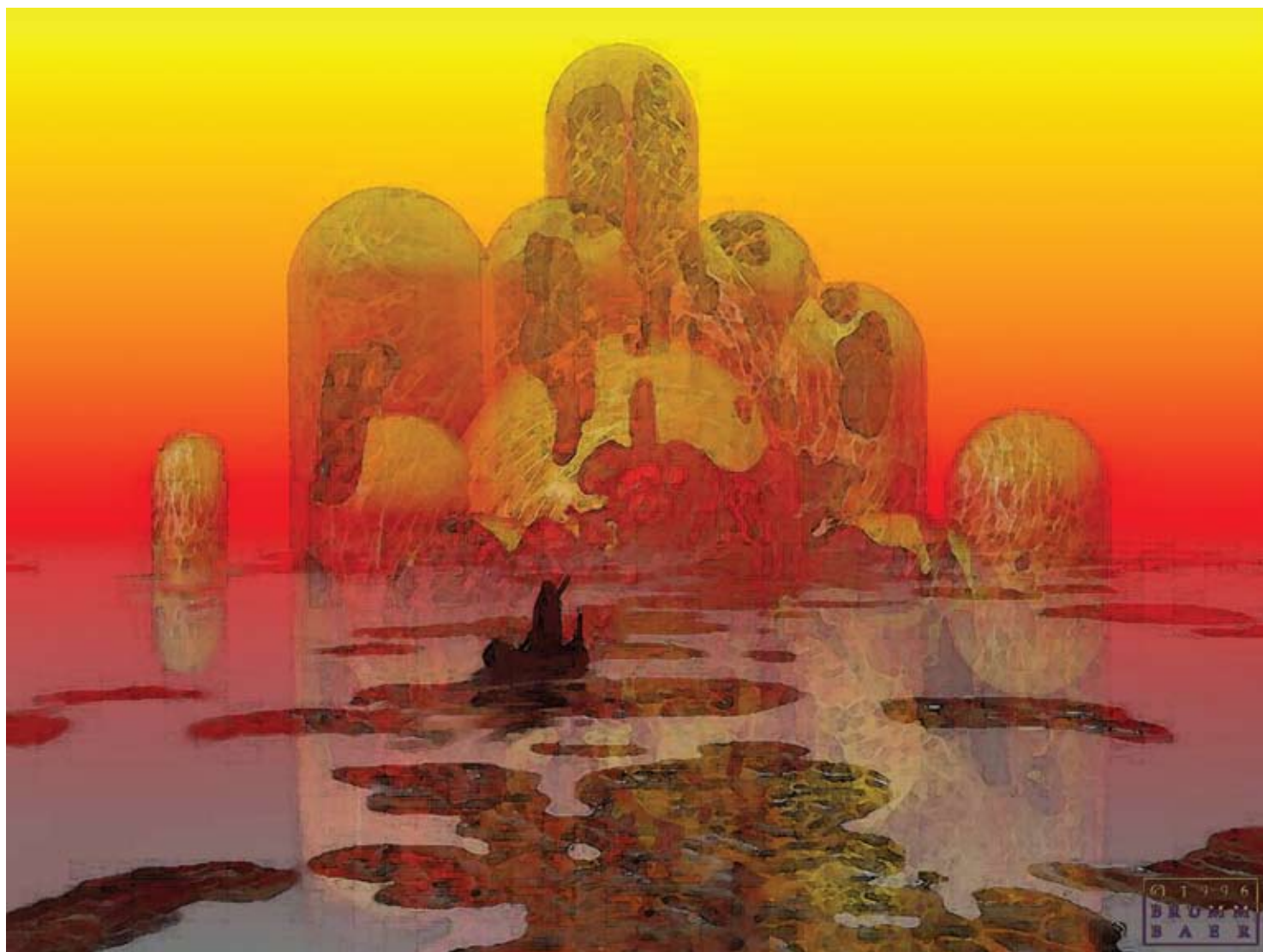


MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES

MIAPS



SPECIAL EDITION:

Psychedelics, Death and Dying

Edited by David Jay Brown, M.A.

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"Wanderer Awake" by Andrew "Android" Jones, created for David Wilcock's album cover. Painted live on the beach of Salvador, Brazil on the first dawn of 2009. This image, in various sizes and mediums, as well as other artwork by Andrew Jones, is available for purchase with proceeds benefiting MAPS at: www.maps.org/androidjones

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As evidenced by the photo on the back cover, guest editor David Jay Brown has looked death in the eye and not flinched. David took this picture of his close friend Elizabeth Gips after she had died and after her body had been lovingly prepared as a form of honor, celebration and commemoration. We pondered at length—both together in our deliberations and apart during quiet personal reflections—on whether it would feel beautiful and awesome to actually use this photo on the back cover, or whether it would be too off-putting, too frightening, or simply unpleasant. Typically, an image such as this causes us to instinctually turn away. However, we became persuaded to publish the photo as we recognized both the dignity and love that shines through the image and the rarity of such a picture. We intend for this portrait to help us all come to terms with the fear that death engenders and to see through this fear to the wholesomeness of death.

It is timely to focus this special issue of the *MAPS Bulletin* on psychedelics, death and dying when both MAPS and the Heffter Research Institute are conducting studies investigating the use of psychedelics in patients who are facing life-threatening illnesses, to help them to cope with the anxiety associated with their upcoming deaths.

The picture of Elizabeth brought to mind a moment of emotional clarity for me, a moment which took place at the funeral of my friend and ally Nicholas Saunders. Nicholas died suddenly in an automobile accident, as the passenger in a car that slid off a narrow shoulder of a hilly road and tumbled over and over. Nicholas was buried on his own property, in a simple wooden coffin that children in his community decorated with crayons and magic markers. I marveled at the proximity of children laughing and playing with death inches away—particularly since it was unsettling for me to be so tangibly close to the body of a friend who was no longer alive. The scene seemed so fundamentally healthy that a portion of my fear of death noticeably dissolved in those moments.

Intellectually, I've come to appreciate and welcome death as the central fact that gives life meaning, poignancy, and value. Without death, with infinite life ahead of us, there would be no urgency, no need for action, no value to the passing of time, no arc from birth to death, no point and no purpose. Emotionally, death makes life and love shine like the stars amidst the darkness of the sky. Intellectually, I see death as necessary and essential, to be cherished and accepted despite the pangs of sadness and loss that follow in its wake—especially after an untimely death. Even after an untimely, tragic death, the pain is in some measure related to the joy produced by the life that first came into being before it was extinguished.

Lately, I've been reflecting on the statement, "Nothing lasts, nothing is lost," attributed, perhaps correctly, to "sacred Indian writings." It is clear that nothing lasts. Whether nothing is lost isn't so clear, though it's certainly a comforting thought. But even if nothing lasts and everything is lost, there is still the intrinsic value of the moment. The present moment, ultimately, is more than enough, a gift of grace of unfathomable value, which our friend and lover death paints in stark relief.

What is more difficult for me now are the slow encroachments that death makes, the inroads of decay and decline. Yesterday, I needed glasses as my eyes lost focus, today my hair retreats, tomorrow it will be something else that slips away. I try to see and accept these changes, and to extract from that knowledge an increased appreciation for the preciousness of each remaining moment. Even the sight of my children growing up and exploring ever wider outside our home, is both a sign of their waxing and my waning.

Despite the tolls of aging, I feel like I'm still gathering momentum, insight and joy. This feeling arises from my profound relationships with my family, friends and colleagues, and my invigorating work with MAPS. I am blessed to be at the helm of an organization with such breadth of support. Every day I get to work for MAPS, I know that there are thousands of people who are patiently lifting us up toward our goals. I am grateful to have this life to work toward the creation of legal and safe contexts for people to benefit from psychedelic psychotherapy and spirituality.

As you read this special issue of the *MAPS Bulletin*, we'll be looking together at death through the psychedelic lens. As people have found for thousands of years, psychedelics, when well-used, serve to create more appreciation for the miracle of our everyday lives. How fortunate are we to have found that psychedelics can contribute to a heightened sense of the rewards of work towards social justice, human rights, and the gradual expansion of our psychedelic and medical marijuana research projects—which our collective efforts make possible.



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From the Editor: David Jay Brown

Photo by Dee DeBruno



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...it's no
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The Grateful
Dead.

WHEN acclaimed novelist and philosopher Aldous Huxley was dying, his final words were: “LSD, 100 micrograms I.M.” Huxley’s wife Laura complied with his wishes, and the celebrated author of *Brave New World* crossed over the post-biological threshold into the White Light with Hofmann’s magic molecules nestled into the synapses of his brain. My dear friend and mentor, Dr. Oscar Janiger—who conducted many of the early LSD and creativity studies—followed in Huxley’s footsteps and also departed from this world while tripping on LSD (which is recounted for the first time in this Bulletin by Rio Hahn).

I’ve visualized these historical sequences many times, wondering what it was like for great minds like Huxley and Janiger to die while tripping on LSD. The inspiration for these final journeys were based upon the work that early LSD researchers had done with terminally ill patients; however, the relationship between the psychedelic experience and the experience of dying, death, and rebirth is ancient, and likely began in prehistory. Modern cultural links in art and music abound, and it’s no accident that the most celebrated psychedelic rock band of all-time is known as The Grateful Dead.

Some of the most valuable and promising research that’s been conducted with psychedelics has been in the area of treating the terminally ill. For example, the studies of psychiatric researcher Stanislav Grof and colleagues at Spring Grove State Hospital in Baltimore, with terminally ill patients, provided strong evidence that a psychedelic experience can be immensely beneficial for people in their final stages of life.

Between the years 1967 and 1972, studies with terminal cancer patients by Grof and colleagues at Spring Grove showed that LSD combined with psychotherapy could alleviate symptoms of depression, tension, anxiety, sleep disturbances, psychological withdrawal, and even severe physical pain that was resistant to opiates. It also improved communication between the patients and their loved ones. Grof joins us in this special issue to share his thoughts on this subject, as does Orenda Institute Director Richard Yensen, Ph.D., who studied psychedelic psychotherapy with Grof at the Maryland Psychiatric Research Center.

Also joining us is medical anthropologist and Buddhist Roshi Joan Halifax, Ph.D., who

worked on the studies at Spring Grove with Grof as well. Halifax—who has done extensive work with the dying for over forty years, and in 1994 founded the Project on Being with Dying, which has trained hundreds of healthcare professionals in the contemplative care of dying people—attributes part of her motivation for working with dying people to the LSD research that she did with terminal cancer patients.

For this *Bulletin*, I also interviewed MAPS-sponsored Swiss psychiatrist Peter Gasser, M.D. and Johns Hopkins psychopharmacologist Roland Griffiths, Ph.D., who are currently conducting psychedelic research with subjects who are nearing end of life. UCLA researchers Charles Grob, M.D. and Alicia Danforth, Ph.D. also join us in this special issue to share their current research that is studying how psilocybin might help to ease the anxiety around dying.

Considering that the dying process is probably the most universally feared of all human experiences, that the death of loved ones causes more suffering in this world than anything else, and that death appears to be an inevitable fact of nature—it seems like it

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might be a good idea to pay attention to what researchers have learned about how psychedelics can help to ease the dying process. That's why this special edition of the *MAPS Bulletin* brings together scientific researchers, undertakers, caregivers, physicians, poets and artists to explore the important relationship between psychedelics, death and dying.

Death of the Ego

One of the most commonly reported experiences that people have with the classical psychedelics is a sense of boundary-dissolving unity, where one's personal consciousness merges with a much larger transpersonal planetary or cosmic awareness. This period of "ego death"—where the individual personality dissolves and consciousness remains—is followed by a "rebirth" of the ego, which now incorporates the higher perspective of cosmic unity. Reports of this personality-dissolving experience stretch back to ancient shamanic traditions from all around the world, and it is considered by many people to be an archetypal feature of the psychedelic experience. A lot of people think that they're actually dying during a psychedelic experience, and they find themselves letting go of their lives, surrendering their egos, and merging with a timeless state of consciousness. John Harrison shares his thoughts about this subject in an essay that he contributed to this Bulletin, and Kolya Djzivkovic recounts an archetypal death and rebirth experience that he had with psilocybin mushrooms at the age of nine.

The Tibetan Book of the Dead—a religious manual about how to navigate through post-corporeal space, which is read to Tibetan Buddhists as they're dying—is also known for its uncanny application to the psychedelic experience. In fact, the first LSD-tripping manual—*The Psychedelic Experience*—was based upon an interpretation of *The Tibetan Book of the Dead* by Timothy Leary, Ph.D., Richard Alpert, Ph.D. (Ram Dass), and Ralph Metzner, Ph.D. Ralph Metzner joins us in this special issue to revisit this fascinating religious literature, and share the views that he has developed on this subject since *The Psychedelic Experience* was first published in 1964.

Many people believe that psychedelic experiences can not only give us insight into what happens after we die, but that they actually model or simulate the afterlife experience to a certain extent. Rick Strassman's research on the powerful psychedelic DMT (which is also found naturally in the brain), and Karl Jansen's work with the dissociative psychedelic ketamine, may provide evidence for the type of biochemical and psychological changes that occur in the brain when we're dying, as they appear to simulate some important features of the near-death experience. (For more information about this important research see Strassman's *DMT: The Spirit Molecule* and Karl Jansen's *Ketamine: Dreams and Realities*.)

When I asked Rick Strassman how he thought that the DMT experience is related to the near-death experience, he replied, "I hypothesize that DMT levels rise with the stress associated with near-death experiences, and mediate some of the more "psychedelic" features of this state." To explore these ideas further, I interviewed parapsychologist and altered states expert Charles Tart, Ph.D. about the similarities and differences between a psychedelic experience and a near-death experience for this Bulletin.

What Happens After We Die?

One of the questions that I've asked almost everyone who I interviewed over the past twenty years is: What do you think happens to consciousness after we die? I've asked this question to many dozens of renowned thinkers—many of whom have experimented with psychedelics—as both an exercise of the imagination and a form of spiritual exploration. Personally, I think that this is one of the most fascinating mysteries in all of nature—and with inconclusive evidence on all sides of this mystery, I think that it's safe to say that no human being has the slightest idea what really happens to consciousness after death. There is an abundance of compelling evidence for and against the notion that consciousness survives death, but, nonetheless, death remains, as the late ethnobotanist Terence McKenna said, "the black hole of biology."

...despite the ever-mysterious metaphysical truth hiding inside us about the ultimate source of consciousness, the dying process itself appears to be significantly eased by psychedelic therapy.

Years ago, I was hiking through the hills of Big Sur, California with my dear friend, artist and poet Carolyn Mary Kleefeld. We came to the top of a hill and looked down into the valley below. There, in the center of the valley, was the rotting corpse of a dead horse. All over the hillside the grass was brown and dry—except around the decaying corpse, which was surrounded by a ring of bright green grass. The fluid and transformative nature of life energy couldn't have been more obvious to us than it was then. If consciousness is a form of energy, then it might flow on in some form after death too. Carolyn Kleefeld (who did the beautiful artwork for the cover of the *MAPS Bulletin* that I edited on technology and psychedelics) also joins us in this special issue to share some of her wisdom-filled poetry and art about death and the transformation of consciousness.

Design For Dying

When the late LSD researcher and psychologist Timothy Leary, Ph.D. was dying of cancer he announced to the world that he was “thrilled” and “ecstatic” to be entering the mystery of death. Tim spent the last year of his life celebrating, and interacting with the media, really enjoying himself, despite his illness. Many people in human history have attempted to die with dignity, peace of mind, or as a process of spiritual awakening, but it was Tim's admirable and innovative idea to try and make dying fun and exciting. I was fortunate to have been able to spend time with Tim while he was dying, and witnessed how he courageously and playfully utilized his dying process as a way to help change our culture's negative attitudes about death. Tim told me that one should approach death in the same way that one approaches a psychedelic experience, with special attention to set and setting. He suggested crossing over the threshold surrounded by sacred music and beautiful art, loving friends and family, flowers, incense, and candles.

My dear friend Valerie Corral, cofounder of the world's most leading-edge and politically successful medical cannabis cooperative, the Wo/Men's Alliance for Medical Marijuana (WAMM), spends much of her time with people who are dying. Like Grof, Leary, and Halifax, Valerie has also been a powerful force in changing our culture's views about

death, and the form of hospice care that she helped to create, utilizes cannabis, not only for its medical properties and symptom relief, but also for its psychedelic mind-changing properties, and potential for psychological and spiritual transformation. Valerie joins us in this special issue to share a mystical experience that she had while her dad was dying, and how the recent death of her brother impacted her. Also joining us in this special issue is British undertaker Rupert Callender, who describes his work with ecologically-friendly burials, and explores conscious alternatives to conventional funerals using psychedelic therapy.

Death is the hardest thing to face about life, to accept that our time here is temporary. A lot of people successfully ignore thinking about this obvious fact for much of their lives, but I think it's vital to always remember that every moment is sacred, and each embodied second is precious. Maybe there are wonderful new and everlasting adventures awaiting us after we die. After experiencing the powerful mind-altering perspective of a deep psychedelic experience, it's hard for me to believe that consciousness doesn't continue on in some form—but, of course, this could all be a magnificent illusion. However, despite the ever-mysterious metaphysical truth hiding inside us about the ultimate source of consciousness, the dying process itself appears to be significantly eased by psychedelic therapy. So we can all be thankful for this, and rejoice that these promising therapies are once again being explored by modern medicine.

When asked, if there was something that psychedelics could teach us about death, spiritual philosopher Ram Dass replied, “Yes, absolutely. Starting with Erik Kast's work back in the sixties at the University of Chicago. One quote from his work stands out in my mind. It was from a nurse who was dying of cancer and had just taken LSD. She said, “I know I'm dying of this deadly disease, but look at the beauty of the universe.”

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Cultivating Compassion and Fearlessness in the Presence of Death: An Interview with Roshi Joan Halifax

By David Jay Brown



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Roshi Joan Halifax, Ph.D.—medical anthropologist, Zen priest, hospice caregiver, civil rights activist, ecologist, and renowned author—has an unusual talent for integrating scientific and spiritual disciplines. Halifax has done extensive work with the dying for over forty years. In 1994 she founded the Project on Being with Dying, which has trained hundreds of health-care professionals in the contemplative care of dying people.

Halifax served on the faculty of Columbia University, the University of Miami School of Medicine, the New School for Social Research, and Naropa University, and she has lectured at many other academic institutions, including Harvard Divinity School and Harvard Medical School. She is the founder of the Ojai Foundation—an educational and interfaith center in Southern California—which she led from 1979 to 1989. Halifax currently serves as abbot and guiding teacher of Upaya Zen Center in Santa Fe, New Mexico, a Zen Peacemaker community which she founded in 1990.

In the 1970s, Halifax and her ex-husband Stanislav Grof, M.D., Ph.D. collaborated on a landmark LSD research project with terminally-ill cancer patients at the Spring Grove Hospital in Maryland, which we discuss in the following interview. (I also interviewed Grof about this research for this *Bulletin*.)

Halifax is the author or coauthor of seven books, including *Being with Dying*, *Shaman: The Wounded Healer*, and *The Fruitful Darkness*. *Being with Dying* is the very best book that I've ever read about caring for people who are dying, and I can't recommend it more highly. It's a book that I think every human being should read. Halifax also coauthored *The Human Encounter with Death* with Grof. This important book discusses their LSD research, and describes a number of psychedelic experiences which in some ways resemble reports of near-death experiences. (*The Human Encounter with Death* has recently been revised and updated by Grof, and was republished by MAPS as *The Ultimate Journey*.)

Halifax is a Zen Buddhist roshi. She has received “Dharma transmissions” from both Bernard Glassman and Thich Nhat Hanh, and previously studied under the Korean master Seung Sahn. The procedure of “Dharma transmission” refers to the manner in which the teachings of Zen Buddhism are passed down from a Zen master to his or her disciple and heir. It establishes the disciple as a transmitting teacher and successor in an unbroken line of teachers and disciples, a spiritual “bloodline,” so to speak, that is said to be traced back to the Buddha himself.

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I interviewed Joan on December 16, 2009. I felt a lot of gratitude that she took time from her busy schedule to speak with me for this *Bulletin*, and she was very kind and gracious. We spoke about her work with people who are dying, some of the most important lessons that she learned from this work, and how the LSD research that she participated in during the early 70s helped to motivate her to do more work with dying people.

David: How did your experience with your grandmother's death as a child influence your motivation to work with dying people?

Joan: One of the people that I was closest to as a child was my grandmother, who worked as a sculptor carving tombstones for local people in Savannah. She was a remarkable woman who often served her community as someone comfortable around illness and death, someone who would sit with dying friends. And yet when she herself became ill, her own family could not offer her the same compassionate presence. When my grandmother suffered first from cancer, and then had a stroke, she was put into a nursing home and then left largely alone. Her death was long and hard. When she finally died, I felt deep ambivalence, both sorrow and relief. As I stood there looking at her gentle peaceful face in a coffin at the funeral home, I made the commitment to practice being there for others as they died.

David: What other factors led to your interest in helping to care for people who are dying, and how do you think that caregiving can be viewed as a spiritual path?

Joan: We all are facing our mortality. Plato clearly said the bedrock for spiritual experience is understanding death. And it is a very profound experience to contemplate one's own mortality, as is the experience of actually caring for a dying person.

David: Can you talk a little about the LSD research that you did with Stan Grof, and how this affected your perspective on death and dying?

Joan: Stan and I worked with dying people at the Maryland Psychiatric Research Center. Prior to this, I had been at the University of Miami School of Medicine, where I saw that the most marginalized people in that medical setting were individuals who were dying. The physicians would say that medicine and drugs are about saving lives. So when Stan and I got married, and I moved up to the Baltimore area, I joined him in his project, working with dying people.

It was a very extraordinary project. It was really a contemporary rite of passage. I had

studied rites of passage as an anthropologist, and to engage in such a powerful one was very interesting. So he and I worked with a number of people who were dying of cancer. Subjects were referred to the project by social workers and physicians.

