

BY RONALD SIEGEL

# Do You Need Psychedelics to Access an Altered State?

*How to Move  
Clients Out of  
Ordinary  
Survival Mode*

**T**he FDA Designates Psilocybin-Assisted Psychotherapy as Breakthrough Therapy for Treatment-Resistant Depression. MDMA for PTSD Phase III Trials Show Extraordinary Results. Almost every week, headlines promise that a treatment revolution, ushered in by psychedelics, is around the corner.

Indeed, these medicines have much to offer, especially in shifting psychopharmacology from the decades-old approach of alleviating symptoms by dampening the nervous system to a more holistic approach that enlivens us, shifts our perspective, helps us access painful feelings and memories, and even transforms our sense of self.

But is all this really so new? Or might psychedelics be another, albeit powerful, way of accessing non-ordinary states that we, as therapists, have already been tapping into for decades using other methods?

Since prehistoric times, humans have experimented with fasting, wilderness journeys, chanting, drumming, sweating, dancing, and countless other practices to alter consciousness and awaken new possibilities for healing.



A hundred years before Freud, Franz Anton Mesmer induced trances—non-ordinary states, in which people relaxed defenses and accessed inner worlds—to harness “animal magnetism” and cure conversion disorders. Freud used the same method, by then called hypnosis, and eventually free association and dream interpretation, to induce therapeutic non-ordinary states.

Ordinary states of consciousness are rooted in our individual survival needs—satisfying desires and avoiding pain. They include tendencies to escape discomfort, believe upsetting thoughts, misperceive a changing world as solid, and over-identify with our narratives about ourselves. Whatever the diagnosis or clinical issue, these evolutionarily determined propensities fuel our suffering.

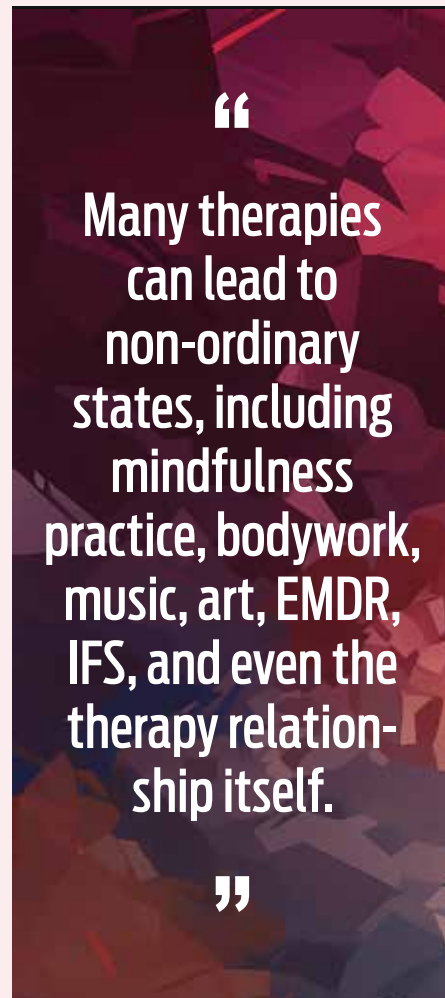
Non-ordinary states can counter these tendencies by shifting our consciousness out of goal-oriented linear thought, opening us to our pain and vulnerability, and connecting us to both our inner life and the world around us—often awakening love, grief, perspective, gratitude, and awe along the way. Psychedelics can dramatically accelerate and intensify such processes, but many therapeutic pathways can lead to these non-ordinary states, including mindfulness practice, bodywork, music, art, EMDR, IFS, compassion-focused meditation, and even the therapy relationship itself.

Why have we humans turned to non-ordinary states throughout our history? How exactly do these states promote healing? And even if we aren't planning on incorporating psychedelics into our work, what do we need to know about the psychological processes they reveal?

### Aversion vs. Befriending Our Demons

Sadly, we humans didn't evolve to be happy. We evolved to survive and reproduce—which is why we're

still here, but also why we're imbued with tendencies that can make our lives miserable. Although it may seem counterintuitive, one of our basic misery-making tendencies is the impulse to move toward pleasure and away from pain. It's easy to see how gravitating toward food, warmth, and sex would foster survival and reproduction, as would avoiding poisonous snakes and lions.



But in the realm of emotions, aversion is a recipe for disaster.

Take alcohol. Upon arriving at a party, where we might encounter people we don't know—or perhaps worse, people we *do* know—starting off with a drink can seem like a good idea. But we all know what happens when we routinely rely on substances to avoid painful states. Or consider anxiety. If I get anx-

ious before public speaking or flying on airplanes but speak and fly anyway, I probably don't have an anxiety disorder—I'm just a nervous guy. But if I *avoid* public speaking or flying on airplanes to avoid feeling anxious, my life can become pretty constricted.

