in a positive therapeutic outcome. Even though strict adherence to optimal set and setting as well as prescreening of potential subjects are compulsory in psychedelic therapy, inevitably difficulties are encountered. In an uncontrolled environment and within the context of nontherapeutic and nonspiritual expectations, these difficulties may lead to significant danger for the subject (Cohen 1985). However, in the hands of an expert guide and facilitator, such critical junctures may culminate in profound therapeutic breakthroughs.

The Postpsychedelic State

As the subject begins to emerge from the psychedelic state back to the condition considered to be ordinary consciousness, the opportunity arises to begin the process of integrating the insight and vision that has been experienced. In traditional societies, shamans discuss and explain the significance of what transpired during the profoundly altered state of mind that the patient encountered during the session. From the perspective of modern psychedelic psychotherapy, similar emphasis must be placed on utilizing the postpsychedelic state to optimize the realization of therapeutic goals. Comprehensive processing in the hours and days that follow the psychedelic experience is necessary to increase the likelihood that the insight and gains achieved during the drug-facilitated state will be retained.

Follow-up

A neglected area in earlier psychedelic research has been the failure of researchers to perform careful follow-ups of study subjects. As with any psychotherapy research, proper follow-up is essential to obtain accurate assessment of therapeutic outcome.

In summary, careful attention to set and setting is essential to the establish the true clinical efficacy of psychedelic drugs. When the factors addressed above are implemented, adverse effects are virtually nonexistent (Strassman 1984).

CONCLUSION

Over the course of this century, psychiatrists periodically have examined the role and innate mental conditions of shamans. Many observers, coming from the vantage point of orthodox psychoanalysis, have judged the shaman to be mentally ill (Devereux 1958). Various psychiatric diagnoses attributed to shamans have included schizophrenia, hysteria, and epilepsy. Current transcultural assessments, however, refute this position (Noll 1983; Jilek 1971). In the present article, a perspective more in line with the transcultural observers has been proposed. If one accepts the fact that shamans are neither deviant nor deranged, but rather are valuable members of their communities who have abilities in a number of domains (including healing), then one becomes more open to learning from their perceptions of illness and its treatment.

This article has focused on the uses of psychedelic sacraments or "medicines" by shamans in traditional cultures and their relevance to modern psychedelic psychotherapy. If American psychiatry is to embark on a renewed investigation of the potential therapeutic role of psychedelics, the lessons of the traditional shamanic healers must be incorporated as an integral component of such future clinical research.

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