There was one patient, a doctor who had referred himself to the group. He was dying of pancreatic cancer, and through that work I had the opportunity to have a real experience in seeing that the human spirit, the human psyche, is profoundly underestimated. LSD is referred to as a "nonspecific amplifier of the psyche," and I felt very privileged to sit for many hours with a person dying of cancer, and share his or her psyche in the most intimate way—aspects of which that were, in general, not normally accessible in a non-altered state of consciousness.

David: How did this affect your perspective on death and dying?

Joan: It inspired me to continue the work. I began this work in 1970 feeling very concerned about dying people. Prior to that I'd been inspired by my grandmother, who was taking care of dying people, and then herself had a very difficult death. I made a vow that I would try to make a difference. Then I saw that the work with LSD was so effective in facilitating a deep psychological process for people who were dying, that actually it enhanced their quality of their life and their relationships. It enhanced their experience of dying and of death.

David: How do you think a psychedelic experience is similar to and different from the natural dying process, or a near-death experience?

Joan: I think that you can't really say. At least I can't say, although maybe Stan can. But the unbinding process that individuals go through on physiological and psychological levels, in the process of dying can be very powerful. From my point of view, sitting with many dying people over the years, has basically been a psychedelic experience. We had at least one patient tell us that he died, went through a near-death experience, and came back. He reported that he experienced what had happened to him in the LSD therapy. He didn't die in the end. Well, he died in the end, but in the middle he didn't die. However, he went through a clinical death experience, came back, and said it really transformed his view of death. In the end, he was much more accepting of his mortality as his death drew near.

David: How has your Buddhist perspective been helpful in working with people who are dying?

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Joan: Buddhism has many important perspectives on the truth of impermanence, the realization of the absence of an inherent self, or the experience of meditation and letting go, and on bearing witness to suffering, and the experience of compassion. Quite frankly, I think that if our patients at the Maryland Psychiatric Research Center had had more of a Buddhist orientation, or Buddhist practice, they would have gotten a lot more out of their LSD experiences. It's not to say that their LSD experiences were not profound, but sometimes it's very hard for people to let go. That's just not what happens in our Western culture; Buddhism is about accepting and letting go. So it certainly has a profound parallel to what we had hoped to see happen in LSD experience when we were working with dying people.

David: How do you think the prevailing Western attitudes about death hinder our ability to properly care for, and learn from, people who are dying?

Joan: I think that we have not reconciled ourselves with the experience of dying, because people in Western cultures fear death so much. But I feel that Western cultures are coming along—in part through their insight from psychedelic experiences, and also through Buddhist forms of meditation.

David: What would you say are some of the most important lessons that you've learned from working with people who are dying?

Joan: As you can imagine, there are so many. I'd say read my book *Being with Dying*. But in essence, I think that the most important part of working with dying people is about encountering the sanctity of life—to see life in all of its richness in the present moment, to appreciate one's life, and share the fundamental joy of being alive and helping others. I think that it's really important to ask ourselves on a daily level—how do we serve people? And this is one of the frequent outcomes of people who have had the LSD experience. Stan and I often found that the psychedelic experience was a source of profound inspiration, which motivated people to want to be of service in the world, even if they were facing the end of their life.

David: What do you personally think happens to consciousness after death?

Joan: I have no idea.

David: Have you ever speculated or thought about what might happen?

Joan: No. I stay away from speculation.

David: So are you saying that you value not knowing?

Joan: It's not a matter of "not knowing". I really don't know! It's not theoretical, it's just pragmatic. I don't know what happens after death. When people ask me, I say "I don't know." And when a dying person asks me, I say, "I don't know, but what do you think happens after death?" I listen and learn from their perspectives, which I value. But from my own experience, I have no idea.

David: What do you think is the best preparation for death?

Joan: Meditation. No question about it.

David: I heard that years ago you had spoken with Laura Huxley about developing a concept called "dying healthy," which was about dying in a healthy and balanced way. Is this a concept that you could expand upon?

Joan: I feel that the work that I'm doing, and we're doing, in all these dimensions to better the care of the dying, is, in a certain way, very much in accord with what Laura was trying to establish at that time. My own work in the field of death and dying now, and for many decades, has been in the training of clinicians, in bringing more presence, more compassion, and more wisdom in their care of dying people.

David: Can you talk about the Project on Being with Dying, and what you're currently working on?

Joan: I've been working on a big project for many years that is engaged with training clinicians in compassionate and contemplative care of the dying. We work in four transformational areas: transforming the experience of the clinician, transforming the experience of the patient, transforming the and transforming the institutions that serve dying people. We do an intensive training program annually. We're also working on the development of regional projects throughout the country, where I teach in medical schools and medical settings.

David: Is there anything that we haven't spoken about that you would like to add?

Joan: Just that I feel very grateful for having met Stan, and having had the opportunity to engage in the LSD project at Spring Grove. It was a pivotal process in my life, where I saw a very deep kind of therapy, which was also a sacred therapy. It was a rite of passage, guiding individuals in the experience of living and dying. So my gratitude for working with Stan and having that opportunity, which opened up new doorways for me is really profound. •

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The Experience of Death and Dying:

Psychological, Philosophical, and Spiritual Aspects

By Stanislav Grof, M.D., Ph.D.



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Czech-American psychiatric researcher Stanislav Grof, M.D., Ph.D. is one of the founders of the field of transpersonal psychology, the co-developer of Holotropic Breathwork™ therapy, and has been a pioneering researcher into the use of non-ordinary states of consciousness for over fifty years.

Grof is also one of the world's experts on LSD psychotherapy, and has supervised more legal LSD sessions than anyone else on the planet. Grof's near-legendary work at the Spring Grove Hospital in Maryland—treating alcoholics and terminally ill cancer patients with LSD—is some of the most important psychedelic drug research of all time.

Grof is also the author or coauthor of over twenty books, including *LSD Psychotherapy* and *The Ultimate Journey*, which were both published by MAPS. For more information about Grof's work see: www.holotropic.com and www.stanislaw-grof.com.

To follow are some excerpts from Grof's essay "The Experience of Death and Dying: Psychological, Philosophical, and Spiritual Aspects," and some excerpts from an interview that I did with him.

Very few people...
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According to Western neuroscience, consciousness is an epiphenomenon of matter, a product of the physiological processes in the brain, and thus critically dependent on the body. The death of the body, particularly of the brain, is then seen as the absolute end of any form of conscious activity. Belief in the posthumous journey of the soul, afterlife, or reincarnation is usually ridiculed as a product of wishful thinking of people who are unable to accept the obvious biological imperative of death, the absolute nature of which has been scientifically proven beyond any reasonable doubt. Very few people, including most scientists, realize that we have absolutely no proof that consciousness is actually produced by the brain and not even a remote notion how something like that could possibly happen. In spite of it, this basic metaphysical assumption remains one of the leading myths of Western materialistic science and has profound influence on our entire society.

This attitude has effectively inhibited scientific interest in the experiences of dying patients and of individuals in near-death situations until the 1970s. The rare reports on this subject received very little attention, whether they came in the form of books for

general public, such as Jess E. Weisse's *The Vestibule* (Weisse 1972) and Jean-Baptiste Delacour's *Glimpses of the Beyond* (Delacour 1974), or scientific research, such as the study of death-bed observations of physicians and nurses conducted by Karlis Osis (Osis 1961). Since the publication of Raymond Moody's international bestseller *Life After Life* in 1975, Elizabeth Kübler-Ross, Ken Ring, Michael Sabom, and other pioneers of thanatology have amassed impressive evidence about the amazing characteristics of near-death experiences—from accurate extrasensory perception during out-of-body experiences to profound personality changes following them.

The material from these studies has been widely publicized and used by the media from TV talk shows to Hollywood movies. Yet, these potentially paradigm-shattering observations that could revolutionize our understanding of the nature of consciousness and its relationship to the brain are still dismissed by most professionals as irrelevant hallucinations produced by a biological crisis. They are also not routinely recorded and examined as an important part of the patient's medical history, and no specific psychological support is being offered in most of the medical facilities

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that would help to integrate these challenging events.

People dying in Western societies also often lack effective human support that would ease their transition. We try to protect ourselves from the emotional discomfort that death induces. The industrial world tends to remove sick and dying people into hospitals and nursing homes. The emphasis is on life-support systems and mechanical prolongation of life, often beyond any reasonable limits, rather than the quality of the human environment. The family system has disintegrated and children often live far from the parents and grandparents. At the time of medical crisis, the contact is often formal and minimal. In addition, mental health professionals, who have developed specific forms of psychological support and counseling for a large variety of emotional crises, have given close to no attention to the dying. Those facing the most profound of all imaginable crises, one that affects simultaneously the biological, emotional, interpersonal, social, philosophical, and spiritual aspects of the individual remain the only ones for whom meaningful help is not available.

All this occurs in the much larger context of collective denial of impermanence and mortality that characterizes Western industrial civilization. Much of our encounter with death comes in a sanitized form, where a team of professionals mitigates its immediate impact. In its extreme expression, it includes postmortem barbers and hairdressers, taylor, make-up experts, and plastic surgeons who make a wide variety of cosmetic adjustments on the corpse before it is shown to relatives and friends. The media help create more distance from death by diluting it into empty statistics reporting in a matter of fact way about the thousands of victims who died in wars, revolutions, and natural catastrophes. Movies and TV shows further trivialize death by capitalizing on violence. They immunize modern audiences against its emotional relevance by exposing them to countless scenes of dying, killing, and murder in the context of entertainment.

In general, the conditions of life existing in modern technologized countries do not offer much ideological or psychological support for people who are facing death. This contrasts very sharply with the situation encountered by those dying in one of the ancient and pre-industrial societies. Their cosmologies, philosophies, mythologies, as well as spiritual and ritual life, contain a clear message that death is not the absolute and irrevocable end of everything, that life

or existence continues in some form after the biological demise. Eschatological mythologies are in general agreement that the soul of the deceased undergoes a complex series of adventures in consciousness. The posthumous journey of the soul is sometimes described as a travel through fantastic landscapes that bear some similarity to those on earth, other times as encounters with various archetypal beings, or as moving through a sequence of non-ordinary states of consciousness (NOSC). In some cultures the soul reaches a temporary realm in the Beyond, such as the Christian purgatory or the lokas of Tibetan Buddhism, in others an eternal abode—Heaven, Hell, Paradise, or the Sun Realm.

Pre-industrial societies thus seemed to agree that death was not the ultimate defeat and end of everything, but an important transition. The experiences associated with death were seen as visits to important dimensions of reality that deserved to be experienced, studied, and carefully mapped. The dying were familiar with the eschatological cartographies of their cultures, whether these were shamanic maps of the funeral landscapes or sophisticated descriptions of the Eastern spiritual systems, such as those found in the Tibetan *Bardo Thödol*. This important text of Tibetan Buddhism represents an interesting counterpoint to the exclusive pragmatic emphasis on productive life and denial of death characterizing the Western civilization. It describes the time of death as a unique opportunity for spiritual liberation from the cycles of death and rebirth and a period that determines our next incarnation, if we do not achieve liberation. In this context, it is possible to see the intermediate state between lives (bardo) as being in a way more important than incarnate existence. It is then essential to prepare for this time by systematic practice during our lifetime.

Another characteristic aspect of ancient and pre-industrial cultures that colors the experience of dying is their acceptance of death as an integral part of life. Throughout their life, people living in these cultures get used to spending time around dying people, handling corpses, observing cremation, and living with their remnants. For a Westerner, a visit to a place like Benares where this attitude is expressed in its extreme form can be a profoundly shattering experience. In addition, dying people in pre-industrial cultures typically die in the context of an extended family, clan, or tribe. They thus can receive meaningful emotional support from people whom they intimately know. It is also important to mention powerful rituals conducted at the time of death designed to assist individuals facing the

ultimate transition, or even specific guidance of the dying, such as the approach described in the *Bardo Thödol*.

An extremely important factor influencing the attitude toward death and the experience of dying has been the existence of various forms of experiential training for dying involving NOSC. The oldest among them is the practice of shamanism, the most ancient religion and healing art of humanity, the roots of which reach far back into the Paleolithic era. Among the beautiful images of primeval animals painted and carved on the walls of the great caves in Southern France and northern Spain, such as Lascaux, Font de Gaume, Les Trois Frères, Altamira, and others, are figures that undoubtedly represent ancient shamans. In some of the caves, the discoverers also found footprints in circular arrangements suggesting that their inhabitants conducted dances, similar to those still performed by some aboriginal cultures for the induction of NOSC. Shamanism is not only ancient, but also universal; it can be found in North and South America, in Europe, Africa, Asia, Australia, and Polynesia.

Shamanism is intimately connected with NOSC, as well as with death and dying. The career of many shamans begins with the “shamanic illness,” a spontaneous initiatory crisis conducive to profound healing and psychospiritual transformation. It is a visionary journey involving the visit to the underworld, painful and frightening ordeals, and an experience of psychological death and rebirth followed by ascent into supernal realms. In this experience, the novice shaman connects to the forces of nature and to the animal realm and learns how to diagnose and heal diseases. The knowledge of the realm of death acquired during this transformation makes it possible for the shaman to move freely back and forth and mediate these journeys for other people.

The anthropologists have also described rites of passage, elaborate rituals conducted by various aboriginal cultures at the time of important biological and social transitions, such as birth, circumcision, puberty, marriage, dying, and others. They employ powerful mind-altering technologies and the experiences induced by them revolve around the triad birth-sex-death. Their symbolism involves different combinations of perinatal and transpersonal elements. Clinical work with psychedelics and various non-drug experiential approaches (such as Holotropic Breathwork) have helped us understand these events and appreciate their importance for individuals and human groups.

Closely related to the rites of passage were

the ancient mysteries of death and rebirth, complex sacred and secret procedures that were also using powerful mind-altering techniques. They were particularly prevalent in the Mediterranean area, as exemplified by the Babylonian ceremonies of Inanna and Tammuz, the Egyptian mysteries of Isis and Osiris, the Orphic Cult, the Bacchanalia, the Eleusinian mysteries, the Corybantic rites, and the mysteries of Attis and Adonis. The mysteries were based on mythological stories of deities that symbolize death and rebirth. The most famous of them were the Eleusinian mysteries that were conducted near Athens every five years without interruption for a period of almost 2,000 years. According to a 1978 study by Wasson, Hofmann, and Ruck, the ritual potion (“kykeon”) used in these mysteries contained ergot preparations related closely to LSD.

Of particular interest for transpersonally oriented researchers is the sacred literature of the various mystical traditions and the great spiritual philosophies of the East. Here belong the various systems of yoga, the theory and practice of Buddhism, Taoism, the Tibetan Vajrayana, Sufism, Christian mysticism, the Kabbalah, and many others. These systems developed effective forms of prayers, meditations, movement meditations, breathing exercises, and other powerful techniques for inducing NOSC with profoundly spiritual components. Like the experiences of the shamans, initiates in the rites of passage, and neophytes in ancient mysteries, these procedures offered the possibility of confronting one’s impermanence and mortality, transcending the fear of death, and radically transforming one’s being in the world.

The description of the resources available to dying people in pre-industrial cultures would not be complete without mentioning the books of the dead, such as the Tibetan *Bardo Thödol*, the Egyptian *Pert em hru*, the Aztec *Codex Borgia*, or the European *Ars moriendi*. When the ancient books of the dead first came to the attention of Western scholars, they were considered to be fictitious descriptions of the posthumous journey of the soul, and as such wishful fabrications of people who were unable to accept the grim reality of death. They were put in the same category as fairy tales- imaginary creations of human fantasy that had definite artistic beauty, but no relevance for everyday reality.

However, a deeper study of these texts revealed that they had been used as guides in the context of sacred mysteries and of spiritual practice and very likely described the experiences of the initiates and practitioners.

Those facing the most profound of all imaginable crises, one that affects simultaneously the biological, emotional, interpersonal, social, philosophical, and spiritual aspects of the individual remain the only ones for whom meaningful help is not available.

Pre-industrial societies thus seemed to agree that death was not the ultimate defeat and end of everything, but an important transition.

From this new perspective, presenting the books of the dead as manuals for the dying appeared to be simply a clever disguise invented by the priests to obscure their real function and protect their deeper esoteric meaning and message from the uninitiated. However, the remaining problem was to discover the exact nature of the procedures used by the ancient spiritual systems to induce these states.

Modern research focusing on NOSC brought unexpected new insights into this problem area. Systematic study of the experiences in psychedelic sessions, powerful non-drug forms of psychotherapy, and spontaneously occurring psychospiritual crises showed that in all these situations, people can encounter an entire spectrum of unusual experiences, including sequences of agony and dying, passing through hell, facing divine judgment, being reborn, reaching the celestial realms, and confronting memories from previous incarnations. These states were strikingly similar to those described in the eschatological texts of ancient and pre-industrial cultures.

Another missing piece of the puzzle was provided by thanatology, the new scientific discipline specifically studying death and dying. Thanatological studies of near-death states by people like Raymond Moody, Kenneth Ring, Michael Sabom, Bruce Greyson, and Charles Flynn showed that the experiences associated with life-threatening situations bear a deep resemblance to the descriptions from the ancient books of the dead, as well as those reported by subjects in psychedelic sessions and modern experiential psychotherapy.

It has thus become clear that the ancient eschatological texts are actually maps of the inner territories of the psyche encountered in profound NOSC, including those associated with biological dying. The experiences involved seem to transcend race and culture and originate in the collective unconscious as described by C.G. Jung. It is possible to spend one's entire lifetime without ever experiencing these realms or even without being aware of their existence, until one is catapulted into them at the time of biological death. However, for some people this experiential area becomes available during their lifetime in a variety of situations including psychedelic sessions or some other powerful forms of self-exploration, serious spiritual practice, participation in shamanic rituals, or during spontaneous psychospiritual crises. This opens up for them the possibility of experiential exploration of these territories of the psyche on their own terms so that the encounter with death does not come as a complete surprise when it is imposed on them at the time of biological demise.

The Austrian Augustinian monk Abraham a Sancta Clara, who lived in the seventeenth century, expressed in a succinct way the importance of the experiential practice of dying: "The man who dies before he dies does not die when he dies." This "dying before dying" has two important consequences: it liberates the individual from the fear of death and changes his or her attitude toward it, as well as influences the actual experience of dying at the time of the biological demise. However, this elimination of the fear of death also transforms the individual's way of being in the world. For this reason, there is no fundamental difference between the preparation for death and the practice of dying, on the one hand, and spiritual practice leading to enlightenment, on the other. This is the reason why the ancient books of the dead could be used in both situations.

As we have seen, many aspects of life in pre-industrial cultures made the psychological situation of dying people significantly easier in comparison with the Western technological civilization. Naturally, the question that immediately arises is whether this advantage was to a great extent due to lack of reliable information about the nature of reality and to wishful self-deception. If that were the case, a significant part of our difficulties in facing death would simply be the toll we have to pay for our deeper knowledge of the universal scheme of things and we might prefer to bear the consequences of knowing the truth. However, closer examination of the existing evidence clearly shows that this is not the case.

The single most important factor responsible for the most fundamental differences between the worldview of Western industrial cultures and all other human groups throughout history is not the superiority of materialistic science over primitive superstition, but our profound ignorance in regard to NOSC. The only way the Newtonian-Cartesian worldview of Western science can be maintained is by systematic suppression or misinterpretation of all the evidence generated by consciousness studies, whether its source is history, anthropology, comparative religion, or various areas of modern research, such as parapsychology, thanatology, psychedelic therapy, biofeedback, sensory deprivation, experiential psychotherapies, or the work with individuals in psychospiritual crises ("spiritual emergencies").

Systematic practice of various forms of NOSC that characterizes the ritual and spiritual life of ancient and aboriginal cultures inevitably leads to an understanding of the

nature of reality—and of the relationship between consciousness and matter—that is fundamentally different from the belief system of technologized societies. I have yet to meet a single Western academician who has done extensive inner work involving NOSC and continues to subscribe to the current scientific understanding of consciousness, psyche, human nature, and the nature of reality taught in Western universities. This is entirely independent of the educational background, IQ, and specific area of expertise of the individuals involved. The difference in regard to the possibility of consciousness after death thus exactly reflects the differences in the attitude toward NOSC.

Ancient and pre-industrial cultures held NOSC in high esteem, practiced them regularly in socially sanctioned contexts, and spent much time and energy developing safe and effective techniques of inducing them. These experiences were the main vehicle for their ritual and spiritual life as a means of direct communication with archetypal domains of deities and demons, forces of nature, the animal realms, and the cosmos. Additional uses of NOSC involved diagnosing

and healing diseases, cultivating intuition and ESP, and obtaining artistic inspiration, as well as practical purposes, such as locating game and finding lost objects and people. According to anthropologist Victor Turner, sharing in groups also contributes to tribal bonding and tends to create a sense of deep connectedness (*communitas*).

Western society pathologized all forms of NOSC (with the exception of dreams that are not recurrent or nightmares), spends much time trying to develop effective ways of suppressing them when they occur spontaneously, and tends to outlaw tools and contexts associated with them. Western psychiatry makes no distinction between a mystical experience and a psychotic experience and sees both as manifestations of mental disease. In its rejection of religion, it does not differentiate between primitive folk beliefs or the fundamentalists' literal interpretations of scriptures, and sophisticated mystical traditions and Eastern spiritual philosophies based on centuries of systematic introspective exploration of the psyche. This approach has pathologized the entire spiritual history of humanity. •

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A Conversation with **Stanislav Grof**

By David Jay Brown

David: How can LSD psychotherapy be helpful for someone facing a terminal illness?

Stan: Psychedelic therapy revealed a wide array of previously unknown therapeutic mechanisms, but the most profound positive changes happened in connection with mystical experiences. We were very impressed with what you could do with very difficult conditions, like chronic alcoholism and narcotic drug abuse. But the most interesting and the most moving study that we did at the Maryland Psychiatric Research Center was the one that involved terminal cancer patients. We found out that if these patients had powerful experiences of psychospiritual death/rebirth and cosmic unity, it profoundly changed their emotional condition and it took away the fear of death. It made it possible for them to spend the rest of their lives living one day at a time. We also found out that in many patients LSD had very profound effect on pain, even pain that didn't respond to narcotics.

David: What do you personally think happens to consciousness after death?