Even depression involves aversion—shutting down on all feelings to avoid unwanted ones. How so? Consider the difference between sadness and depression. Depression often involves hopelessness, a sense that it will never end, while sadness does not. Depression can feel deadening, as if we're disconnected from our full inner experience and the outer world, while sadness can feel poignant, alive, connected. When we're sad at a funeral and someone recalls a funny moment with the deceased, we can tap into joy, love, and appreciation—but not when we're depressed, cut off from our full range of feelings.

Aversion is also a central component of PTSD. Our minds instinctively block out memories of painful events, but, as one of my clients eloquently put it, “When we bury feelings, we bury them alive.” It's as though painful memories want to return to consciousness, bringing with them the attendant symptoms of unresolved trauma.

What's the antidote to the many ways aversion contributes to psychological suffering? By accessing non-ordinary states, we can soften our hard-wired aversion impulse, allowing access to a fuller range of thoughts, feelings, and memories—a central element of virtually all psychological healing. Psychedelics can get us there quickly, while other treatment approaches can do it incrementally. The key is to ask ourselves, “What pain might this symptom be helping my client avoid?”

Even if the symptom itself is distressing, it's usually functioning to ward off an experience that we imagine would be worse. Jorge, my polite, easygoing, depressed client came to see me because of chronic back pain

and GI distress. He'd been a hellion as a kid but became a model citizen in adolescence. Speculating that suppressed anger was contributing to his stress and related symptoms, I asked about it.

“Oh, I never get mad anymore. I try to be a good husband and father,” he said.

“Hmm,” I responded. “So, you never get mad at your wife and kids?”

“Nope,” he replied.

I introduced him to mindfulness, not to relax, but to tune into what was actually happening in his mind and body. He soon noticed waves of tension. A few weeks later, he reported, “You know, I think I'm pissed off more often than I want to admit, but I really don't want to screw up my adult life like I screwed up my childhood.”

“I get that,” I replied. “But I'm afraid that trying so hard to suppress the anger is now screwing up your back and stomach.”

In sessions, when I sensed aggression bubbling up, I'd ask, “What's happening in your body right now?” He got better at noticing his anger—and eventually found constructive ways to express it. He also tuned into how ashamed he'd felt as a kid for causing so much trouble. Over time, his symptoms abated, and he realized that trying to avoid his anger was actually more painful than feeling it.

A psychedelic experience might well have thrust Jorge into recognizing his childhood shame and vulnerability around being “bad,” connected him to his fear of anger, and helped him find a way to be more authentic in his family. But in our sessions, we used non-ordinary states of mindful attention to the body and self-compassion to achieve a similar end, albeit in a gentler, more gradual way. And mindfulness practices are just one avenue for helping clients access non-ordinary states of honesty and vulnerability. Parts work, body-oriented therapy, and the intimacy of the therapeu-

tic relationship can all do the same.

### The Thinking Disease vs. Metacognitive Awareness

Aversion isn't the only “ordinary,” survival-related propensity that non-ordinary states can help us overcome. Imagine Lucy, *Australopithecus afarensis*, likely our great, great, great, great, great, great, great grandmother, living 3-4 million years ago on the African savanna. She was only about a meter tall, without a thick hide. Most scary animals were faster than she was. Her hearing and sight were okay, but her sense of smell was limited—just ask a dog. How did she live long enough to reproduce? What did she do when she came face to face with a lion?

Lucy had a few things going for her. She was a social animal, so she could cooperate with her family and friends. She had a fight-or-flight response for emergencies and a prehensile thumb that would eventually allow her descendants to make tools. But her most impressive asset, the one that set her apart from other creatures, was her capacity to analyze the past to prepare for the future. Unfortunately, this capacity had a built-in negativity bias. Imagine that Lucy spied an ambiguous beige shape behind some bushes. She could think, *Shit, it's a lion!*, when in fact it's just a big beige rock. Or she could think, *It's probably just a big beige rock*, when it's really a lion. The latter thought, while more pleasant, might've ended her chances of passing down her DNA. So obviously our ancestors were the ones wandering around the savanna thinking, *Shit, looks like a lion!*

And this is the state of our thinking today—only worse because we now drink from a firehose of information, doomscrolling through every imaginable misfortune. Psychedelic journeys, concentrated meditative states, and non-ordinary states accessed through bodywork and expressive arts provide a taste of direct moment-to-moment experience outside the thought stream.

Even CBT, which once focused primarily on changing our thoughts, now emphasizes developing metacognitive awareness—the realization that thoughts aren't reality and shift based on changing moods and circumstances.

Take a second to consider something that bothers you. If it weren't for the thought, would you be in distress at this moment? Even if you're dealing with physical pain, it's probably the thought that it will endure that causes the most grief. Metacognitive awareness can help us suffer less and tap into aliveness, peace, and equanimity. Non-ordinary states, especially those arising from psychedelics, can provide a sudden and powerful awareness of the reality that our narratives aren't trustworthy, but many therapists help clients see this through other means.