Stan: I have had experiences in my psychedelic sessions—quite a few of them—when I was sure I was in the same territory that we enter after death. In several of my sessions, I was absolutely certain that it had already happened and I was surprised when I came back, when I ended up in the situation where I took the substance. So the experience of being in a bardo in these experiences is extremely

convincing. We now also have many clinical observations suggesting that consciousness can operate independently of the brain, the prime example being out-of-body experiences in near-death situations.

Some out-of-body experiences can happen to people not only when they are in a state of cardiac death, but also when they are brain dead. Cardiologist Michael Sabom described a patient he calls Pam, who had a major aneurysm on the basilar artery and had to undergo a risky operation. In order to operate on her, they had to basically freeze her brain to the point that she stopped producing brain waves. And, at the same time, she had one of the most powerful out-of-body experiences ever observed, with accurate perception of the environment; following her operation, she was able to give an accurate description of the operation and to draw the instruments they were using.

So what these observations suggest is that consciousness can operate independently of our body when we are alive, which makes it fairly plausible that something like that is possible after our body is dead. So both the experiential evidence from my own sessions, and what you find in the thanatological literature, certainly suggest that survival of consciousness after death is a very real possibility. •

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Exploring the Near-Death Experience:

An Interview with Charles Tart, Ph.D.

By David Jay Brown

Charles Tart, Ph.D. is a psychologist and parapsychological researcher. He is best known as one of the founders of the field of transpersonal psychology, for his psychological work on the nature of consciousness—particularly altered states of consciousness—and for his scientific research into psychic phenomena.

Tart earned his Ph.D. in psychology from the University of North Carolina at Chapel Hill in 1963. His books *Altered States of Consciousness* and *Transpersonal Psychologies* have been widely used as academic texts, and they were instrumental in allowing these areas to become part of modern psychology. Some of Tart's other popular books include *States of Consciousness*, *On Being Stoned: A Psychological Study of Marijuana Intoxication*, and *Mind Science: Meditation Training for Practical People*.

Tart's most recent book *The End of Materialism: How Evidence of the Paranormal is Bringing Science and Spirit Together* is the best book that I've read about integrating science and spirituality. Tart clearly and patiently demonstrates precisely how new scientific evidence is breaking down outdated paradigms, and he believes that the scientific evidence for psychic phenomena is helping to bring science and spirit back together. He says that his "primary goal is to build bridges between the scientific and spiritual communities and to help bring about a refinement and integration of Western and Eastern approaches for knowing the world and for personal and social growth."

Tart is currently a Core Faculty Member at the Institute of Transpersonal Psychology, a Senior Research Fellow of the Institute of Noetic Sciences, emeritus member of the Monroe Institute board of advisors, and Professor Emeritus of Psychology at the University of California, Davis, where he has served for 28 years. To find out more about Tart's work, see: www.paradigm-sys.com



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...the typical thing
about an
out-of-body
experience is
that a person
feels like
their mind
is perfectly normal,
and therefore
the situation
that they
find themselves in
is ridiculous

I interviewed Charles on December 16, 2009. Charles is a very eloquent speaker, and he talks about anomalous phenomena with great precision. We spoke about near-death experiences, out-of-body experiences, and how psychedelic experiences and other altered states of consciousness are similar to and different from a typical near-death experience.

David: How did you become interested in studying altered states of consciousness?

Charles: I think that part of it was just curiosity. Ever since I was a child I've wondered how my mind worked.

David: Can you describe what a near-death experience is commonly like?

Charles: I can always refer to people Raymond Moody's list of fifteen characteristics that are important in every near-death experience (NDE). But to sum it up in a shorter fashion than that, it happens like this. You think that you're dying. There are periods of unconsciousness, and commonly—but not universally—you find yourself floating up above your body, which may be in an operating room. You go through the very powerful psychological shock of hearing your doctor pronounce you dead. That's quite a heavy psychological proclamation. (*Laughter*) Then, if the experience develops further, I'd call it an out-of-body experience (OBE), because during an OBE you're fully conscious. Then the NDE goes on to become an altered state of consciousness, not just a feeling of being outside your body. Now, of course, in real life there are times when it's hard to decide whether an experience is a NDE or just an OBE, but those are the ideal cases.

David: I thought that an OBE usually implied an altered state of consciousness.

Charles: No, the typical thing about an OBE is that a person feels like their mind is perfectly normal, and therefore the situation that they find themselves in is ridiculous and impossible. This is different than being in a dream, for example, where you're (from our waking perspective) out of your body all the time. When you're dreaming, you don't know that you're not occupying your physical body in a normal way. You're in dream conscious-

ness. And it's the clarity of consciousness in an OBE that causes people to think that this simply can not be really happening. People generally feel perfectly awake, perfectly conscious, and yet they're floating up to the damn ceiling. So they automatically think, this just can't be happening!

David: I've had OBE-type experiences with psychedelics—such as DMT and ketamine—but I was unquestionably in an altered state of consciousness at the time, and it seemed more like going into other dimensions of reality, which I guess is closer to dreaming than the type of OBEs that you're describing. With all my psychedelic use, I've never had an experience where it felt like my normal mind was just floating above my body. I find that absolutely astonishing that people have that experience.

Charles: Yes, that's the archetypal OBE; the mind remains clear. There are a lot of psychedelic experiences where the concept of what it means to be in a body can get pretty hazy. We call that an OBE, but I think that can be confusing. I like to get clarity in the descriptions that we're talking about, and that's why I say that this feeling of your consciousness being clear, normal, and logical is characteristic of the OBE.

David: How is a NDE similar to and different from a psychedelic experience?

Charles: I wish that I could say we have a lot of studies that have made detailed phenomenological comparisons, but of course we haven't.

The NDE is, of course, centered around the fact that you think that you've died, which is a pretty powerful centering device. It usually includes the feeling of moving through a tunnel, toward a light, contact with other beings, and a quick life review. A psychedelic experience may not have all of these characteristics. Some of the characteristics may be present, but certain details of the NDE may be missing, like the quick life review or the speedy return to normal consciousness. Now, this is interesting. This is one of the very vivid differences between psychedelic experiences and NDEs. With NDEs you can feel like you're way out there somewhere, and then "they" say that you have to go back, and bang! You're back in your body and everything is normal again. With psychedelics, of course, you come down more slowly, and don't usually experience a condensed life review. So that's what the major difference is. But psychedelic experiences also reach over a far wider terrain of possibilities.

Let me tell you something about the life review. It's extremely common in NDEs for persons to undergo a life review, where they feel as if they remember at least every important event in their life, and often they say every single event in their life. Sometimes it even expands out into not only remembering and reliving every single event in their life, but also into knowing psychically the reactions of other people to all their actions. For some it must be horrible, because it seems that you would really experience their pain. I very seldom hear people say anything about a life review on psychedelics. Yeah, occasionally past memories have come up, but not this dramatic review of a person's whole life.

David: Do you see any similarity in the consequences, or the aftereffects of a NDE and a psychedelic experience? Do they have any similar consequences, or long-lasting effects for people?

Charles: There are sometimes consequences that overlap and are mutual, but I would say that the NDE is more powerful. It's more powerful in the sense that a person may make more drastic changes in their lifestyle, or in their community, if they try to integrate the acceptance of the NDE and make sense out of it. It's also more powerful in the sense that it's more liable to cause more lasting changes. A psychedelic experience can also have powerful life-changing effects. But let's face it, some people can pretty much forget their psychedelic experience afterwards, much less alter their lives. It can simulate certain aspects of the NDE, but it doesn't carry the same force that the typical NDE does.

David: This actually rings true with my own experience. My psychedelic experiences were pale compared to the time that my car went over a cliff.

Charles: Ah, okay. I didn't know that you had a NDE.

David: For about a year, the experience allowed me to appreciate life in a completely new and joyous way, and it eliminated my fear of just about everything, including death. However, this new state of perception faded away after about a year. I'm wondering what sort of biological value or psychological function you think that NDEs have?

Charles: To the people who have them, they usually feel that they've gotten profound insight into the way that their life ought to be, just from that one experience. With psychedelics, again, there's a wide of range of experiences. It can range from a low sensory-enhancement level—where you see a lot of pretty colors and images, and afterwards you just say, now let's go out and get back to work—up to really deep levels of insight into the nature of one's mind. So there's a very wide range of experiences that are possible with psychedelics.

But with NDEs there is the feeling of being absolutely beyond one's life experience. This raises interesting possibilities then because not everybody who comes near death reports having had a NDE. Could there be a lot of NDEs that are psychologically repressed? Does this happen sometimes? It's an interesting discussion I've been having with some of my colleagues. If you do or don't recover a memory of this state, how do you know if it's something that really happened or not? It's possible that our minds might make something up, or repress certain experiences, so it's tricky. But it's also quite interesting that some people come close to death and don't report having a NDE.

David: What sort of relationship do you see between the NDE and various altered states of consciousness?

Charles: (Laughter) You're asking me about my life's work, David. My really active research has been on altered states of consciousness. I began my research on dreams and hypnosis and it was very fascinating stuff. I loved the laboratory work that I was doing, but I slowly became aware that there were a lot of other methods for altering consciousness, and a lot of different altered states. So I had to stop specializing so much, and tried to get a feeling for that whole spectrum, including psychedelics, and learned about methods like meditation. We also included emotional states of consciousness. So your question is almost like asking, what's the relationship of life to life? You've got to narrow it down more specifically. (Laughter)

David: I guess I was just looking to see if there were any aspects of a NDE that are common in other altered states of consciousness, or whether you think there's something really unique about a NDE.

[With] a psychedelic experience...certain details of the NDE may be missing, like the quick life review or the speedy return to normal consciousness.

Charles: Oh, I think it's pretty unique. Very few people have had a near-death experience, and say, well, there was a little element of this and a little element of that.

David: I've heard of some situations where people had hellish NDEs.

Charles: Yes, there are a few like that. The fact that there are only a few is disappointing to right-wing Christians, who think the majority of people should get a taste of Hell, because that's what they deserve. But it's very rarely reported. The rarity of reports might be because they actually are very rare. Or it might mean that a lot of cases, if you look at them more closely, are partially forgotten or not reported quite accurately. A NDE could also be very scary to some people who are really afraid of OBEs or altered states of consciousness. Or it might be that they are much more common than we think, but people just don't report them. Can you imagine someone saying, "I almost died and God told me that I was going to Hell." That's not a very good way to enter a social relationship. *(Laughter)*

David: *(Laughter)* No, I guess not. Charles, what do you personally think happens to consciousness after death?

Charles: After doing more than fifty years of professional work with consciousness now, one of the things that's really been interesting to me is that it's become more and more clear that there's an aspect of consciousness that appears to transcend physical or material reality. At the same time, it's also clear to me that a lot of our ordinary consciousness is very dependent on being shaped by the nature of our bodies, or at least by our brains. Clearly, that shaping is completely gone from one's reality after death.

I was once asked what I thought about the evidence for survival after death, and I summed it up by saying this. When I die, I expect that I'll probably be unconscious for a bit—but I expect to recover from it. On the other hand, I'm not quite sure that the "I" that will recover from death will be the same "I" who dies. I think that there's going to be some major changes in whatever survives, and this is a gross generalization.

There is a very large body of literature about the possibility that consciousness survives death, and I've been running a discussion group with many of the world's experts about this for years. The commonality of the NDE helped to decrease my bias against what I thought was an impossibility. However, I think that although consciousness probably survives death, it probably doesn't survive in quite the same form as we're used to. However, if people merely believe in an afterlife it may influence their interpretation of the evidence.

David: I think that it's just so fascinating that, depending on how one looks at the situation, there's an abundance of evidence both for and against the survival of consciousness after death. Like psychic phenomena, I think that a big part of what people usually believe about what happens to consciousness after death is based more upon their spiritual or philosophical assumptions than on an examination of the scientific evidence.

Charles: I should also add here too that I'm one of the few people who tried to say, let's rationally look at the phenomena that might suggest survival, and try and make sense of it—with a little proviso that ordinary rationality is not the only way to understand something. That was very hard to do, and very few people, I think, are anywhere near objectively looking at the evidence at all. Most people form a belief, stubbornly try to protect it, and don't want to look at anything that might challenge that belief.

Earlier in this conversation I said that I'd like to see a fair, evidence-based comparison between the NDE and other states of consciousness, but I discovered that people, even doctors, aren't usually interested in asking questions that challenge their beliefs. But this is not science. To me, everything is open to examination. Everything. Now, this doesn't mean we can really see everything, but we have to look at everything—even those areas where we have a lot of emotional investment. •

After doing more than fifty years of professional work with consciousness now, one of the things that's...become more and more clear [is] that there's an aspect of consciousness that appears to transcend... material reality.

Keeping Death Alive:

How Burial Preparation Became a Rite of Passage

By Jessi Daichman



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Jessi Daichman is an undergraduate student at New York University. She is the youngest person in the United States to do work with a Jewish organization called *Chevra Kadisha*, which prepares bodies for burial.

–DJB

...Blood kept seeping out of her mouth and trickling down the sides of her neck. The blood was such a bright red color against her yellow skin. I put cotton in her mouth to stop the bleeding. Her eyes were half way open watching us prepare her. I helped turn her to one side. As I was doing so I felt her cold, clammy skin stick to my forearm. We washed her once. Dried her. Washed her a second time. One of the women had to leave the room a few times for fresh air. Without leaving I pulled my mask higher up above the bridge of my nose. A woman cracked two eggs to wash in the hair and she mixed them with red wine. We had a difficult time dressing her in a muslin shirt and pants. I stuck my arm through the sleeve of the shirt and pulled her boney fingers through it. I could feel her cold skin through my glove. We removed a lot of straw from the coffin so she could fit inside. Then we used a mechanical lift to lower her in the pine box. After we sprinkled soil from Israel and said a prayer, a woman placed pottery pieces on her eyes and lips. We placed a wooden cover on the coffin and we spread a black cover on top. I threw away my mask, apron, and gloves. We left the woman in the box in the cold room. My dad picked me up and we went to a street fair. I saw an old man walking near us and all I could think was, "Someday he will be yellow and purple inside a wooden box."

Since the age of 12 I have recorded all of the taharas I volunteer for in a Jewish organization called *Chevra Kadisha*, which prepares the spirit to move on from the deceased body. Tahara means, "restoration of its pure state." Evidently, these taharas led me to believe in a very daunting perspective about death and dying. When I physically prepared the deceased for burial it took me a long time to realize the unity of body and mind because I was only experiencing half of this holistic consciousness. Now I perform taharas in a new light. I realized how the psychedelic experience illuminates the true core of religions, which keep death alive.

Psychedelics led me through "a process of deep self-exploration and inner transformation." I experienced a psychological death and re-birth. Joan Halifax and Stanislav Grof describe in *The Human Encounter With Death* that this experience leads one to realize how, "a positive feeling about life and a deep sense of the meaning of one's own existence are not contingent on complicated external conditions." After acknowledging how love is the core of my true self, I remained connected with this commonality in every other human and in Eastern and Western belief systems.

According to Judaism, performing a tahara is the greatest mitzvah, or act of human kindness, one can perform because the deceased cannot return the favor. This kind of act also exists through dharma which means "duty," "righteousness," "law and order," or "religion," and mitzvah literally means "commandment." In the Jewish and Buddhist tradition performing mitzvahs and following one's dharma leads to liberation. During a tahara the deceased are not embalmed, their muslin clothing symbolizes a newborn's blanket, and they are buried in a bio-degradable wooden coffin. They return naturally to the earth the same way they arrived. In Hebrew, ruach translates as "the breath of god." Judaism uses it to describe the soul. Similarly, in Buddhism atman is the vital breath of human beings and can be translated as soul. During birth, the ruach or atman trusts others to bring it into this world and during a tahara the soul trusts others to organically retire its body back into the earth. These spiritual parallels (among others) are interconnected throughout various belief systems and their foundational commonalities are what keep us in tune with one another. The death and re-birth experience reveals a universal light which illuminates the undying love in us all. •

Preparing for the Final Passage:

Dr. Oscar Janiger, M.D.

(February 8, 1918 - August 14, 2001)

By Robert "Rio" Hahn, FRGS, FN86



Robert "Rio" Hahn, with Oz Janiger.
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Oz always stressed that it was important to maintain an attitude of inquisitiveness and openness to the world.

IN THE EARLY 1980s Albert Hofmann said he had to introduce me to someone who was one of the most interesting people he had ever met, and who also possessed one of the most amazing libraries he had ever seen. From our auspicious introduction to the moment of his passing, Dr. Oscar Janiger, affectionately known as Oz, and I remained dear friends, passing countless hours together in conversation at each of our homes and on several exploration-vacations.

Oz was one of the original pioneers of LSD research, focusing on its effects on creativity, consciousness, and therapeutic use. Working in the era when LSD was still legal, he administered LSD to an estimated 1,000 people in guided sessions from 1954 to 1962. His many volunteers included such notables as Anais Nin, Aldous Huxley, Cary Grant and Jack Nicholson. A prolific researcher, Oz maintained extensive files, which still provide an unparalleled and largely untapped resource for the study of the creative and therapeutic effects of LSD.

Oz was one of the world's greatest conversationalists and storytellers. Oz would pepper his many stories with jokes that almost always offered a pithy insight into human nature. His Santa Monica house, which also served as his private practice office, was always open, a manifestation of Oz's approach to life. One could walk in, day or night, and more often than not meet and converse with an exceptionally interesting person, many of who became immediate friends.

Oz always stressed that it was important to maintain an attitude of inquisitiveness and openness to the world. He had a remarkable ability to be both non-judgmental about people and at the same time quickly and clearly see and understand the core nature of their being. During the course of his life he helped and saved the lives of numerous persons through his psychiatric practice and friendship.

In this article, written to address the subject of death and dying, it is worth noting

that some two hundred family, close friends and associates attended his private memorial, in testimony to the effect he had on so many lives. In my remarks on that occasion, I mentioned some Oz-ism's, as I refer to his freely shared pearls of wisdom. Amongst them, "when taking medicine, take plenty," "find your optimum sleep/awake cycle," and most relevant to this discussion, "nothing that wise men have written or said prepares one for the approach of one's death."

As Oz himself reached a point where he could see death on the horizon, he experienced what he described as one of the worst, if not the worst, experiences of his life. On February 17, 2001, six months before his own death, he awoke to find his wife Kathleen lying dead next to him. The experience affected him deeply and drove home to him his impending fate in a way that nothing else could.

Perhaps in a premonition of writing this article, I made some notes at the time of our discussions during a holiday dinner on December 12, 1999, about a year and a half before his death. Oz was reflecting on his now all-consuming experience of the later stages of Old Age, an aspect of the process of dying that he found himself poorly prepared to deal with. What follows in the next two paragraphs is a paraphrasing of his words from that evening's discussion.

Old Age, at least in the West, is treated as a disease. There was nothing he had found in Western culture, nor in the various teachings of many otherwise more enlightened cultures, that prepared one for the onset of Old Age,

and the changes that occur during the final period of life. From the people Oz had spoken to, or whose writings he had read during the course of his uniquely rich life, from disciples of Eastern metaphysical systems to the Dalai Lama himself, none had enunciated anything that would help one prepare for the effects of late Old Age.

Nothing had prepared him for the effect of waking up and realizing he now lacked sufficient energy to carry out daily intentions, to work on the projects that had been the mainstay of his life, and to help the patients he had devoted much of his life to serving. Especially in the West, one no longer has the authority that one once had. Where one once served, he or she must now be served. It is in many ways a complete reversal of one's prior existence. Students of Eastern teachings seem to rely on being to carry them through this period, but even they can only meditate or bask in the ecstasy of pure being for so long, as one still has a foot in existence. Many teachings and religions attempt to prepare one for death and the possibility of "something more," but what about the preparation for Old Age? Preparation on all levels: from having sufficient material resources to provide for one's physical care, to the spiritual resources that enable one to gracefully navigate through each precious day, knowing it is one of your last—is sorely lacking from any source.

When discussing death with his friends, Oz never expressed fear about dying, but he was concerned about how he would die. He did not want to be in pain, and had made preparations to ensure that. He also did not want to die alone, and had asked his dearest friends to be at his side when the moment arrived. Oz believed in something beyond death. He explained that at death we transition to another plane of being, so when the moment came, he was prepared to accept this next stage. Three days before his death, he confided to his long time friend, Michael Levy, that he was "really tired, tired of being ill, and was no longer getting any gratification from life."

In the early hours of August 14, 2001, a small group of family and friends gathered around Oz in his private hospital room, maintaining a vigil of warmth and compassion, friendship and love, as he moved nearer and nearer to his final transition. In the hours before his passing, we became aware of his final conscious act as a researcher. Not one to miss an opportunity for exploration of consciousness and being, Oz was determined to depart in the tradition established by his friend and colleague Aldous Huxley. Oz had imbibed 100 micrograms of LSD.

While it is highly unlikely we will receive any reports from Oz about his last experiment, we can gather implications of the effect the LSD had on him from three incidents we observed during his final hours.

Oz had previously asked his dear friend Vijali Hamilton, to be by his side when he passed away, and her report of what occurred in his last few hours is worthy of note. "I will always remember those moments when he became conscious and he was looking into my eyes for such a long time. I felt it was a profound communication and a preparation for him letting go."

Shortly after that, sensing the time was near, I gave Oz a

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goodbye kiss on the forehead. Then, as Oz's son Robbie and I were both gazing into his face, leaning over him so as to be able to see the nuances of expression on his face, a smile formed across Oz's face as he emitted a palpable glow of warmth and joy. He then grabbed Michael Levy's hand, squeezing it so hard Michael thought Oz would crush it. Michael closed his eyes and experienced a vision of a spirit going through him, flying through a green English-like field, over a stonewall, into a giant green forest, and then suddenly disappearing into a radiant blue sky. Michael opened his eyes to see Oz's final exhalation.

We knew then that his last experiment was a success and he had moved on in peace to "another plane." I was then moved to begin Tibetan chanting as calm and light emanated from the core of Oz's being, and the room filled with an ethereal stillness.

In honoring the memory of an extraordinary being, we can only hope that the honesty and openness with which he shared the experiences of his final days, can serve as a stimulus to awaken us to the preparation necessary to weather the months, days, and hours before our own final voyage.

Other elders, who have communicated their wisdom on life's end, usually focus their attention on preparations for the moment of death itself. Oz, on the other hand, focused attention on the stage between the end of Old Age and death, a critical period in everyone's life when our physical powers diminish, but we still have sufficient intention to engage in conscious action. He understood that what we do during that time is an individual choice. So rather than give specifics of how to handle this period, he illuminated our awareness to help us distinguish and prepare for this time, short for some, longer for others, that falls between the end of Old Age and the moment of death. For Oz, this final period preceding death was one of, if not the, most critical times in his life, and for the gift of sharing that wisdom, we owe a debt of everlasting gratitude to Oz. •

Oz Janiger and Robert "Rio" Hahn



Psilocybin Studies and the Religious Experience:

An Interview with Roland Griffiths, Ph.D.

By David Jay Brown with Louise Reitman



ROLAND GRIFFITHS, PH.D. is a psychopharmacologist and professor of behavioral biology at Johns Hopkins University in the Departments of Psychiatry and Neuroscience. Although Dr. Griffiths' psychopharmacology research has been at the cutting-edge of neuroscience for over thirty-five years, he is well-known for having led the landmark study with psilocybin, published in the August, 2006 issue of *Psychopharmacology*, under the title, "Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance." This study confirmed what many people had long suspected, and it also helped to join Dr. Griffiths' two most passionate personal interests—neuroscience and meditation. I interviewed Roland on December 18, 2009. Roland was very gracious, reflective, and appeared to choose his words carefully. We spoke about his research with psilocybin, his interest in spiritual experiences, and how psychedelics may provide help for people who are dying.



Roland Griffiths, Ph.D., rgriff@mail.jhmi.edu

Photo by Dennis Dreiner

In the most recent study that we conducted, more than seventy percent of our volunteers had complete mystical experiences as measured by psychometric scales.

David: How did you become interested in doing psilocybin research?

Roland: I'm trained as a psychopharmacologist. I was trained in both experimental psychology and pharmacology. For the past thirty-five years, I've been doing work in both the animal lab and the human lab, characterizing the effects of mood-altering drugs, mostly drugs of abuse. About fifteen years ago, I took up a meditation practice that opened up a spiritual window for me, and made me very curious about the nature of mystical experience and spiritual transformation. It also prompted an existential question for me about the meaningfulness of my own research program in drug abuse pharmacology.

On reflecting about the history of psychopharmacology and the claims that had been made about the classical hallucinogens occasioning mystical and spiritual experience, I became intrigued about whether I could turn the direction of some of my research program toward addressing those kinds of questions. Through a confluence of interactions and introductions, I first met Robert Jesse of the Council of Spiritual Practices, and he introduced me to Bill Richards, who had a long history of working with these compounds from the 1960s and 70s. We decided that we would undertake a research project characterizing the effects of psilocybin.

The initial study that we undertook was really a comparative pharmacology study aimed at rigorously characterizing the effects of psilocybin using the kinds of measures that have been developed in clinical pharmacology over the last fifty years – measures that we had used extensively in our past research. However, we added another piece to that study, which came from my interest in spirituality. It really provided an opportunity for me to start reading about the psychology of religion, and looking closely into kinds of measures that might tap those type of experiences.

So the final publication of that first study, which came out in 2006, really reads as though it were intended to focus exclusively on mystical experience. The title of that paper, “Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance,” underscores the most interesting finding from the study. But, in fact, I went into that study, although very curious about spirituality, completely agnostic about the outcome of the study. I didn’t believe, necessarily, that psilocybin would occasion compelling mystical experiences of the type that I had become so interested in through meditation.

David: How did the findings from the first study motivate you to do additional research, and can you talk a little about the more recent psilocybin studies that you’re involved in?

Roland: After completing our first study and then publishing a 14-month follow-up report, we conducted a psilocybin dose-effect study in healthy volunteers that we have yet to publish. Currently, we have a study in anxious cancer patients that’s ongoing (www.cancer.org), and, with Matt Johnson, Ph.D. we are also conducting a small pilot study examining psilocybin-facilitated cigarette smoking treatment. We also just initiated a study that will focus on psilocybin and spiritual practices. We will be giving psilocybin to people who are interested in undertaking meditation, and spiritual awareness practices, to determine how a psilocybin experience impacts their engagement with those practices.

Let me back up just a little bit. The first study showed that psilocybin can, with high probability, occasion mystical-type experiences that appear virtually identical to naturally-occurring mystical experiences which have been described by mystics and other religious figures throughout the ages. We knew that these mystical-type experiences spontaneously occurred occasionally, although unpre-

dictably. It seems that the frequency of such experiences increase under conditions when people fast, meditate, or engage in intense prayer or other kinds of ritual or spiritual practice. However, these experiences still occur at a relatively low rate.

What our studies are showing is that such experiences can be occasioned at relatively high probability. In the most recent study that we conducted, more than seventy percent of our volunteers had complete mystical experiences as measured by psychometric scales. An important implication of demonstrating that we can occasion these experiences with high probability is that it suggests that such experiences are biologically normal. Another important implication is that it now becomes possible, for the first time, to conduct rigorous prospective research, investigating both the antecedent causes as well as the consequences of these kinds of experiences. With regard to antecedent causes, it becomes possible to ask what kind of personality, genetic, or disposition characteristics increase the probability of these experiences. We described some of the consequences of the mystical experience in our first study, and certainly they’ve been well described in the broader literature on religion, mysticism, and entheogens. These involve shifts in attitudes and behavior, and some cognitive functions that appear quite positive.

Our interest in examining the effects of psilocybin-occasioned mystical experience in anxious cancer patients was that it appeared to be an immediately relevant therapeutic target. It’s very common for patients with cancer to develop chronically and clinically significant symptoms of anxiety and depression that have a significant negative impact on quality of life. The existing pharmacological and psychological treatments for depression and anxiety in patients with cancer and other terminal illnesses, are currently very limited. Epidemiological data show that spirituality has a protective effect on psychological response to serious illness. We also know that spiritual well-being is negatively correlated with hopelessness in cancer patients, and that cancer patients are interested in addressing issues of spirituality.

Importantly, there had been substantial previous work in cancer patients in the 1960s and early 1970s with LSD and other classical hallucinogens. Research had been done by Bill Richards, Ph.D., Stan Grof, M.D. and others at the Maryland Psychiatric Research Center. In

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fact, Bill's Ph.D. thesis research focused on this topic. So there was a very good clinical sense that cancer patients would be an interesting target group. Also, having personally looked closely at the spiritual experiences that people in our first studies had reported, it seemed obvious to me that psychologically distressed cancer patients were a very appropriate group to study.

David: Have you seen anything in your sessions that influenced your understanding of, or perspective on, death?

Roland: The hallmark feature of the mystical experience, that we can now occasion with high probability, is this sense of the interconnectedness of all things – a sense of unity. That sense of unity is often accompanied by a sense of sacredness, a sense of openheartedness or love, and a noetic quality suggesting that this experience is more real than everyday waking consciousness. I believe that the experience of unity is of key importance to understanding the potential existential shifts that people can undergo after having these kinds of experiences.

Within the domain of the psychology of religion, scholars have described two variations of this experience of unity – something called “introverted mystical experience” and another called “extroverted mystical experience.” The extroverted version of this sense of unity was assessed by items in one of the spiritual questionnaires that we used, the Hood Mysticism Scale. I'll read you a couple of items. One is, “An experience in which I felt that all things were alive.” Some of the others are: “An experience in which all things seem to be aware.” “Realized the oneness of myself with all things.” “An experience where all things seemed to be conscious.” “An experience where all things seemed to be unified into a single whole.” “An experience in which I felt nothing was really dead.”

So this feature of mystical experiences points toward the nature of consciousness, and an intuition that consciousness is alive and pervades everything. From there, it is not a great stretch to contemplate the possibility of the continuity of consciousness – or, more traditionally, immortal soul. Such an experience can break down a restrictive sense of being defined by your body, in a total materialistic framework. So I think that it's these subtle and not-so-subtle perceptual shifts that could be at the core to rearranging someone's attitude about death.

David: Is this why you think that psychedelics can be helpful in assisting people with the dying process?

Roland: It's very common for people who have profound mystical-type experiences to report very positive changes in attitudes about themselves, their lives, and their relationships with others. People often report shifts in a core sense of self. Positive changes in mood are common, along with shifts toward altruism – like being more sensitive to the needs of others, and feeling a greater need to be of service to others. It is not difficult to imagine that such attitudinal shifts flow directly from the sense of unity and other features of the mystical experience – a profound sense of the interconnectedness of all things packaged in a benevolent framework of a sense of sacredness, deep reverence, openhearted love and a noetic quality of truth. So it's quite plausible that the primary mystical experience not only underlies changes in attitude toward death specifically, but also changes attitudes about self, life, and other people in a way that's dramatically uplifting.

David: What sort of promise do you see for the future of psilocybin research?

Roland: I'm trained as a scientist, so I'm very interested in all of the scientific questions that can be asked of this experience. I'm interested in the neuropharmacology of the experience. I'm interested in the psychological and physiological determinants of this kind of experience. And then I'm interested in the consequence of this kind of experience – not only for healthy volunteers, but also for distressed individuals who might have a therapeutic or clinical benefit. Now, whether or not unpacking those scientific questions will lead to approval of psilocybin as a therapeutic drug, I don't know – and, in some ways, it's not important one way or another.

For me, what's most important is understanding the mechanisms that occasion these kinds of experiences. So I will not argue the future is with psilocybin per se. But it does appear to be an amazingly interesting tool for unlocking these mysteries of human consciousness. As we get a better understanding of the underlying neuropharmacology and neurophysiology, it may be that better compounds or nonpharmacological techniques can be developed that occasion these experiences with even higher probability than we can right now with psilocybin.

Frankly, I can't think of anything more important to be studying. As I've said, the core feature of the mystical experience is this strong sense of the interconnectedness of all things, where there's a rising sense of not only self-confidence and clarity, but of communal responsibility – of altruism and social justice – a felt sense of the Golden Rule: to do unto

others as you would have them do unto you. And those kinds of sensibilities are at the core of all of the world's religious, ethical, and spiritual traditions. Understanding the nature of these effects, and their consequences, may be key to the survival of our species.

David: That was precisely the point that I was trying to make when I edited the MAPS Bulletin about ecology and psychedelics. Psychedelics have played such an important role in inspiring people to become more ecological aware.

Roland: Yes, that follows from the altruistic sensibility that may flow from these types of experiences. Ecology can become a big deal with these experiences. If you really experience the interconnectedness of all things and the consciousness that pervades all things, then you have to take care of other people and the planet, right? And to bring this back around to death and dying, if everything is conscious, then death and dying may not be so frightening. There is a big and mysterious story here. •



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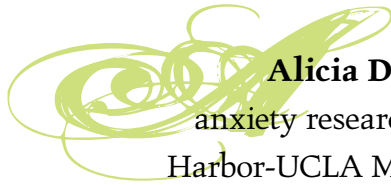
Reflected Bits of Light

By Willow Aryn Dellinger

I shook the moon with my fingers
as the sky chuckled beneath me.
When I lifted my hand from the river water,
the ridges of cream against black
fluttered back to its whole -
the perfect circle that rests on the
cusp of dishevelment in puddles
and rivers and seas across the world.
I feel the stirred river blossom into
drops off my fingertips as I
rearrange the molecules of night air,
just passing through.
I imagine what the passage of death must be -
perhaps something like a spontaneous night walk;
or maybe, one's life could be the quivering pallor of a reflected moon -
only momentarily disturbed before becoming
whole again -
as though we're all reflected
bits of light,
and life is an ephemeral illumination
of one another
for introducing color
to all the dark places,
until everything is light ...

Harbor-UCLA Cancer Anxiety Research with Psilocybin: **An Interview with Alicia Danforth**

By David Jay Brown



Alicia Danforth worked on the cancer anxiety research study with psilocybin at the Harbor-UCLA Medical Center with psychiatric researcher Charles Grob, M.D. She is currently working on her Ph.D. in clinical psychology at the Institute of Transpersonal Psychology.



Alicia Danforth, adanforth@earthlink.net

...I learned...
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transition.

David: Have you seen anything in your research that influenced your perspective on death and dying?

Alicia: One of our subjects had been living with cancer for awhile. She had been dealing with a cancer that had gradually become more severe. She was a very optimistic woman who had a lot of deep spiritual beliefs and practices. She hadn't acknowledged to herself yet that this cancer would eventually take her life, probably sooner rather than later. She was able to talk freely about how that realization had come to her during the psilocybin session. It was really powerful to share that experience with her. She reconciled with the idea that she was going to die from her cancer, and she hadn't previously come to that conclusion.

As advice to anybody who is going to be doing this kind of research, I would suggest not assuming that you know what people will choose for their intentions, and don't assume that just because they have a diagnosis of stage-IV cancer that they have accepted the diagnosis as terminal. Journalists will do that sometimes. They'll describe participants in a study as "terminal cancer patients" or as "cancer victims," but the participants may not have accepted that prognosis yet. It's always more appropriate to use the terms advanced-stage cancer or metastatic cancer. Not everyone who participated in the study had concluded that their cancer would be terminal.

This brings up an important point. I had

to be mindful about clarifying the purpose of the experimental treatment. There were times—and it was always difficult to accept—when some individuals were unable to conceal harbored desires for a miracle cure for the cancer. I had to be diligent about confirming with them that this was a psychiatric study for anxiety and that we were not attempting to treat the cancer. Some participants would hear that disclaimer and, maybe rightfully so, say something like, "Yes, but if my mood improves I may be able to live a little bit longer. Or I might have a better quality of life that will make my body stronger, so that I can survive a little longer." I didn't try to suppress that perspective if someone already had it. Responsible researchers have to be very clear about what they are attempting to influence in experimental cancer anxiety studies with psychedelics.

The only thing that I can attest to is what some participants reported about improved quality of life for their remaining time. A few speculated with questions such as, "Did I outlive my prognosis? Did I live longer than the doctors expected me to because I did this?" We couldn't draw any conclusions, but we did have participants talk about how the time they did have left was improved in a variety of ways.

Because it was my first time working with this population, I had naively assumed that everybody in the study was signing up because they were scared of dying and that concerns about mortality would be foremost.

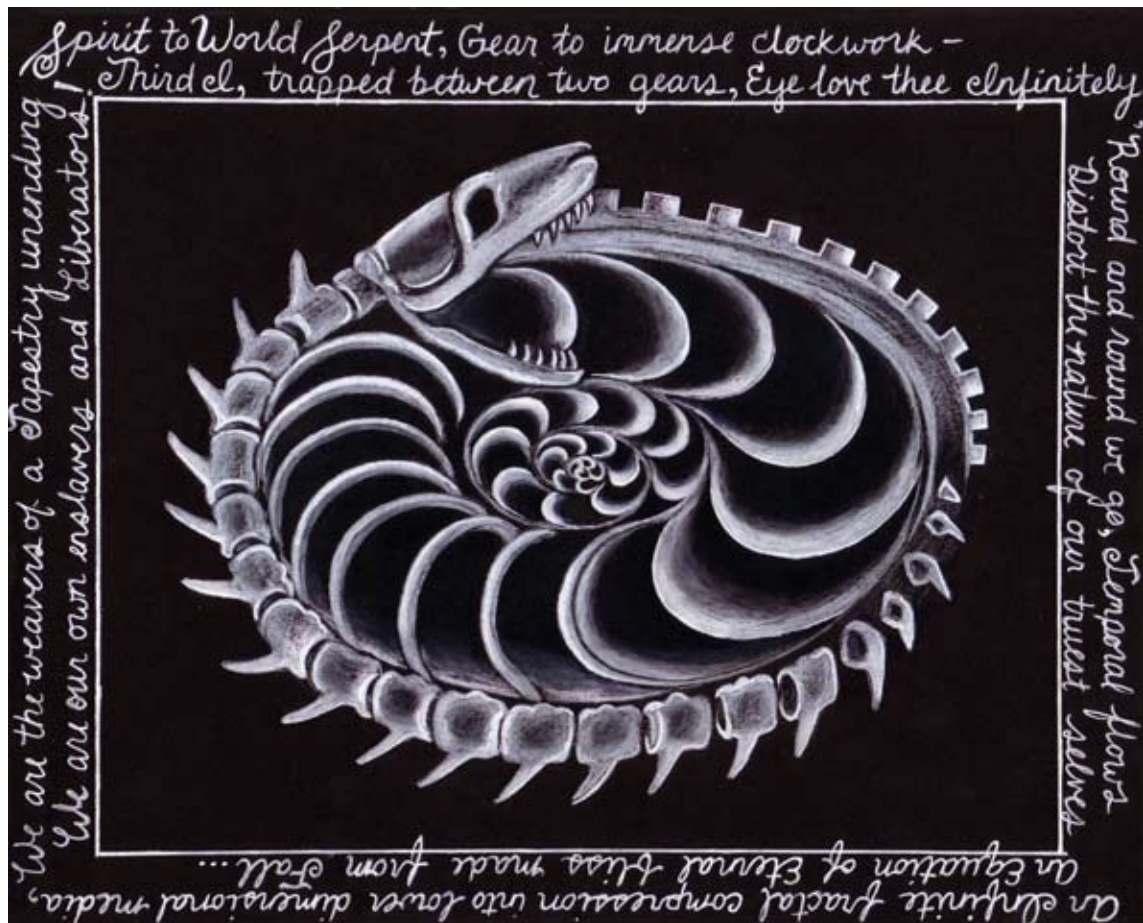
I thought that people were afraid of the pain, or that they were afraid because they didn't know what to expect after death. With people who had accepted that they were going to die, there often were more immediate concerns that they were seeking support for. One example would be improving the quality of their relationship with their significant other.

For some of our participants, the anxiety that they were experiencing with the cancer was having a detrimental effect on their relationships. Because they were so consumed with anxiety, they were tense and agitated all the time—which led to a lot of bickering and friction with their partners. Some subjects attributed improved relationships to the psilocybin experience. They said it helped them to let go of some of that anxiety that was overwhelming every aspect of their personal lives.

I've learned that it is possible to have a cancer diagnosis and not fear death. Fearing the dying process, the pain, the saying goodbye... of course, that's natural. But it is possible to not fear death, at least for periods

of time, after a cancer diagnosis. If you're afraid to go to the dentist, then you're going to be afraid of dying, but the quality of what is actually frightening when facing death, that perspective is what shifted for me. The insight I gained was that the time between receiving a diagnosis of a terminal illness and the moment of death can be much more than just waiting for death and enduring physical and emotional pain. It does not have to be wasted time. I learned that human beings are capable of finding meaning in their lives and extending love to others until they draw their last breath. That final period, the last chapter in a biography, can be profoundly transformational and have deep, deep meaning, if a person does the work. Or it can be a time full of terror, regret, and distancing from people you're close to. What I learned was that we have a choice to make meaning as long as we're alive and that the moment of death can be a peaceful transition. And psychedelics can play a supportive role in finding that deep meaning and sense of peace. •

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"Ouroboric Equation" by Sara Huntley, 9.75x8", prismacolor and ink on archival paper, 2010. Available for purchase, \$1,000, 50% of the proceeds go to MAPS to support psychedelic research. Sara's work has also been featured in *Realitysandwich.com* and David Jay Brown's *Detox with Oral Chelation*. You can contact Sara Huntley at: huntley.sara@gmail.com.

Commentary on Harbor-UCLA Psilocybin Study

By Charles S. Grob, M.D.

I first became aware of the potential value of a carefully controlled psychedelic treatment model for the existential anxiety, despair and demoralization of advanced cancer over 37 years ago when I had the opportunity to hear Stanislav Grof present his pioneering research findings at a meeting of the Association of Humanistic Psychology in New York City. His efforts, as well as the work of other early investigators, including Walter Pahnke, M.D., Ph.d., William Richards, Ph.d., Eric Kast, M.D. and Gary Fisher, Ph.d., were the original inspiration for the investigation we conducted over the last several years. While the protracted lull in research activity has been disconcerting, and no doubt reflective of long-standing societal resistance to exploring the clinical value of carefully conducted studies of the potential of psychedelics to facilitate psychological healing, it is gratifying that we are once again able to move forward with sanctioned investigations utilizing state of the art research methods.

From 2004 to 2008, our research group at Harbor- UCLA Medical Center conducted a double-blind, placebo-controlled investigation examining the safety and efficacy of psilocybin as a treatment for advanced-cancer anxiety. A total of twelve subjects were studied, all of whom tolerated the experimental treatment without adverse effects. We cannot present our formal data analysis at this time, given that our manuscript is currently undergoing peer review at a “high impact” psychiatric journal. However, we can say that our findings are supportive of our hypothesis and encourage further investigations of this long-neglected field.

The study proceeded smoothly, but recruitment of subjects proved to be more challenging than anticipated, leading to the longer than expected duration of the project. We did receive numerous inquiries from prospective subjects, but quickly learned that the logistical challenges of screening, preparation and participating in two treatment sessions in our Clinical



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Research Center at Harbor-UCLA were often too arduous for individuals grappling with the end-stage of devastating medical illness. It also took longer than anticipated to establish productive referral networks. Surprisingly, and in spite of initial expectations to the contrary, we never established a sustained and productive liaison with oncologists for referrals. We did achieve greater success, however, with referrals of new subjects from a local wellness center as well as through word of mouth from subjects who had already gone through the experimental treatment protocol and who had shared with friends and acquaintances their experiences participating in the study.

Another unexpected occurrence was that eleven of our twelve volunteers recruited for participation in the study were women. A number of men with advanced-stage cancer called us over time to inquire about the study, but many of them were either too ill and close to the end of their lives to participate or they could not overcome other logistical hurdles preventing their participation, including living too far from the hospital.

Examining the prior psychiatric literature of psychedelic research with advanced-stage cancer patients in the 1960s and early 1970s, it was apparent that the best clinical outcomes were in subjects who had had a mystical or transpersonal experience during their treatment session. As higher dosages are more likely to induce such experiences, we were initially disappointed that we were approved to use a relatively moderate dose of psilocybin, and not the higher dose we initially had requested. Nevertheless, even though our subjects did not report inner experiences consistent with classical mystical encounters, they did have psycho-spiritual epiphanies, along with powerful autobiographic insights, that were of significant value in establishing heightened levels of emotional well-being. It will be interesting in the future to compare both the content of experiences at different dosages of psilocybin as well as the longer-term impact on psychological outcome.

We were interested in examining for therapeutic outcome. However, the primary goals of our study were to establish feasibility and acceptable safety parameters. In that regard,

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we achieved a significant degree of success. Facing no end of obstacles along the way, we were able to obtain all necessary regulatory and hospital approvals, raise the essential funding, and conduct and complete all elements of the study. And, with a participant population that had been carefully screened and prepared for their psilocybin experience, and within the context of a state of the art clinical research unit possessing all requisite monitoring of medical and psychiatric status, all of our participants weathered the experience without any evidence of harm or adverse effects.

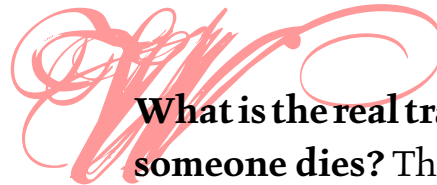
Establishing a foundation of feasibility and safety is the necessary first step for further studies and development of this long-neglected field. To that end, we were delighted that Roland Griffiths, Ph.D. at Johns Hopkins and Stephen Ross, M.D. at New York University recently initiated two new research investigations on the potential value of psilocybin treatment for cancer anxiety. Along with what we hope will be future efforts on the part of our research

group at Harbor-UCLA, these projects over time should be able to study the requisite number of subjects necessary to determine statistically significant therapeutic efficacy.

Acknowledgments are due to the members of our community whose support, generosity and expertise have been critical to the successful conduct and completion of this study. Throughout, we have perceived our work as a collective effort, a necessary perspective allowing us to maintain a sense of balance and humility. Finally, I would like to express my heartfelt appreciation for our twelve subjects, whose remarkable courage and strength were an inspiration to all of us who worked with them. Even though ten of our twelve subjects have by this writing passed away, their memory and immeasurable contributions live on. Working with them as they examined the course of their lives, and in many cases as they prepared to die, was an honor and a reminder of the importance of this work. It was their hope, and ours, that this study will help open the doors to further investigations designed to explore the potential value of psychedelic medicines to alleviate suffering and to remind us of who we are. •

The Paradox of Mysteries

By Valerie Leveroni Corral



What is the real tragedy when someone dies? There are count-

less phenomena that need no imagining in telling these stories; some are jewels, some are terrors. Yet, it is only through the personal that we can speak of another's experience. If you are the one that dies then your story goes untold, unless it becomes the narrative of an onlooker. If you are the one who does not die then you are the storyteller. Is it myth, memoir, parable? Even the most sensitive observer is still only a witness, an acquaintance at best, to what really happens in those enigmatic moments as death seeks company.

I often sit with the dying because my work as the director of the Wo/Men's Alliance for Medical Marijuana (WAMM) allows me the opportunity to share a deep and meaningful relationship with many of our members right up to the moment of their deaths. But do I fully understand what I am seeing? And how different is that from what my dying friend is really experiencing?

I proposed writing an article about people facing end-of-life and their use of entheogens. I began this pseudo-psychedelic venture by soliciting the participation of a couple of friends who are dying; one closely riding the rails, the other, actively defying the lure into never-neverland. However, like every "plan" that I have endeavored to explore regarding someone else's death, my "expectations" were dashed by my friends' responses. Both had been psychedelic voyagers in the past and remarked that their achieved "awareness" had prepared them significantly for their newfound practice, facing death. One is a Buddhist, the other, is "not not a Buddhist." So, I looked to my family, my brother, Mark who consumed mushrooms regularly; and my father, Mario who never used psychedelic drugs. Both were warriors.

What intrigued me about Mark was that he used mushrooms like no other person I have known. In deference to the chaotic dysphoria of posttraumatic stress disorder (PTSD) that characterized his daily life, when Mark ingested a handful of the mushroom, true magic happened. The magic was that he felt normal. "Normal" was relaxed, at ease and even happy. Since his return from Vietnam in 1968, where he served as a combat medic during the Tet Offensive and in Dak To, like many young soldiers he was plagued. PTSD is an insidious illness and can pursue an individual as pervasively as the enemy. He was never meant to take lives, he was meant to enrich them.

Mark attempted to find balance amidst the madness of this world; he sought reconciliation and peace. And somehow, when he partook of the mushroom, everything harsh that had been, was no more. There was only this moment. He was happy. He arrived at a state where chaos and peace blend in flawless harmony. Even an experienced psychedelic pioneer would have a difficult time ascertaining that he had entered into anything resembling an altered state. He behaved normally, so normally that he relied on his use of psilocybin, in particular, as a tool for achieving serenity. It may be that his limbic system, which deals with all aspects of emotion, had been so traumatized by decades of PTSD that his ingestion, instead of provoking a hallucination, stimulated his brain in some way to evoke a particular experience pleasant in nature, rather than stimulating the memory of traumatic past events.

When the body is under stress the brain produces neurochemicals that activate it to respond. Chronic stress suppresses protective agents and causes damage to the neurons, the axons and the dendrites. The brain becomes adapted to the production of these certain neurochemicals. This results in abnormal brain activity, which can sometimes cause complex hallucinations. Yet, in Mark it appears that hallucinogens may have altered the production of neurochemicals to stimulate emotions associated with a sense of well-being.

Mark died unexpectedly on January 02, 2010. What remains are questions. What happened? Had he enough of his tattered body, poisoned by Agent Orange, pained by wounds from decades past? Did he see an opportunity or did his heart just fail to beat? Did Mistress Death seduce him into some unspeakable paradise?

My father's death, on the other hand, is not such a mystery. He contracted a glioblastoma, a brain tumor and he died within a few months of his diagnosis. But it also raises the question of the production of neurochemicals and their role in "visions" or mystical experiences associated with end-of-life.

When my father was dying he asked me to engage in what was for him particularly unusual behavior. Half of my solidly Italian family is Catholic. My father was not really a religious man, but was always very grounded in his relationship with nature and reveled in her sheer majesty. He taught me many things about how to "be" on the planet and how to be at ease in my environment. He never read the esoteric teachings, but as his illness progressed so did his request for more participation in obscure ceremony. I came to find that some of the rituals he instructed us to carry out might have been lifted directly from *The Tibetan Book of the Dead* had he been familiar



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Photo by David Jay Brown

with the text. I was both surprised and amazed. I approached his doctor with the information, the Director of Neurosurgery at UC Medical Center in San Francisco. He told me that my father's experiences were merely a function of the brain and that I could look to these occurrences of "mysticism" as phenomena generated by the production of neurochemicals associated with brain cancer and with death in general.

This was my father and if ever I had a reason to believe that there was something to all of this out-of-body experiencing, now was the time. It was 1989, 16 years after my own personal experience with a brain trauma that

left me wondering just how much science there was involved in mapping the brain. A young Danish resident overheard the words of his mentor and noticing my melancholy, took me aside. "Listen" he said, "there is much about the brain that we don't know. There are some things that can't really be explained." I wanted so to believe this. But I was shaken.

Still, my father's requests continued and we obliged. One day, unbeknownst to him, a peyote sweat lodge was being conducted for his healing. We stayed with him, massaging his feet, drinking in his fragrance, offering sips of water. He rested peacefully. Then he said aloud, "I am in an igloo, only it is very hot and I am sweating. It is strange to me." I asked if he was uncomfortable. He answered, not really, that it felt like he was purging something. We wondered how he could possibly know about the ceremony. My father had quit the use of all treatment and medications. He said that he did not want anything to interfere when he passed into what he described only as "indescribably beautiful."

Then something inexplicable happened. It involved my direct experience. My father had taken to long periods of meditation. We would often sit together. One day he raised his hand and said, "Let's meditate." Okay. I put my hand to his. Soon I felt myself rising, weightlessly drifting upward. And I arrived in a stillness and then my father arrived. Suddenly, he exploded into a jillion bits of ether, like particles of dust in sunlight. I was awestruck. I heard my voice speaking, "Ah, I want to do th..." And as swiftly as I had arrived, I fell. With an abrupt force I hit some bottom place. Stunned, I opened my eyes. Slowly my father opened his and he spoke these words, "Hhhhaaa, Val that was beautiful, let's do it again, only this time you come with me."

I tried, but I never did make it to that place again, not with him. I have often wondered what neurochemicals my father's brain stimulated in my own brain as we meditated together on that afternoon in March.

These are temptations that suggest any number of possibilities. I know only that with the death of my father and my brother, no one will ever love me like they did. Nor will I be seen as they saw me, from the moment of my birth and who they envisioned from my baby self to whom I am today. With them also dies the unique ways in which they perceived me. They were my heroes and my biggest fans. And this is a story that I tell of them. Are they psychedelic teachers? Are they gurus or wise men? They are the men who saw me and who loved me. The men that I love still, and this is just one version of the jewels that they are. This is the story of the becoming of Masters. •

Revisiting the *Tibetan Book of the Dead* and *The Psychedelic Experience*

By Ralph Metzner, Ph.D.



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Undoubtedly the best-known text in world religious literature concerning itself with the afterlife and the process of reincarnation is the *Bardo Thödol*, popularly known as *The Tibetan Book of the Dead*. This book, in a translation by W.Y. Evans-Wentz, served as the text which Leary, Alpert and myself used as the basis for our guidebook on psychedelic states, *The Psychedelic Experience*, first published in 1964. In the years since its publication I have received many letters and comments to the effect that while most actual psychedelic experiences did not follow the idealized sequence of three stages laid out in the *Bardo Thödol*, what people appreciated about our manual were the recommendations to think of the psychedelic experience as an opportunity for psycho-spiritual practice and learning.

The original *Bardo Thödol*, is attributed to the legendary 8th century Indian Buddhist adept Padmasambhava, who brought Buddhism to Tibet. According to Buddhist scholar (and erstwhile participant in the Harvard psychedelic studies) Robert Thurman, who has published a more recent translation, the title of the work should more accurately read *The Great Book of Natural Liberation Through Understanding in the Between*. “Between” (as a noun) is Thurman’s translation of the term bardo, – a somewhat odd linguistic choice for the concept which Evans-Wentz translated as “intermediate state.” Actually, there are three bardo states described in the *Bardo Thödol* as being between life and death; and there are three additional bardo states, mentioned in appended *Root Verses*, that occur between birth and death – the waking life, dreaming and meditating.

Thus, it is clear that the term bardo refers to what in Western psychology is called a “state of consciousness.” As I point out in my book *MindSpace and TimeStream*, a state of consciousness is always defined by a division of time between two transition points, – for example, “sleep” is the state between falling asleep and waking up. Whereas the Indian Vedanta identifies four common states – waking, sleeping, dreaming and meditating, Buddhist teachings mention three, combining the sleep and dream states. In the above-mentioned *Root Verses* and other Tibetan Buddhist texts, there are descriptions of six yogas – practices for becoming lucid and liberated in each (or from each) of the six bardo states. In recent years, several Tibetan lama-teachers have expounded on the yoga of dreams – and such teachings converge with Western psychological research on the induction of lucid dreaming.

...we can find in the teachings of the after-death bardo states some suggestive parallels with findings now emerging out of the work of prenatal regression therapists and past-life therapists.

The *Bardo Thödol* concerns itself with providing guidance for the dying person on how to find their way through the three bardo states, giving detailed and explicit instructions how people can be helped to make the most favorable kind of re-birth possible. It teaches that liberation from the samsaric round of conditioned existence can occur in, or from, any of the bardo states, if we understand and remember the teachings, recognize the bardo state we are in, and choose the most enlightened conscious option available to us.

The teachings of the *Bardo Thödol*, in outline, are that immediately at death, in the bardo of the moment of dying, highly proficient meditators who can maintain one-pointed concentration will be able to attain liberation. Most people are not able to concentrate, however, get caught up in fear and confusion and enter into the second phase, called the bardo of the experiencing of reality, in which there are visions of “peaceful and wrathful deities.” The deceased is reminded not to be overwhelmed by either the heavenly or the hellish visions, but to remember that they are all projections of one’s own mind. Due to lack of training and/or preparation on the part of most ordinary people, the bardo traveller, after repeatedly lapsing into unconsciousness, then finds himself in the third phase, the bardo of seeking rebirth, in which he wanders about seeking to orient himself again to ordinary existence.

Although the *Bardo Thödol* does not explicitly mention the prenatal epoch as such, we can find in the teachings of the after-death bardo states some suggestive parallels with findings now emerging out of the work of prenatal regression therapists and past-life therapists. My own understandings of these areas have been deepened by my own participation in such explorations, using psychological, shamanic, yogic and alchemical methods, which I call divinations, for myself and with individuals and groups. At times, my explorations have involved the amplification of perception through psychedelic substances (where this was permissible).

The work of the prenatal regression therapists has uncovered cellular memories of conception, including the impact of the attitudes and expectations of father and mother at the time of conception. Past-life therapists now speak of a series of learning experiences undergone by the soul during the interlife period, that can be remembered in deep trance states. Prior to what is experienced as the descent into form at conception, there is a meeting with a group of meta-physical human spirits, called the soul council, at which the decision to incarnate is made, according to one’s intentions, choosing the parents and circumstances of one’s incarnation or rebirth.

According to the *Bardo Thödol*, in the phase of rebirth the traveler in the intermediate realms is repeatedly admonished to remember where he is, and that his thoughts and intentions will profoundly affect the kind of experience he/she may have. The deceased is reminded of the six possible worlds of samsara (existence) into which he might find him or herself drifting, carried along by the karmic propensities of their previous existence. They are advised to avoid the hell worlds, and the worlds of pretas and asuras, but, if rebirth is unavoidable, to go with the heavenly worlds of benign spirits (devas) or the

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human world – considered to be offering the best opportunities for liberation.

Then follow a series of instructions on how to “close the womb-door,” the point here being to delay the rebirth as long as possible, so that one can prolong one’s stay in the higher planes and avoid being sucked into unfavorable birth forms by one’s karmic propensities. The first method of closing the womb-door is to remember that you are in this bardo of rebirth and to focus on positive intentions: “this is a time when earnestness and pure love are necessary.” The second method of closing the womb-door is used as the deceased has visions of males and females coupling: he/she is to think of them as a divine Father-Mother pair, and withhold from joining them. The third, fourth and fifth methods of closing the womb-door involve further ways of dealing with the visions of a man and woman copulating.

When we wrote *The Psychedelic Experience*, we interpreted these passages in the *Bardo Thödol* as referring to the sexual hallucinations that are not uncommon in psychedelic states. In the light of my subsequent experiences and of the literature

on prenatal regression therapy, I now believe that the visions of couples copulating refer to memories of our own conception. In directed hypnotic and psychedelic trance states, people can remember, as souls, choosing the parents and existential conditions of their conception and birth to come and how that choice relates to their life-purpose. I myself have come to understand how my choice of parents of different nations (Germany and England), that were soon to be embroiled in world war, related to my life’s work or mission. I know of artists or musicians, who remember choosing, as souls, to be conceived and born into a family where their artistic inclinations can be nurtured.

According to the *Bardo Thödol*, if after using the various methods of preventing or postponing rebirth by meditating with conscious intention on light, one is still drawn into a womb for birth, the deceased is given instructions for “choosing of the womb-door.” The soul is advised to choose a human birth in an area in which religion prevails, and, “being born so, be endowed with great merit so as to be able to serve all sentient beings. Thinking thus, direct your wish, and enter into the womb.” This is then, the moment of conception, where the soul descends from the higher realm where it has made its choice for a particular incarnation, in a particular family at a particular place and time.

To summarize, the instructions for the most favorable kind of re-birth, are: to delay the return from the light- and wisdom-filled heaven worlds as long as possible, and when the time comes, which you know by seeing the acts of conception between men and women, to choose a birth family where the likelihood of coming into contact with spiritual teachings are greatest. The ending of the interlife period is the beginning of the bardo of rebirth: the decision is made to reincarnate, in a blending of karmic tendencies and conscious choice, and conception takes place in a fleshly human womb. This rebirth phase then ends with the actual physical birth, nine months later, when we start cycling through the three bardos of waking life, dreaming and meditating. •

Research with Psychedelic Psychotherapy for Dying Patients:

The Inspiration for the Founding of the Heffter Research Institute

By David E. Nichols, Ph.D.

Y**ou might ask yourself**, “What does a scientist at a major Midwestern university know about psychedelics, death, and dying?” I was on a panel with Tim Leary many years ago at a conference on psychedelics and when I started my remarks I said, “I am a reductionist scientist.” Tim immediately leaned forward, looked at me, and said, “Well, David, you aren’t a reductionist scientist all the time.” I quipped back, “Yes, but no one is supposed to know that.”

I find it impossible to be completely reductionist in my outlook when I have seen so many things that cannot be explained by conventional science. For example, my first wife had a number of paranormal experiences that I witnessed first hand. Soon after we were married, she awakened from a dream where a small girl had come to her, leading her to the scene of an auto accident where she and her mother had been killed, asking for help to save her father. The next morning we found that such an accident had occurred at the same time as she had been having the “dream,” and in exactly the spot as in the dream. A mother and her young daughter had been killed, and the father was in intensive care in a local hospital. As another example, in a vivid dream late one summer her deceased paternal grandmother came to her and told her that she was coming back “on the 19th at 6 am.” She awoke from the dream and told me about it. Her father had cancer that had been progressing for some time, but at that moment he was holding his own. He died several months later on October 19th at 6 am. I witnessed these events, and many similar others, first-hand. How can science explain things like that?

I began my graduate studies in the fall of 1969, specifically to study psychedelics (or psychotomimetics, as we were forced to call them then). While I was a student, however, Congress passed the Controlled Substances Act of 1970; a future studying psychedelics now seemed very remote. Nevertheless, I continued to work in this field, believing that someday things might turn around.

You may study the chemistry and pharmacology of psychedelics, but you cannot read only science; the cultural and sociological issues are too large. As a scientist, I felt I couldn't study these substances in a sterile environment, without appreciating the impact that my work might have on society. Being somewhat culturally disconnected by living in the Midwest, however, the literature I read was hit or miss. The "summer of love" was not something in the news in Cincinnati, Ohio. I was fortunate, however, to stumble upon the work of Eric Kast, who first discovered the remarkable effects of LSD in dying patients. It was natural then to find the subsequent work of Kurland, Grof, et al. in Maryland, who had expanded Kast's seminal findings in their studies of psychedelics in terminal patients. Reading the excellent books by Stan Grof, and the parallels between psychedelic peak experiences and the so-called "near-death experience" reinforced my belief that psychedelics represented powerful tools to help in understanding death and dying. I was convinced that this research needed to be continued. Yet, as a Ph.D., and not an M.D., there seemed not much I could do except follow the chemistry and pharmacology of these amazing substances... and hope.

In the mid-1980s, I made the acquaintance of a psychology professor at Purdue who had lost a son to a drug overdose and as a result had become very interested in death and dying. He offered a course every other year on the subject, and invited me to present a lecture on the use of psychedelics in dying patients. I eagerly agreed, and it was always fun to see the shock and amazement on the faces of the students, most of who were in the nursing program, when I introduced the subject of giving LSD to terminal patients. By the end of the hour, however, they were excited and full of questions.

As time went on, I became more and more frustrated by my own lack of qualifications to do clinical research, and by the fact that no one who was qualified had picked up the ball. In a meeting at Esalen in 1984, I recall asking Oz Janiger why he and others who had been pioneers hadn't tried to restart research, but his reply to me was dismissive; that I just didn't understand how badly they had all suffered. It baffled me that folks who



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had seen the presumed therapeutic effects of psychedelics first hand, and who had extolled their virtues, could just give up like that. I really did not understand.

So, for years I went to scientific meetings, and in the evenings sat over beers with colleagues who would listen, bemoaning the fact that no one was doing clinical research on psychedelics. I would argue that it wasn't impossible; you just needed private money to do it. Everyone seemed to have the misconception that it wasn't possible, but I countered that no one who was qualified had really tried. There were many important players in the community who didn't believe me, but I remained convinced that if you had qualified researchers you could restart clinical research. The proof of principle finally came as I worked with Rick Strassman, who be-

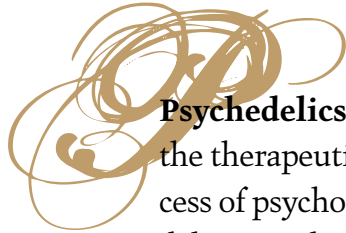
came the first clinician in more than twenty years to give a psychedelic to humans under an FDA-approved protocol. Even then, Daniel X. Freedman, then the head of psychiatry at UCLA who was a mentor for the project, counseled Rick to "Forget about therapy. Just measure physiological parameters." It was good advice for getting research funding and publication in a solid journal, but of course avoided the most interesting issues, many of which could finally be explored in Rick's book *DMT: The Spirit Molecule*.

As I sat over a beer sometime around 1990 telling the same story for the umpteenth time, it suddenly occurred to me that I might ultimately be sitting in a rocking chair many years hence, old and decrepit, telling the same old story; still waiting for someone else to take the initiative. I was spurred to action by that thought and contacted a number of psychiatrist and neuroscientist colleagues and friends and said, "Let's do it." The rest, as they say, is history... or nearly so. We became the Heffter Research Institute, and incorporated in 1993. It is gratifying to see that the Heffter Institute has now been instrumental in initiating and supporting a study of psilocybin in OCD, and three clinical studies of psilocybin in cancer patients, dreams that motivated me to found the Institute in the first place. But how do psychedelics work? We have a modest but robust basic clinical neuroscience program

in Zurich under the very capable direction of Dr. Franz Vollenweider to find out. Finally, it seems that things are moving. It has taken longer than I originally thought, but as they say, "better late than never." What a journey for a reductionist scientist from the Midwest! •

Lessons from Psychedelic Therapy

By Richard Yensen, Ph.D.



Psychedelics have a remarkable effect on the therapeutic relationship and the process of psychotherapy. The use of psychedelics in a therapy relationship can allow for a deep amplification of essential elements in the therapy process. This is especially so in a brief intense intervention, one that is designed to alleviate fear, anxiety, and loss of meaning at the end of a life.

People faced with their own death are confronted with the last great mystery of life. What lays beyond this world is unknown and so, shrouded it remains. We have accounts of near-death experiences, and the statements of various religions concerning the afterworld, but no certainty.

The hopes, yearnings, and despairs of the patient nearing death, and their loved ones, are projected on this screen of unknowing. A psychedelic experience can provide a glimpse into the process of death, an opportunity to experience a preview of what it is like to surrender the hard-won image of oneself to the unknown. This ego death, or transcendence, is a central axis of the relief that can be provided by psychedelic drugs in a properly managed milieu.

Ego death can be physically powerful and include physical symptoms such as weak pulse and breathlessness, or it can be more eidetic, involving the extreme modification of the usual sense of self. Or it can be more symbolic and integrative. In this regard, I recall the peak experience of my first psychedelic psychotherapy patient. (Patients discussed in this article have fictitious names to shield their true identities.) Joe was a labor union leader.

Joe called us (therapist and co-therapist) over to the couch. He held our hands. He spoke of being a child, of the difficulties he experienced being poor, of the joys of his profound identification with his father and the struggle that was his father's. Joe said he was experiencing that his father's struggle was also his own, and at the same time it was the struggle of all



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Photo by Keith Shaw

This ego death is a subtle change in identity, and a shift toward a transcendence of his separateness, yet his strong sense of self prevails through his altruism.

men—the struggle to overcome life's difficulties; the pain, the disillusionment, and the horror of being alive. He described seeing the American flag, stars and stripes; the stripes he described as blood red. Then Joe said, "I feel like I am becoming the blood that flows through my veins. It's Irish blood! There is strength here. I feel the strength of the Irish people; the noble strength of working men. I can feel the meaning of the struggle, of my Irish ancestors. They are stubborn and strong." Joe said he experienced the ideals and dreams that brought his people and others to the U.S. as immigrants. "They wanted to overcome pain, injustice and suffering with their strength—not just for themselves, but for all of us. I share this struggle. It has been my struggle to carry forward these ideals through my work with the union."

Notice the subtle shifts of identity as he holds our hands, speaks of growing up and gently blends his identity first with his father's, then with the flag, then with his blood and ancestry, and finally a melding with his life purpose. This ego death is a subtle change in identity, and a shift toward a transcendence of his separateness, yet his strong sense of self prevails through his altruism. Following this, Joe recapitulated his entire life trajectory. We shared his deeply emotional reliving of moments of triumph and defeat.

The outcome of this experience was a paradoxical relief from the emotional component of the pain that he felt. He was able to say that although he still felt considerable physical pain, the meaning had changed now that he fully realized the fact that he was dying. His mood was radiant and the family members who came to collect him after the session basked with us in the golden glow of a peak experience. After this treatment his need for pain medication diminished.

Sharon was a medical professional who was diagnosed with cancer. The LSD session took place in a hospital. She weighed 80 pounds at the time of this session, and was suffering from a lack of red blood cells. Any physical exertion caused panting and an overwhelming anxious feeling that she could not breathe. During the beginning of her LSD session the anguish presented itself in frightening proportions. She screamed out her profound distress! She tossed and turned in the hospital bed while listening to the music we were playing over headphones. She suddenly knelt and said, "For once in my life!" She stood up, we supported her to avoid a fall off the hospital bed. The co-therapist and I, each on opposite sides of the bed, held her hands so she could balance, Sharon bent her knees, to bounce as though riding a moving platform. Her face was radiant! She said, "Finally in the center ring!" "That's me, I am a real star!" This remarkable tension posture was maintained for several hours! She no longer needed our help, not breathless or frightened, but instead invigorated, enjoying an effortlessly balanced "ride." After a lifetime of domination by her older sister, and harsh scolding by strict parents, she was able to rescue her own essence.

Sharon was suddenly surrounded by lights, smelled sawdust and heard a cheering crowd of admirers. She rode proudly on the backs of three white horses. Her hands extended, grasping the bridles, her feet resting on the two outer horses. She rode around the ring, profoundly satisfied and connected with

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her heroic self! This experience was deeply nourishing and healing. She enjoyed a radiant, healing glow that endured months after the session. Her physical condition improved dramatically in the aftermath of the LSD session. She returned to 140 pounds. Her oncologist concluded that this was "among the most dramatic chemotherapy-induced remissions."

Experiences such as these are not contained within a drug, neither are they defined by the specific effects of a particular psychedelic drug. Instead they are experiences in consciousness that reflect, through psychedelic amplification, the rapport, emotional nurturing and safety that grew out of hours of preparatory therapy. There is a special attunement between a psychedelically-informed therapist and their patient. The therapist knows, through their own personal experience, the healing depths

that are possible for the patient. They know as well that there is no certainty. A peak experience is not something that can be forced; it is a spontaneous event in the ongoing consciousness of a well-prepared and supported voyager who is entering the savage and beautiful country of the mind.

Psychedelic medicines are powerful tools that require proper training of therapists for the most effective psychotherapy outcomes to be realized. The nature of training is multidimensional because, in my opinion, it must include a personal psychotherapy occurring within a series of psychedelic sessions for the trainee. The deep experience of psychedelic states, and the effective understanding of one's own psychodynamics on a personal and transpersonal dimension, is essential for the safe, effective and responsible use of these drugs. A capacity for personal surrender to the effects of psychedelics, including ego-death, is a prerequisite for any effective psychedelic therapist.

The Drug War has created such a repressive political atmosphere that proper training has been eliminated. Perhaps the greatest tragedy of this repression is the loss of lineage: There is no way for mature psychedelic therapists to legally train new therapists in the ego-surrendering processes. A generation of experienced therapists is about to be lost. The Maryland Psychiatric Research Center was the last facility that had financial support and political permission to train its therapists this way. Unfortunately the MPRC closed its doors to psychedelic research in 1977. It is a good thing that MAPS is working toward permission to administer psychedelic training sessions. One can only hope that a mechanism can be found to allow mature therapists, trained as outlined above, to begin the process of passing on their knowledge experientially through training sessions.

How can a psychotherapist have something to offer the dying? It is only the therapist who has lived deep recapitulation of their early years, and a convincing death of their cherished concept of themselves, who can offer solid guidance to a patient in a deep psychedelic session. Through this kind of training a therapist faces death, through the caring assistance of a mentor who has experienced the same depths. By undergoing a convincing personal experience of death "ahead of time" the therapist gains the personal experience necessary to provide compassionate support so patients can fully face the ultimate mystery. •

The Wild Open Space of Death

Anonymous, M.D.



Anonymous, M.D.

The winter of 1985 was the worst. Not because of the cold or snow, of which we had had plenty. No, it was because my wife had left, taking the children, the dog, the cat, all their stuff, even the piano. No warning, no note, nothing. Just gone. My stuff was mostly still there and unharmed, so at least there wasn't spite in the move. But I was left in sudden cold loneliness of no family. My friends in that small mountain town must have known, even perhaps helped with the move. What did they think of me? I was really in the cold with no one to talk to.

I continued on in my small country practice of medicine, trying to keep myself together. I began seeing a very helpful family psychologist who helped me sort it all out, at least on the surface, but she was no help deep down where the knots were. I was definitely slipping into depression. I had a gun, and thought of its sudden bloody conclusion to this misery. Or an overdose. As a doctor, I could get a lethal dose of something painless. No blood involved. That's how bad I had sunk.

A few weeks later, I assembled some friends to "spot" for me. For privacy we went way up on the mountain, where I laid down on a pad on the ground and injected 100 mg of the sterile solution into my gluteus maximus. It hurt like crazy! Ketamine is a tissue irritant, and I felt every milligram. Slowly the pain began to subside and I relaxed into a reddish-brown haze. The haze became a sandstorm from which emerged the strangest creature. It was smaller than I by half, and it insisted that I get up and walk about this new place. The creature showed me cliffs and rocks, all of sandy red. I sensed that I was being shown the terrain of Mars by an inhabitant of that planet. I began to hear water. Rain. The red dust gradually turned to bright blue and I found myself under a blue tarp in a thunderstorm downpour. My friends had erected a tarp shelter for me when they saw the storm approaching. I had been "away" 45 minutes.

I was definitely slipping into depression. I had a gun, and thought of its sudden bloody conclusion to this misery.

We waited a while for the rain to stop, then I tried to walk but found myself very unsteady - ataxic is the medical term. Somehow I wobbled back down the trail. It had been an unpleasant experience overall and I had no inclination to do it again.

In the bleak days after my wife left, however, I found myself drawn to ketamine more and more. I began using a 100 or 150 mg dose perhaps once a week. I learned to dry it out to create a powder. The power would cause intense nasal pain, but I knew it would be short lived as the drug took effect and I settled in to a very different yet comforting world – the world of my inner symbolic mind.

On many occasions I would find myself on a high, dark promontory overlooking a vast space. The sky was filled with unrecognizable dim stars. It was never cold or windy, just pleasant as I lay there looking out over the scene. Sometimes I heard birds, even the lonesome cry of loons, though they didn't live in those lakeless mountains. I began answering those calls with a strange cry that came from deep in my throat, rather like a cat cry but with an additional guttural sound that even today sends chills down my spine and alarms others who hear it. I called it crying as it reminded me of crowing and crying mixed together. As the months went by, I would find myself not on a promontory anymore. I was just out there in dark space amid those dim, somehow comforting stars. It was at this point that I awoke and realized that I knew what it was like to be dead, to go back to the ether that surrounds and permeates everything. More importantly, I realized that I didn't want to die – not yet. I had been there and seen that, and I was not afraid of it. Death would come someday and, though it may be painful to make the passage, death itself would be peaceful, comforting and even pleasant.

I continued seeing my counselor, who was becoming more helpful at repairing my damaged inner self. Or was it the ketamine? With everything going on at once, it was hard to tell. Ketamine provided the real breakthrough, though. Tripping had become almost routine by this point, and I was not expecting much change when I “awoke” on one trip in a tight, dark box. This was a new sensation, and it was very uncomfortable. I realized I was in a coffin and I began to panic, but found myself helpless. Just then the top of the box began to open slowly, letting in a bright white light. I

realized I was completely naked. The top was now completely open, and I blinked in the extreme brightness to see a beautiful woman in a flowing white gown. She took me by the hand and helped me stand up. I could not see them in the bright omnipresent light, but I realized that we were surrounded by a large group of people dressed in formal evening clothes. The murmurs coming from the group were of overwhelming approval. Even in my nakedness, I stood humbly as if accepting some award. It was the award of love for life, and after that trip I was definitely a happier, more confident person.

That beautiful experience never happened again, though I tried ketamine many times more. I began getting trips where war and helicopters would be a feature. Sometimes I would awaken to find myself huddled in a cold corner of the bedroom. How did I get there? Then the trips became nothing but a black visionless sleep. I realized that I had reached the maximum experience that ketamine could give me, and now it was time to move on. I quit taking it without regret or craving, put my life together, moved away from the mountains, and changed my medical career into something more rewarding for me. The job change also increased my income so I could care for my children better and give them a good education. I have since re-married and live a stable and satisfying life. **And to this day, I am not afraid of death. •**

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Ego Death & Psychedelics

By John Harrison, Psy.D. (cand)

“You are not an encapsulated bag of skin dragging around a dreary little ego. You are an evolutionary wonder, a trillion cells singing together in a vast chorale, an organism – environment, a symbiosis of cell and soul.”

—Jean Houston



Most of us involved in consciousness research and exploration have had both personal and/or professional episodes that resemble or emulate a temporary ego death (loss of the separate self) or, in the affirmative, have experienced a deep and profound merging with the transcendent other. These experiences, though often unique in their specific content, often share a universality both psychologically and spiritually, with those of our fellow psychonauts and consciousness-explorers. However, what is clear from the breadth and scope of the innumerable writings on ego death is that there is no one, clear definition or explanation either for the concept or the experience.

What is ego death? The definitions are many-sided and affected by context, culture and religious background, age, education, and informed by prior experiences with altered states of consciousness. In the process of writing this piece I sought out several respected colleagues and mentors who have traversed these challenging paths to self-discovery. When I asked consciousness explorer and dream-work facilitator, James Stewart, to define ego death, his response was, “Simply put, it is the dying of the sense of self, of individuality, or of that which I conceive myself to be as perhaps different than what I am. [It is] ...the dying of the conceptualized sense of self. In many ways ego death at its optimum is the fluid flexibility of adjustment to the ongoing expansion into the mystery of consciousness, and at its most challenging, the horrifying experience of attachment and rigidity.”

Recently I queried parapsychologist Stanley Krippner, Ph. D. about the nature of ego death and he responded, “It is a suspension of one’s ordinary reflective awareness... During these periods of time an individual is no

longer aware of themselves as an experiencing agency; instead, one experiences unity with the environment, and/or other people.”

Medicinal chemist and cofounder of the Heffter Institute David Nichols, Ph.D. added, “When the “I” that is inside can talk no more, is gone and cannot form thoughts, but simply is a part of all that is, and is no longer separate.”

Psychedelic researcher and clinical psychology doctoral candidate Alicia Danforth shared an elegant description of ego death, “The analogy that works for me is a jar of marbles. Ego death can be like dumping the marbles out onto a tabletop. Anxiety, even panic arises as the jar tips. The quality of the experience depends on how many marbles there were to begin with, how far they scatter, or if they drop off the edge of the table, and how many the experiencer is able to gather and put back into the jar. I consider interrupting or stopping a difficult session as akin to preventing the journeyer from collecting all of the marbles. Maybe the jar gets bigger, so a few new marbles can fit inside. Maybe the shapes and colors become more satisfying in their new configuration. For the lucky individuals who have the experience in a supportive set and setting, ego death can be like dumping out dull, dusty (or scratched) marbles and replacing them with dazzling new ones!”

Lovely. I am certain that many of us have lost our marbles at one time or another, and one way for us to re-collect them has been to find a method or a conduit for all that energy. Alan Watts said that the intense psychedelic experience can be like “too much current for the wire.” So we meditate, or practice yoga, as a means to handle, or to be in the present with, all of this energy.

There are many similarities between the so-called spiritual path to enlightenment and the psychedelic experience of ego death.

There are many methods and tools to realize this mystical state of mind which, in Zen Buddhist terms is described as a state of no-mind. The mind inherently objectifies thereby creating separation from the one or the Tao. The venerable Rinzai Zen teacher Joshu Sasaki Roshi has stated that, “The greatest sin is the objectification of God” and is really separation from the self.

There are many similarities between the so-called spiritual path to enlightenment and the psychedelic experience of ego death. In his book *History of LSD Therapy*, eminent psychiatrist and pioneering psychedelic researcher Stanislav Grof describes ego death in the context of psychedelic use, “The main objective of psychedelic therapy is to create optimal conditions for the subject to experience the ego death and the subsequent transcendence into the so-called psychedelic peak experience. It is an ecstatic state, characterized by the loss of boundaries between the subject and the objective world, with ensuing feelings of unity with other people, nature, the entire universe and God...in most instances this experience is accompanied by visions of brilliant white or golden light, rainbow spectra or elaborate designs resembling peacock feathers. LSD subjects give various descriptions of this condition ...They speak about cosmic unity, unio mystica, mysterium tremendum, cosmic consciousness, union with God, Atman-Brahman union, Samadhi, satori, moksha, or the harmony of the spheres.”

At the core of this discussion is the debate between a spiritual path or practice vs. the psychedelic option. “Why do you need the drug or medicine?” is a common exhortation from the spiritual camp. “Because it works” comes the response from the psychedelic side! Psychedelic pioneer and spiritual teacher Ram Dass said, “Psychedelics can’t give you a permanent spiritual immersion, but they can give faith about the existence of these other planes and you need faith as a foundation for spiritual practice...so psychedelics can open doors, and if later you want to revisit these spiritual planes, having had such experiences will make it easier.”



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To paraphrase ethnobotanist and psychedelic leprechaun/raconteur Terence McKenna, “You’ve got to eat the whole enchilada.” In other words halfway measures won’t cut it in the quest for the holy grail of transcendence. Terence would question those who would try and realize this state “on the natch” (without psychedelics) and drew a qualitative line between chanting mantras and long deep periods of meditation compared with the occasionally dangerous dancing with the psychedelic cosmic serpent. In a similar vein, McKenna would arch an incredulous eyebrow at recreational or low- dose ingestion of psychedelic medicines with the riposte that, “if you haven’t experienced some terror you haven’t taken enough!”

As a researcher into the efficacy of the root-bark of the Iboga plant in the treatment of addiction, and an occasional explorer into the realms of the unknown—be it through zazen (sitting meditation), high-altitude mountaineering (literal peak-experiences), or through the intentional use of psychedelic medicines—I have come to realize that the sine qua non of ego death or transcendence is the journey itself. One cannot drink the word water! The need for objective, comprehensive, and (well-funded) rigorous science has never been more important, but as psychologist and former director of the Esalen Institute, the late Julian Silverman would say, “GOOD RESEARCH IS ME-SEARCH.” This journey is an unfolding. It is the act of losing oneself in the process of finding oneself. In my own experience this magical merging with the moment has not only been parenthetical and relatively rare, but oh so sweet!

There is so much we do not understand about the ephemeral process of ego death. So, we have asked more questions than we have answered! We have only scratched the surface in these few paragraphs, analogous to stuffing an elephant into my Toyota! Wishing you all Happy Trails and may your search reveal the crystalline mysteries within! •

Introduction to Stanislav Grof's *The Ultimate Journey*: **An Interview with Peter Gasser**

By David Jay Brown



Peter Gasser, M.D.
 pgasser@gmx.net

Grof's book
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 have an open,
 natural, and interested
 attitude towards
 the patients
 in this study.

in

In 2008, Swiss psychiatrist Peter Gasser, M.D., became the first medical researcher in the world to obtain government approval to do therapeutic research with LSD. This was the first government-approved LSD study since Stanislav Grof was forced to shut down his research in 1972. Gasser's LSD/end-of-life anxiety study is being sponsored by MAPS, who is also sponsoring other medical research into the psychotherapeutic value of psychedelic drugs. (This interview appears as the introduction to the new edition of Stanislav Grof's book *The Ultimate Journey*, which was recently published by MAPS.)

David: Can you talk a little about how you started doing LSD research, and what it feels like to be the first researcher to receive government approval to do human studies with LSD in thirty-five years?

Peter: In January, 2006—around the time that we held the symposium for Albert Hofmann's 100th birthday celebration—Rick Doblin and I were walking through the snowy Swiss mountains. While we were walking, Rick said that he thought that it would be great to do research with LSD again, as MAPS had just successfully launched studies with MDMA. After speaking with Rick, I began the process of gaining approval and meeting all the requirements. Getting a license to work with LSD felt like a great honor. It also filled me with a sense of hope, as this means the end of a thirty-five year Ice Age, where all therapeutic research with LSD was totally blocked.

David: What have you learned from Stanislav Grof's work that helps you conduct your own research?

Peter: When some friends of mine discovered that I would be working with people who were seriously ill, or possibly dying, they gave me a warning. They told me that they thought that this would be too heavy of an emotional burden for me. However, one friend also recommended that I read Stan Grof's book *The Ultimate Journey*, which I wasn't

familiar with at the time. Grof's book taught me to have an open, natural, and interested attitude towards the patients in this study. At that time I had no special training in psycho-oncology [the psychological aspects of cancer], although I had had some experience over the years working with people suffering from life-threatening diseases.

From Grof's book *The Ultimate Journey*, I learned that the issues that people faced in his studies were basically the same issues of our common human condition, only in a different intensity and priority. Grof's book is a rich treasure chest, filled with cultural, historical, philosophical, and religious links that help us to understand the individual psychological process. Like Carl Gustav Jung, Grof is an author with an extremely broad background of knowledge about the history of mankind—in all its shapes. He is capable of linking the individual process with the collective process—which may be a great comfort and relief, especially for dying people.

David: What kind of process and struggles did you have to go through to get your LSD study approved?

Peter: During the approval process for the study, there were two critical questions that needed to be addressed. The first one was: Is it possible to convince the Ethics Committee that the potential risk of LSD-assisted psychotherapy is not higher than in other drug

People who are going to die automatically put more emphasis on the here and now.

research studies, and that the potential benefits that could be gained from this study make it worth doing? As you can imagine, the answer to this questions can't be obtained with any kind of mathematical precision, and rather depends upon the attitudes and prejudices of the members of the committee. Ethical decisions are always decisions of personal judgment, even if they rely on a clear and rational decision process. Fortunately, the Ethics Committee was able to discuss the question of LSD-assisted therapy in an open manner, and after much discussion, finally, it was decided that yes, such work could be done.

The second question was: Will the authorities at the Ministry of Health be influenced by political processes that might inhibit an approval of our study? It was satisfying to learn that their work was based on legal, ethical, and scientific requirements. I am convinced that Kairos—the Greek God of the opportune moment—was lending a hand, as something that brings together and orchestrates so many factors, and results in a success like this, must have played a role. It was greatly satisfying for everyone involved in this study that Albert Hofmann was still alive when the research began. He witnessed that steps were being taken to help develop LSD into what it only sometimes was—a medicine.

David: Can you share an anecdote or two from your studies, and talk a little about how your subjects are responding to the LSD-assisted psychotherapy?

Peter: Since we have a placebo-controlled design—and because of the obvious inherent difficulties involved with giving inactive placebos to subjects in psychedelic drug studies—the placebo patients also receive a very low dose of the active drug, which is 20 micrograms of LSD. Albert Hofmann said that he was convinced that even a low dose of 20 micrograms was enough to create a psychic effect in people—and he was right. One patient (who received placebo) reported that he had a very realistic impression that the floor of the room we were in opened up and the devil appeared. Although this scene was quite short, it was very naturalistic.

Of course, the 200 microgram verum dose that the experimental subjects get is much more powerful and longer lasting. I was very touched when one subject, a 57 years old man suffering from metastatic gastric cancer, reported his LSD session. It was his first session in the study, as well as the first experience with hallucinogens in his life. He went out of his body, and had the experience of flying like a bird, which was very fulfilling for him. Then he flew up higher and higher, until he

met his dead father. The patient had had a difficult relationship with his father, who withdraw from conflictual situations in the family, leaving the patient alone with his overwhelming mother.

Although his father had died a long time ago, the patient was full of criticism and reproach towards him. However, his encounter on LSD was very different. He felt free. It was just two men meeting at the same level, without any father/son dynamics. The patient loved feeling the closeness, and there was no longer any feeling of building up an inner wall when he thought of him. Later the subject said that he thought that in his process of dying it was very important for him to meet with his father at his place, where the dead people are, and to feel their vicinity without any fear or negative feelings.

David: Have you seen anything in your sessions that influenced your understanding of, or perspective on, death?

Peter: For me, one of the most satisfying aspects of my work in this study comes from my encounter with the patients. People who are going to die automatically put more emphasis on the “here and now.” They search and long for intensity and open awareness right now—not in some distant future which might not exist. This is what makes working with these people so rich.

David: What sort of promise do you see for the future of LSD research?

Peter: With this pilot study that we're now doing, my vision is to show that LSD-assisted psychotherapy is safe and effective—so that we can plan further studies based on that result. This would not be something new for insiders, but it would be new to much of the world—because it would be based on research that meets the medical requirements of contemporary drug research. I absolutely believe that LSD has broad potential for healing and relief. •

Stanislav Grof's book *The Ultimate Journey*, second edition, just published by MAPS is now available. For more information see page 48.

Raving Not Drowning:

Exploring Green Burials and Conscious Funerals

By Rupert Callender



Rupert Callender
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Ten years ago, scarred by early bereavement and the unsatisfying funerals that followed, I had an epiphany; I would become an undertaker and join the fledgling alternative green funeral movement. I would help people to avoid sleepwalking, as I had, through the numbness of fresh grief, create with them ceremonies that both honoured the person who had died and truly enabled those who were left to begin the next stage of their lives. The clarity of this illumination was quite unlike anything I have had before, or since.

There is remarkably little legislation in the U.K. around becoming a funeral director, largely because you are not legally obliged to engage one. A relative can collect a body from a hospital and keep them at home, do the paperwork, order a coffin, hold the service, even bury them in their own back yard if they want to. To set up as one all you need, as I discovered, was luck, naivete and gumption.

When you've found what you are meant to be doing, things can move fast. I babbled to everyone I knew, read some books, and arranged to see my first dead body. I put out a press release, agreed to take a ceremony as well as deal with the practicalities, and within what seemed like minutes, found myself talking about love and loss around the bodies of the newly dead to congregations of people. A friend of mine named Claire became intrigued, joined me, was initiated with similar emotional immediacy and soon became my wife. A decade later, and our life is steeped in what Mary Oliver calls "the black river of loss, whose other side is salvation, whose meaning none of us shall ever know." It doesn't even feel that weird anymore.

We call ourselves undertakers rather than funeral directors. There is an implicit commitment in that word, a sense that this is an experience we will go through together, that we *undertake* to see you through it. Old school funeral directors direct; they inform you of the rules, the dizzying world of etiquette that you, stunned by grief, are now subject to. They introduce you to a priest, murmur approval, show you stationary bordered with lilies and

doves, explain how it's done.

We do it differently.

We employ no bearers, no team of old men to literally shoulder the burden, so at the very least, between us, we have to carry and lower the coffin together. We don't divert the eye with expensive vehicles, or matching livery's or overtly extravagant displays of anything. It's not about the car, or the orders of service or the flowers. Distractions. We think that what is said is of more importance. We don't believe in replacing sorrow with celebration, and we have no template, other than a belief that secretly, we all long to turn our faces to the truth, that there is a liberation in its presence which we feel absented from in our increasingly artificial world.

We believe that if possible, seeing the person who has died, naturally and unembalmed is a crucial step towards acceptance, and makes the difference between knowing something in your head, and knowing it in your heart. For these reasons we avoid euphemisms of all kind. More often than not we take the service ourselves, which more often than not is outdoors, in a circle, around a grave. We try

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 but it's time we also acknowledged our debt to MDMA...

to raise hope, but temper it with the truth, so we don't airbrush out all someone's faults, or grossly inflate their virtues either, as if death somehow makes us better people. We talk about their dying as well as their living, as it is the last, crucial piece of the puzzle of our lives. We avoid any strong reference to the afterlife, not from any personal conviction one way or the other, but because it's so clear that the point is not where they are, but where they are not. Honesty, appropriateness and participation is what we are aiming for, and when they come together, it works.

Our influences are varied. My wife's tribe is punk, so she brings a healthy disregard for tradition and authority. I have Quaker leanings, tinged with acid mysticism. Neither of us are religious in a conventional sense, though we are open to hope and wonder. Both of us believe strongly in people, and from time to time we like to dance all night. I like to think these are linked.

PPeople always ask us how we cope, how we live our lives surrounded by such sadness, and in truth we have many strategies and resources to pull on; good friends, a healthy emotional relationship, a fairly twisted sense of humour, and a few years of therapy under our belt, but it's time we also acknowledged our debt to MDMA and dance culture, both in how we free ourselves from the weight of other's pain, and how we construct and hold our ceremonies.

Raving and MDMA have been a part of my culture since my early twenties, and has formed much of my adult self. It has marked birthdays, midsummers, midwinters; even our wedding celebrations, and although as time has passed my enthusiastic consumption has naturally leveled out, and my idea of a rave reduced to a few friends shuffling and giggling around a fire, we still reserve it as a spiritually warming treat.

The core experience of MDMA—empathy, surges of happiness, dissolution of fear, and the feeling of re-inhabiting your body—are not what any serious psychonaut would describe as a testing drug ordeal. Other psychedelics offer much weightier insights into the nature of existence and non-existence, with less predicability and certainly more challenge, but almost immediately upon beginning this work we were regularly dealing with trauma such as suicide, and all the currents and rip-tides of emotional contagion, despair and fear that swirl around it.

Coping with the family of someone who has killed themselves, or whose life has ended in an equally intense moment of peak tragedy is itself a peak experience, and requires awareness and perspective so as not to succumb to emotional vertigo. Bad things happen to good people for no reason, and having this reinforced almost daily is enough to make the most

optimistic soul tremble with a sort of morbid anticipation, but the joyful, uncomplicated exuberance that MDMA gave us kept us sane in the shock of entering this new life, and helped the grief and pain to run off us like water. It kept reminding me that we were blessed, in our friendships, our lives, in ourselves. It allowed us to feel the grief but not become it, and this was a much better way of dealing with it than the traditional professional response to repeated exposure to trauma; numbification through alcohol.

Despite its tendency to almost unconditional positive regard I don't believe that MDMA has given us a false perspective on bereavement, and it hasn't been our only influence in attempting to reframe the rituals around our dead, but the message that we have taken from it, the message that lay at the heart of rave culture—that all we really need and have is each other—has proved a profound and subversive one to bring to the funeral rite. Organized religion is wilting fast in this country, but a sense of the numinous still exists everywhere.

The challenge faced by those willing to step into the shoes of the priest is how to hold onto these impulses while staying true to the emerging culture. For me, these truths were revealed again and again in the swirling mass of a rave; that human beings are fundamentally good, bright beings, that faith and hope and love are not the preserve of the religious, that they are a part of the human condition, the best part, and that by daring to remove the traditional ritual props that surround a funeral, and face the darkness together with nothing but honesty and intention we reveal this, and edge ever closer to the previously unthinkable; a religion without God. To get there though, we need to stand together in the presence of our shared truths, ditch the things we disagree on, namely what happens after we've died, and see what remains. It's a risk, but we have nothing to lose and all to gain.

I am so grateful for the optimism and hope that MDMA has enabled me to feel, for the part it played in healing my own grief and for the opportunity to take the best of that experience back into the straight world. All who work with the dying and the bereaved would benefit from the sheer, death-defying physical pleasure that MDMA gives, if only for an hour or two. As thirty odd years of authoritarian hostility towards psychedelic culture begins to thaw, maybe they'll get the chance. •

Journey to Awakening

By Kolya Djizkovic



Kolya Djizkovic
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In early Spring of 1994, while barely a teenager, I was living with my family in a tent on the outskirts of Bosnia. A violent siege the previous year had left the city in ruins. All that remained were bombed out silhouettes of a once robust community. The atmosphere was bleak and fog blanketed most of the valley.

I awoke one morning, just before sunrise, and sought out my older brother, Dmitri. “Come, let us walk,” Dmitri said. So I took my first steps into the unknown. A little ways down the path, Dmitri pulled out a leather bag and removed six dried, golden-brown mushroom caps. They were relatively large and the scent hinted at the Divinity they contained. “These are for you,” he said, his hand outstretched. “This is where you will see EVERYTHING! I hesitated, scared—not of going crazy, but of REALLY waking up! Before I could utter any objections, the mushrooms were already stuffed inside my mouth, inching their way toward my stomach, dissolving into Liquid Magic.

My journey
had led me to
the arena of Death.
My eyes widened
as I gazed upon
the battered
buildings and
raging fires.

By the time the last bite had been swallowed, we were venturing deeper into the woods. At some point I foolishly believed that the experiment wasn’t working. But later, while walking, I noticed my feet were not touching the ground! I smiled and kept walking, keeping my observation to myself. Music began to play not only in my head, but in the forest. It wasn’t normal “nature music,” those sounds orchestrated by birds or trees. I could only describe it as “psychedelic.”

At some point during my enjoyment of the colorful scenery and introspective mind-diving, I became separated from my guide. My heart, which was already racing from the extreme joy of really being ALIVE, slowly turned to fear. My universe came trickling down as I found myself alone in a strange country, tripping on mushrooms.

As I walked, the forest grew more dense. It seemed that nobody had traveled down this path for quite a while. I came upon a thick column of trees and a fence. I stopped and began to listen attentively to the sounds of

rushing water from beyond the fence. There was a stream nearby. Climbing was easy while on mushrooms, but landing back on the ground proved to be harder. I lost my footing and before I knew it, was tumbling down the hill, the rushing sound of water becoming more intense and louder as I rolled toward it. Time stopped. When I at last reached bottom, I opened my eyes. My journey had led me to the arena of Death.

My eyes widened as I gazed upon the battered buildings and raging fires. Grey figures were hanging on wires, and others were piled in heaps. There were mounds of dead people. Some were slumped over barrels, with their hands tied together and barren expressions on their faces, echoing the last seconds of their fate. The odors were unbearable. Coppery and flesh-rotting scents filled my nostrils, causing me to heave. The images inside my mind kept expanding, engaging every sense. My mind filled with sounds of screaming and agony. On that day, I discovered the madness and cruelty that the human race can produce, a factory of selfless pain and rot—all because one group of people on a particular side of the globe developed xenophobia and conned themselves into believing that they had special entitlements.

The metallic taste of blood filled my throat as the darkness invaded my senses, dulling each of them. My body ached. I mustered what strength I had left, picked myself off the jungle floor and began walking into the killing fields. I could feel a lingering, uneasy presence. Eyes watched me. Eyes that were either half or fully open still kept me company long after their energy had passed. Watching...

The sun was setting and the trip was dissolving my preadolescent self, transforming me into something completely different, something eternal. Realizations kept popping up inside my head. I felt connected to everything around me and wondered, how can I not feel hatred with such hatred around me? Thoughts rocketed through my synapses, exploding with mass amounts of information, and it became too much to handle. I was dying. Are these mushrooms poisonous? I asked myself in distress. I thought of those I loved, that they would miss me, and I would miss them. I wanted to grow up, be wise and know everything. I wanted to laugh and experience love. But throughout my panic and struggling, while curled up in a ditch, I let go of existence and my sense of "self." I was saved. To experience God I had to let go of every notion of who I was, and who I wanted to be—a challenging experience at any age. I felt the radiant glow of not just a being outside of myself, but of a being that coexisted inside of me, that was a part of me just as much as I was a part of it.

The universe detonated magnificent fireworks inside this perception, one after the other, causing body spasms. Stripped of thoughts, conditioning, and my ways—I was naked. I was a raw consciousness, taking in more information than I could process. It was within this setting God became demystified. The noises intensified into one resounding voice, I could now hear a chorus of words. A mantra had entered my mind—I am every thing that ever is, was, and shall be. Everything and everyone are a part of me. I felt in that timeless moment nothing but absolute truth. It was deep-seated knowledge, past any ego-formed sense of doubt or suspicion. I tried to crawl, but that became futile. I welcomed

the rapture; it embraced me with open arms, coddling my prepubescent psyche, careful not to fully wreck the ship before it returned home. During the night, my mind surrendered to the wonders that my unconsciousness produced. I became a disembodied observer of a psychedelic visual storm. I slowly faded out into Existence.

The sun peeked through the morning clouds to wake, not only me, but Nature. The sounds of familiar reality came as a huge relief. The birds chirping, the nearby stream. Everything was ALIVE! and NEW, transformed into something wonderful. But at the same time the environment remained the same. I couldn't help but laugh. Thoughts were popping up with such clarity. I remembered my father telling me that Alan Watts said that, just as a microscope can sharpen your physical sight, psychedelics can sharpen your ability to look inward. I certainly had more insight coming out of the trip than going in. Funny, how things work out like that. Now that the sun was out, it was time for me to find my bearings and continue home. I was off on no particular course.

As I tramped through fields, nature's essences caught me off-guard and I became absorbed in my surroundings and newly discovered beauty. I could hear the sounds of camp in the distance. It gave me relief to hear the frenetic humming of a harmonica with gospel singing mixed in. As I proceeded, I was amazed at how many people there were, families that lived with ours, traveling in the camps. Passing by pop-up home shops and bonfires cooking morning feasts. I discovered Dmitri finally. He looked surprised, yet relieved to see me. We embraced. "You look like hell," he said while holding back a chuckle. I said nothing. I thought of the whole process and smiled. In time I would tell him. But at that moment I just felt that there were no words that could describe my experience. My time in Hell was over, and at last, I was back to being a kid, back to my Garden—back to my Kingdom. •

Everything
was *alive* and *new*,
transformed into
something
wonderful.

RECENTLY PUBLISHED

The Ultimate Journey: Consciousness and the Mystery of Death, Second Edition, by Stanislav Grof, M.D.

with new preface by David Jay Brown & Peter Gasser, M.D.

Beyond personal history and archetypal themes, a comprehensive psychology must also address the fundamental significance of birth and death. Stanislav Grof, M.D., renowned for his pioneering contributions regarding the psychological and spiritual aspects of the birth process, now adds invaluable insights from more than half a century of research and personal discovery into the experience of death and dying. Dr. Grof distills teachings from ancient wisdom and modern science that suggest how to face the process of death and dying. The ultimate journey challenges us all, and how we approach it is much more than a major personal issue. Those who come to terms with death in deep experiential self-exploration tend to develop a sense of planetary citizenship, reverence for life in all its forms, and spirituality of a universal and all-encompassing nature. Such radical inner transformation might be humanity's only real chance for survival. *The Ultimate Journey* describes ancient and aboriginal ritual and spiritual practices that help us understand the experience of death, develop effective ways of making dying easier, and integrate it as a meaningful part of life. The book also summarizes modern studies that shed new light on a variety of phenomena related to death and dying, including psycho-spiritual death and rebirth, near-death experiences, and the new expanded cartography of the psyche that has emerged from Grof's fifty years of research of psychedelic therapy, Holotropic Breathwork, and spontaneous psychospiritual crises.

About the Author

Stanislav Grof, M.D., internationally acclaimed psychiatrist and co-founder of the transpersonal psychology, has taught and lectured in academic and workshop settings worldwide. He has served as Chief of Psychiatric Research at the Maryland Psychiatric Research Center, Assistant Professor of Psychiatry at Johns Hopkins University School of Medicine, Scholar-in-Residence at Esalen Institute, and Co-President of the Grof Transpersonal Training Program. Dr. Grof is a distinguished faculty member at the California Institute of Integral Studies and the author of many books, including *LSD Psychotherapy*, *The Adventure of Self-Discovery*, *The Cosmic Game*, and *Psychology of the Future*.

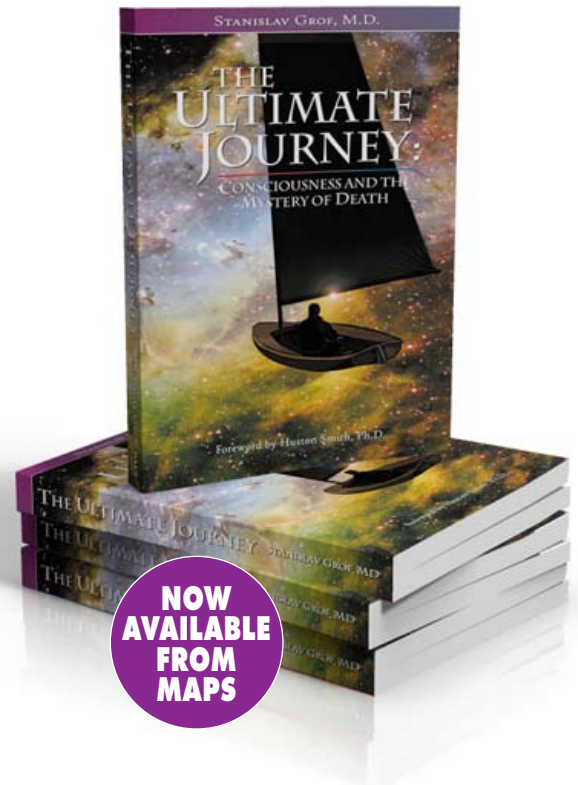
The Ultimate Journey is available on the MAPS website now, 100% of the profits go toward furthering psychedelic research. www.MAPS.org/catalog

Mavericks of the Mind, Second Edition: Loaded with New Material!

by David Jay Brown & Rebecca McClen Novick

David Jay Brown and Rebecca McClen Novick's classic interview collection—*Mavericks of the Mind*—will soon be back in print! This stimulating collection features in-depth conversations with accomplished thinkers, such as Terence McKenna, Laura Huxley, Allen Ginsberg, Timothy Leary, John Lilly, Carolyn Mary Kleefeld, Rupert Sheldrake, Riane Eisler, and Robert Anton Wilson. The interviews explore such fascinating topics as the frontiers of consciousness exploration, how psychedelics effect creativity, the relationship between science and spirituality, lucid dreaming, quantum physics, morphic field theory, interspecies communication, chaos theory, and time travel.

Loaded with new material—a new introduction, additional interviews, as well as new photos and artwork—the second edition of *Mavericks of the Mind* also includes the transcripts from the events that brought together interviewees from the book to debate philosophical topics in roundtable discussions. Designed by MAPS Bulletin graphic designer Mark Plummer, with beautiful new cover artwork by Carolyn Mary Kleefeld, this exciting new edition will be available in May, 2010. To find out more visit: www.mavericksofthemind.com



Terence McKenna and Death

By Alexander Beiner & David Jay Brown

To follow is a short summary of the late ethnobotanist Terence McKenna's views on death. An excerpt from the interview that I did with Terence in 1989 is followed by Alexander Beiner's summary of a talk that Terence gave at the Esalen Institute in 1994.

David: Do you have any thoughts on what happens to human consciousness after biological death?

Terence: I've thought about it. When I think about it I feel like I'm on my own. The Logos doesn't want to help here, and has nothing to say to me on the subject of biological death. What I imagine happens is that for the self time begins to flow backwards; even before death, the act of dying is the act of reliving an entire life, and at the end of the dying process, consciousness divides into the consciousness of ones parents and ones children, and then it moves through these modalities, and then divides again. It's moving forward into the future through the people who come after you, and backwards into the past through your ancestors. The further away from the moment of death it is, the faster it moves, so that after a period of time, the Tibetans say 42 days, one is reconnected to everything that ever lived, and the previous ego-pointed existence is defocused. One is returned to the ocean, the morphogenetic field, or the One of Plotinus—you choose your term. A person is a focused illusion of being, and death occurs when the illusion of being can be sustained no longer. Then everything flows out and away from this disequilibrium state that life is. It is a state of disequilibrium, and it is maintained for decades, but finally, like all disequilibrium states, it must yield to the Second Law of Thermodynamics. At that point it runs down, and its specific character disappears into the general character of the world around it. It has returned then to the void/plenum.

During a workshop at Esalen in 1994, Terence McKenna told a small crowd, "When you have a drug which conveys you into an inhabited space, even the simplest explanation is going to be pretty baroque," referring to the as yet unexplained phenomenon of entity encounter reported during DMT trips. Fascinating debate still continues in the psychedelic community as to what these entities might be; hyperdimensional aliens? Archetypal forms rising from deep in the subconscious? Teachers coded into our DNA?

Whatever position you take, there are few questions as interesting in modern psychology as the ontological status of these entities. While the contact experience can vary significantly, certain themes are reported again and again. These

include entities performing experiments on the individual, finding oneself in a 'nursery' environment and a general 'realer than real' sensation surrounding the whole process. To people who study the reports of UFO abductees this may sound very familiar. Indeed, Rick Strassman, Graham Hancock and others have convincingly elucidated a strong phenomenological link between these seemingly distinct experiences.

It is understandable that, given these crossovers, many people see DMT entities as extraterrestrial intelligences. McKenna himself sometimes seemed to lean toward this conclusion, so it might then come as a surprise to hear him muse later in the same talk: "I think in service of parsimony... these [entities] must be human souls." This statement raises some beautiful and eerie prospects. If we are encountering the souls of the dead, then what happens to us when we die must be as mind-bendingly inexplicable and sublime as DMT entities themselves.

Many shamanic traditions see these beings in very similar terms. Iboga is used to contact ancestors, Ayahuasca is known as "The Vine of the Dead" and in Irish pagan cosmology, the world of the spirits is around us at all times, but only visible in certain circumstances. Some of the spirits are benevolent teachers, others machinelike and heartless. Interestingly, which one you encounter seems to depend to a degree on your own unique psychological and spiritual set, suggesting that whatever you are perceiving in a DMT trip is a synergy between your consciousness and something else. If you are indeed entering the spirit world on these voyages, then the fact that it changes as a result of your presence raises big questions as to the role of consciousness after death.

Whatever these beings are, they have something to teach. The most profound and frequent message gleaned from that otherworldly space seems to be the primacy of love and creativity above all else. If its inhabitants are human souls who have moved on, then perhaps that awareness is the gift we are left with when our bodies dissolve. •



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even before death, the act of dying is the act of reliving an entire life...

Feeding the Hungry Ghosts:

Ibogaine and the Psycho-Spiritual Treatment of Addiction

By Jonathan Dickinson, Training as an Ibogaine treatment provider at Pangea Biomedics, in Tijuana, Mexico



Jonathan Dickinson
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There is a
mysterious
energy
of death
haunting
Ibogaine.



For the past two years I have been studying with Kaariina Saarinen, a Canadian medicine woman who blends teachings from the Tibetan Buddhist and Ojibwe traditions, among others. She works with young people and families in facilitating profound shamanic rites of passage through ceremony, sweat lodge and family counsel. Her teaching, which echoes the voice of indigenous grandmothers around the world, is that all suffering and *dis-ease* can be traced to genetic disturbance inherited from somewhere in the ancestry, always rooted to a feeling of not having enough.

This experience, coupled with an interest in psychedelic therapy and professional experience in drug policy has led me to work at an Ibogaine treatment center in Tijuana, Mexico. Over the past few decades, despite the need for more clinical studies, Ibogaine has emerged as an effective, however controversial, treatment for substance dependence.


One of the most interesting archetypal lenses for understanding addictions is the realm of hungry ghosts, one of the six paths of suffering on the Buddhist mandala of rebirth. Dr. Gabor Mate, who wrote the book *The Realm of Hungry Ghosts: Close Encounters with Addiction*, relays the wisdom that the best way to work with even the hungriest and most ghostly is to feed them – to offer the nurturing and support that is the root of their craving.

In his book *The Globalization of Addiction*, another Vancouver author, Bruce Alexander, Ph.D., outlines a model for understanding drug abuse based on patterns of social dislocation. While Mate notices that every case of severe addiction he's confronted can be traced to trauma in childhood, Alexander argues that addiction as it surfaces in inner cities is a byproduct of colonialist capitalism. We need to understand that addiction is inherently dynamic—it is at once both a deeply personal battle and a global-scale issue. It is difficult to describe exactly the ways in which covering up personal pain with drugs, and politically dealing with “the drug problem” by instituting jail time, forced treatment, or habitual displacement, feed off of each other, but they are inseparable parts of the same vicious cycle.

In his book, Mate describes some of the astounding biochemical dynamics between a mother and child, and specifically how crucial dopamine production in a newborn is catalyzed by stimuli as subtle as wider dilation of a nursing mother's pupils. In such a subtle response system there must be endless miscommunications, and countless unmet needs, which will eventually encourage the child to become emotionally independent.

On a primal level, feelings of not having enough are what drive the animal mind to migrate. Any perceived lack will activate the survival response to seek out a more stable supply of resources—whether emotional resources like affection, practical resources like food, financial resources, or industrial resources like oil.

The human mind, for all of its fallibility, is wonderfully resourceful. According to Eric Braverman, M.D., drug users are very often deficient in the neurotransmitter that their drug of choice competes with or replaces. Addiction surfaces when an unmet need is so acute, and the stimulus reward so powerful and temporary, that it overrides the evolutionary response and leads to a chronic behavior. If addiction is a *dis-ease*, then this is it. An imbalance of natural neurotransmitters might be developmental, but it can also be related to broader societal factors as varied as the diminishing nutrient content of foods grown in soil that has been depleted of minerals, or any kind of traumatic cultural appropriation and suppression.

 **As a woman of medicine**, my teacher's goal was to reconnect us with practices that were primary to civilization's dislocation from original culture, and to do it with such intensity that chronic behavior was overridden by the deeper, global, evolutionary urge.

Ibogaine seems to have a similar effect. In the context of Alexander's social dislocation theory of addiction, the particular magic of Ibogaine may be that it is the root medicine of an indigenous culture in Africa. But, on an individual level, Ibogaine's magic is probably better understood in the context of the realm of hungry ghosts.

There is a mysterious energy of death haunting Ibogaine. According to research by Kenneth Alper, M.D., published in the *Journal of Ethnopharmacology*, as of 2006, out of approximately 3,400 known treatments conducted outside of its traditional context in Gabon, 11 known deaths had occurred. There have been more documented deaths in the past several years, and Alper is currently working on a new paper that he plans to publish in the near future.

In its traditional setting, the Iboga ritual is directly associated with death. The nighttime rituals, or Nzogos, have three definite stages: the Efun, the genesis or the beginning; the Mvenge, the death; and Meyaya, the beyond.

Part of the action of the medicine seems to be a decrease in

the life force, causing ataxia of the limbs and slowing the heart, sometimes into bradycardia. In 2001, a study produced in Slovenia by the Sacrament of Transition used Kirlian photography to demonstrate changes registered in the aura during Ibogaine treatment. Prior to Ibogaine administration the aura appeared normal, during treatment it appeared diminished and weak, and afterwards it showed signs of what clients have dubbed the post-treatment Ibogaine "glow."

In the visionary component of the experience, Dr. Anwar Ajeewa, director of the Minds Alive clinic in South Africa, reports that up to 70% of his clients see a deceased person whom they have known appear to them, and up to 57% see scenes of gratuitous violence. That doesn't include the clients who experience their own deaths. Many treatment providers now

make a verbal contract with each client prior to administering Ibogaine. No one is given medicine until they agree that given any opportunity to permanently leave their body, they will instead come back. More than several people have stories of being offered the choice—seeing themselves peacefully drifting out into the open ocean, or drifting farther away from their body below them—and then remembering their agreement to return.

Part of the powerful redemptive quality of Ibogaine is that within minutes after ingestion, physical dependence on opiates and other drugs decreases or vanishes, with a marked reduction in withdrawal symptoms. And for about as long as the auric glow is amplified—up to several months—cravings for drugs are often diminished and the chronic behavior is often interrupted, leaving an opportunity for individuals to learn to live free from their addiction.

One of the gifts of perspective that Ibogaine offers is an opportunity to deepen our understanding of what addiction is. Ibogaine is certainly not a cure, and the language of addiction as a disease is quickly

becoming dated. Defining addiction as a genetic predisposition is definitely not the whole story. Perhaps it is a learned behavior, but how exactly it is learned can contain many dynamic layers. A medicine like Ibogaine seems to require a psycho-spiritual explanation, and an understanding that addiction is a response of the human psyche to our collective trauma.

Mary Chauvin, who was treated at Pangea Biomedics in Tijuana, Mexico with her husband and five of their adult children, describes their treatment as "a complete spiritual awakening and rebirthing." This archetypal passage of death and rebirth emerges constantly, echoing back to the principals from the Buddhist mandala. Perhaps under the stratification of the ancient world, passage through this realm of hungry ghosts might have taken a lifetime or more of karmic clearing. But, with a medicine that can reliably potentiate a spiritual renewal of this magnitude, rebirth onto a new karmic path can happen as soon as one is ready to embrace it. •

No one
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until they agree
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come back.

In Our Heart's Love

(To Thunder, our lion-dog, 1983-1995)

Within the bliss of paradise
 lives the torment of hell
 Within the life of every birth
 lives the force of death
 Within the love of the lover
 lives the chance of hate
 Within the bloom of fragrant rose
 lives the stench of rot
 Within the summer's heat
 lives the winter's frost
 Within the measurement of time
 lives the eternal
 Within our present form
 lives the seed of our next
 In our heart's love for you,
 dying creature, you live forever



Carolyn Mary Kleefeld
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(This poem originally appeared in Ms. Kleefeld's book *The Alchemy of Possibility: Reinventing Your Personal Mythology*, Merrill-West, 1998.)



"Ascent of Saint Francis" by Carolyn Mary Kleefeld, 14x18", oil on canvas, 2003. (The painting can be viewed in full color on the MAPS Web site.) Available for purchase, \$1,200, 50% of the proceeds go to MAPS to support psychedelic medical research. Ms. Kleefeld's art, poetry, and prose have been internationally published and exhibited, and are featured in ten of her books. Her latest book of poetry is *Vagabond Dawns*, which includes a CD of Ms. Kleefeld reading selected poems (2009). To find out more about Ms. Kleefeld's work see: www.carolynmarykleefeld.com

In Memoriam: Howard Lotsof

March 1, 1943 to January 31, 2010

By Dimitri Mobengo Mugianis & Kenneth Alper, M.D.

We have been asked to write some words about our friend and teacher, and a profound scientific originator, Howard S. Lotsof. This very collaboration between an academic physician researcher and a drug user activist is an illustration of Howard's work and vision, and represents the diverse path his life took.

In 1962, as a 19-year-old heroin addict, Howard serendipitously discovered the anti-addictive properties of ibogaine, and worked the rest of his life to bring it to others. Ibogaine is a naturally occurring plant alkaloid used as a ceremonial entheogen in the Bwiti religion in Gabon, Africa. It is unique in its actions in detoxification from heroin. Howard met and worked with academics, heads of state and street junkies. He represented a nexus where science, social activism and shamanism meet.

Howard provided pilot data to the National Institute on Drug Abuse that became the basis for a program of research on ibogaine, which generated scores of peer-reviewed publications and led to the approval by the U.S. Food and Drug Administration of a Phase I clinical trial. He himself authored or co-authored scientific papers on ibogaine including those published in the *Journal of Ethnopharmacology* and the *American Journal on Addictions*. He accomplished all of this without a doctoral level degree.

While providing research and direction to science and academia, Howard opened another door: in the early '90s he provided ibogaine to Amsterdam's radical *Junkiebond*, a drug user's union who treated themselves and each other, in their tradition of users helping users. His legacy includes ibogaine

treatment centers around the world as well as many 'underground' providers, and thousands of people who have experienced ibogaine, many of whom provide accounts of the easing of the suffering of addiction, psychospiritual insight, and not uncommonly of lives saved.

Howard is survived by his wife, Norma, and two sisters Rosalie Falato and Holly Weiland.

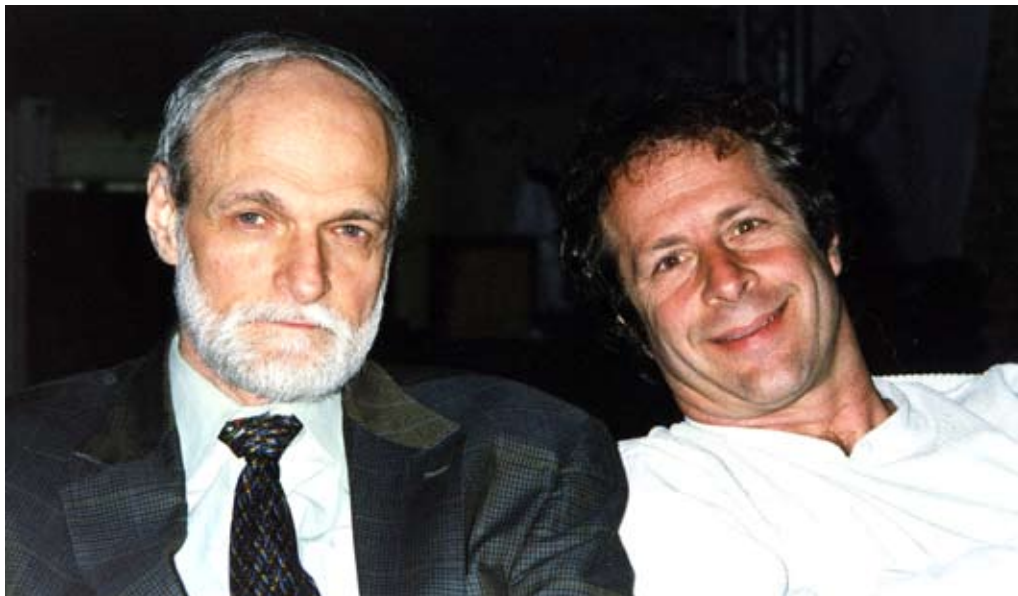
The Bwiti believe that iboga takes us to the other side, to the death realm and back, bearing the lessons of the dead. Howard was always a teacher and his death has taught us as well; he went with dignity and was working until the end to bring iboga and ibogaine to the world, and help the most maligned among us, the addict. His warmth and non-judgmental approach to drug users was a testament to the plant he worked for all his life. Our community has lost a precious elder.

"Joy, the ancestors give joyful welcome and hear the news. The troubled life of the born ones is finished. And now the disciplines of the dead. I go to the dead. All the misfortunes are shorn away. They leave. Everything clean. All is new. All is bright. I have seen the dead and I do not fear."

—Fang Bwiti prayer

Dimitri Mobengo Mugianis is a founding member of VOCAL (New York Drug User's Union) and IbogaLife.

Kenneth Alper, M.D. is an Associate Professor of Psychiatry and Neurology at the New York University School of Medicine



Howard Lotsof, discoverer and advocate of ibogaine's anti-addictive properties, with MAPS Executive Director Rick Doblin, Ph.D. at an ibogaine conference in 2003.

About the Back Cover:

In Memoriam. Elizabeth Gips, 1922-2001

By David Jay Brown



Photo by David Jay Brown

On the back cover of this Bulletin is a photograph that I took of my dear friend Elizabeth Gips (1922-2001) shortly after she died. Elizabeth was a beloved radio personality and author, whose radio show *Changes* aired in Northern California for over twenty years.

Elizabeth's body was prepared for burial by our good friend Valerie Corral, cofounder of WAMM, who joins us in this special issue. This beautiful form of burial preparation was not inspired by any particular cultural tradition, but, rather has been framed by many mythologies, and is something that Valerie herself developed over the years—as she has had the good fortune to be instructed by her friends and family as she sat with more than 100 people who have died with her at their side. Valerie tenderly cares for, and is attentive to honoring the “body temple” that housed the spirits of her friends that have passed on. Valerie cleans, anoints, and dresses the bodies that she prepares, and adorns them with flowers, silk, favorite clothes or textiles, scented oils, sacred objects, heavenly blessings (which have often been instructed by the dead person's friends and their loved ones), and mostly love.

When I interviewed Elizabeth in 1994 for my book *Voices from the Edge*, I asked her what she thought happens to consciousness after death. Elizabeth replied, “Oh, joy! How wonderful! Wow! Look at this, I'm home again! *(laughter)* What do I think happens when you die? Man, I don't know. If anyone tells you they know what happens after you die, don't believe them! I get scared of not going to die, that's really frightening to me. My brain isn't afraid to die, but my body doesn't want to. I really love my life.”

“I think that the human birthright is joy, and that the only thing that keeps us from that is fear.”

—Elizabeth Gips

MAPS: Who We Are

Our mission is 1) to treat conditions for which conventional medicines provide limited relief—such as posttraumatic stress disorder (PTSD), pain, drug dependence, anxiety and depression associated with end-of-life issues—by developing psychedelics and marijuana into prescription medicines; 2) to cure many thousands of people by building a network of clinics where treatments can be provided; and 3) to educate the public honestly about the risks and benefits of psychedelics and marijuana.

If you can even faintly imagine a cultural reintegration of the use of psychedelics and the states of mind they engender, please join

MAPS in supporting the expansion of scientific knowledge in this area. Progress is possible with the support of those who care enough to take individual and collective action.

The MAPS Bulletin

Each *MAPS Bulletin* reports on MAPS research in progress. In addition to reporting on research both in the United States and abroad, the *Bulletin* may include feature articles, reports on conferences and book reviews. Issues raised in letters, calls, and e-mail from MAPS members may also be addressed, as may political developments that affect psychedelic research and use.



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Rick

Rick Doblin, MAPS founder and President, earned his Ph.D. in Public Policy from the Kennedy School of Government at Harvard University. Doblin was also in Stan and Christina Grof's first training group to receive certification as a Holotropic Breathwork practitioner.



Valerie

Valerie Mojeiko, Deputy Director, earned her B.A. from the California Institute of Integral Studies. In her work with MAPS' psychedelic harm reduction project, she has trained over 200 volunteers with skills for helping people who are undergoing psychedelic emergencies.



Josh

Josh Sonstroem, Accounting and Information Technology, earned his B.A. in Philosophy and Religion from New College of Florida and is a chef, musician, poet and technologist. He immensely enjoys the depths of existential experience.



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Brian

Brian Wallace, Events and Outreach Coordinator, studied neuroscience, philosophy, and medical sociology at the University of California Santa Cruz. As an advocate for the dissemination of accurate, unbiased information with respect to psychoactive drugs and other medicines, Brian is at home doing outreach and education on behalf of MAPS.



Ilsa

Ilsa Jerome, Research and Information Specialist, earned a Ph.D. in psychology from the University of Maryland. She helps MAPS and other researchers design studies, gathers information on study drugs by keeping abreast of the current literature and discussion with other researchers, creates and maintains documents related to MAPS-supported studies, and helps support the MAPS psychedelic literature bibliography.



Berra

Berra Yazar-Klosinski, Clinical Research Associate, earned her Ph.D. in Molecular, Cell and Developmental Biology from University of California Santa Cruz, where she also served as president of the Graduate Student Association. After attending Stanford University, she worked as a Research Associate with Geron Corporation and Millennium Pharmaceuticals.



Amy

Amy Emerson, Clinical Program Manager, earned her B.S. in genetics and cell biology from Washington State University. She has worked in clinical development and research for the last 15 years in the fields of immunology, oncology and in vaccine development. Amy has worked with MAPS as a volunteer since 2003 facilitating the development of the MDMA clinical program.



David

David Jay Brown, Guest Editor, earned his M.A. in psychobiology from New York University, and has been interviewing accomplished thinkers about their creative process for over 20 years. He is the author of *Mavericks of Medicine*, *Conversations on the Edge of the Apocalypse*, and five other books about the frontiers of science and consciousness. To find out more about David's work see: mavericksofthemind.com



Noah Juan

"Noah Juan Juneau" is the nom de guerre of a graphic designer and long-time friend of MAPS, who has been designing the *MAPS Bulletin* and the books published by MAPS since 1990. He earned his B.A. in design from California State University at Los Angeles and has worked in advertising and publishing for over 35 years.

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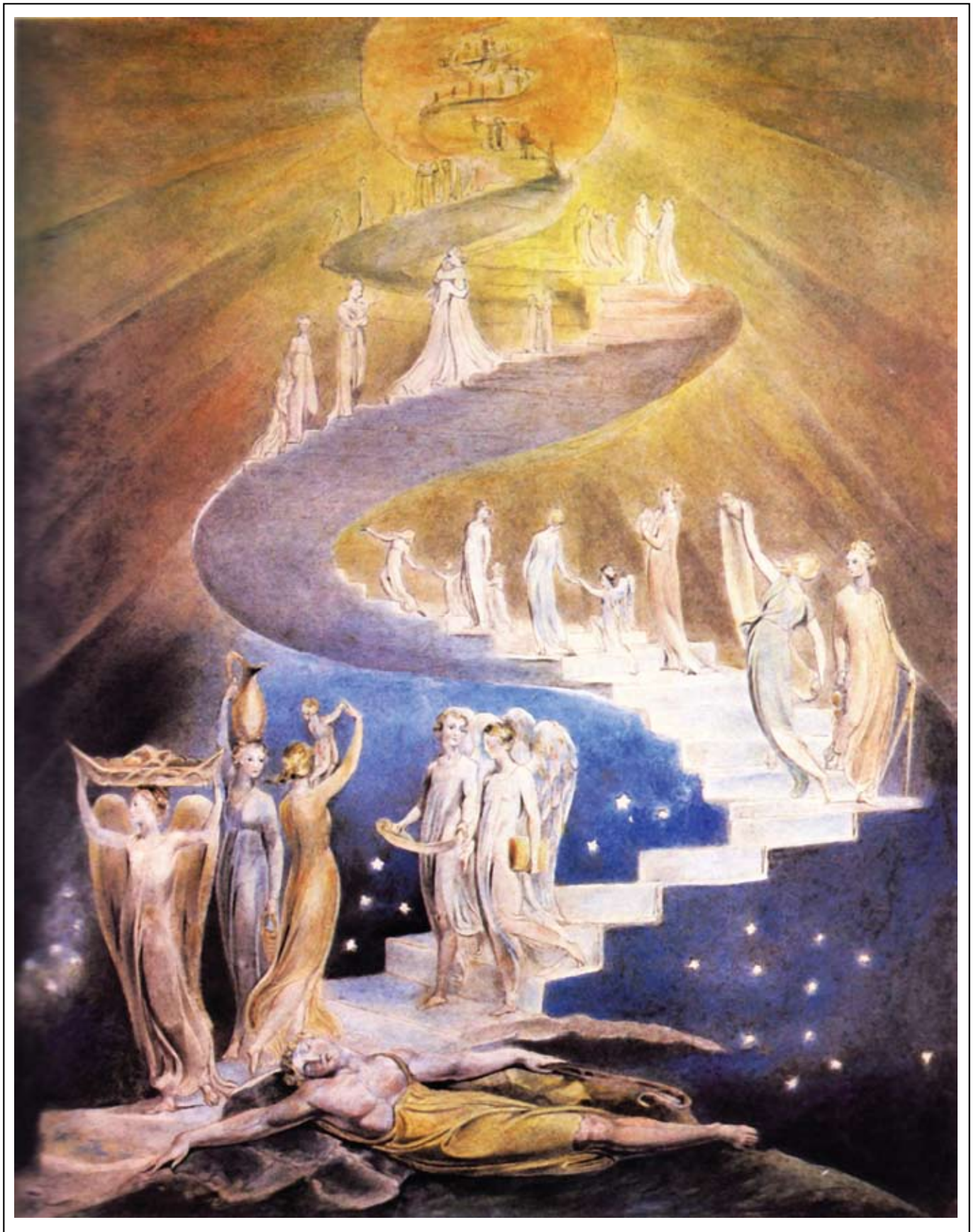
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"Jacob's Ladder" by William Blake (1757-1827), British Museum, 1800, watercolor, 37x29cm.



In Memoriam. Elizabeth Gips, 1922-2001 (story page 54)