People who take psychedelic journeys often return to their ordinary lives saying things like, “I can't believe I've been so caught up in my stories and judgments. What really matters is love.” Tracking changing cognitions from session to session, inquiring about the origins of core beliefs, and seeing how affect follows thought and thought follows affect can also help clients identify less with rigid beliefs, opinions, and interpretations. Like most therapists, I've seen plenty of clients awed in session as they realize that beliefs they've always considered factual are just one of many possible versions of reality. “Maybe my mother didn't actually hate me; maybe she loved me in the only way she knew how.” “I always blamed my ex for ending our relationship, but now I can see how my endless criticism helped drive her away.”

Psychedelics can blast us into metacognitive awareness and reveal new perspectives, but other resources can balance our tendency to cling to our beliefs, including meditation, yoga, the arts—anything that takes us out of our thought stream and connects us with our senses, feelings, and intuition.

## Reification vs. Embracing Impermanence

Philosophers use the term *reification* to describe our tendency to see fluid, ever-changing phenomena as fixed or solid. It, too, is one of our brain's highly adaptive predispositions that make us miserable. Remembering the path to the river, where fruit trees grow, and the time of day when lions saunter past our cave are examples of how the human mind can reify—meaning, see as fixed—the fluid experiences of time, space, and events occurring in our environment. Lucy's ability to reify her world helped her identify patterns, survive, and reproduce, but in the emotional realm, reification wreaks havoc.

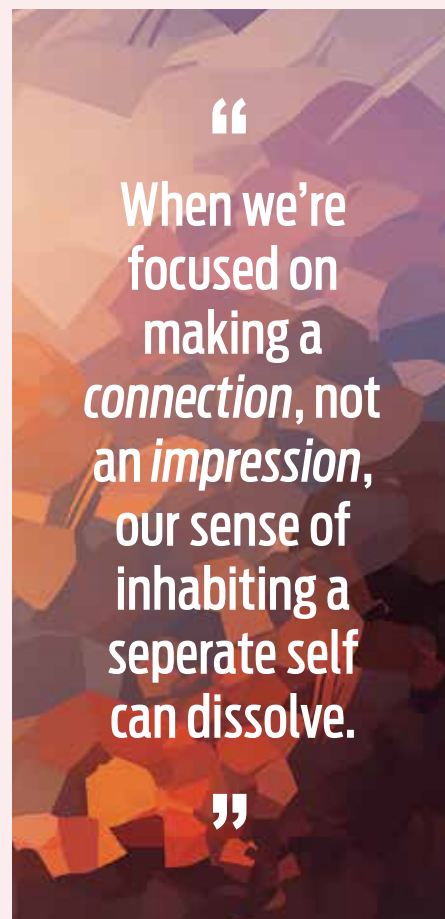
Although our emotional lives are extremely fluid, when we're anxious or upset about something, we can easily imagine that we'll never feel better. Can you recall your worry three worries ago? If we and our clients could appreciate the fluidity of consciousness, we'd all probably cope with our inevitable challenges with more grace and be a lot less upset. We'd realize things are rarely as good or as bad as they seem—because our internal emotional experiences and external circumstances are continuously shifting. This is what many people experience on psychedelics. It's also what many non-ordinary states we evoke in therapy help illuminate, whether through mindfulness, free association, or simply reflecting on reality.

When my 68-year-old client Joelle learned that her husband, Sam, had Alzheimer's, she spent many sessions processing the shock. "I can't believe this is happening," she repeated with tears, anger, and frustration. "There were so many things we wanted to do, and now I have to care for a guy who day by day is less and less like my husband."

We focused on the pain of losing him, losing her freedom, and especially no longer being seen by him—which echoed childhood wounds. Eventually, we worked to put her

grief into a larger perspective. One afternoon, I suggested, "You know, you seem to be ahead of the rest of us. Even though caring for Sam is agonizing, you're seeing how everything that can be lost will be lost, since everything changes. We'll all face this reality sooner or later."

Joelle looked taken aback, and I worried that she'd experienced what



I said as an empathic failure. But then she reflected, "It's true. There's an important lesson here if I can take it in: nothing lasts."

Seeing impermanence more clearly can free us from the fear that our emotion of the moment will stay forever and help align our expectations with the reality of change. As a good friend of mine put it in his last year of living with cancer, "Everyone's very nice, but the weird thing is, they all think I'm the only one who's going to die."

## Self-Evaluation and Transpersonal Awareness

Of all the evolutionarily adaptive propensities of our brain that cause us misery, the one that has received the least attention in conventional psychotherapy is our tendency to see ourselves as separate from the rest of the world, compare ourselves to others, and feel good or bad about ourselves as a result.

Were you to visit the African savanna today with a naturalist, you'd be shown the same pattern playing out in species after species of social mammals. You'd see a dominant male, surrounded by a reproductively promising harem of females. In the next field, you'd see a group of younger males doing the species-specific equivalent of playing basketball—trying to develop the skills to become dominant themselves. Why all this emphasis on dominance? Why do birds develop pecking orders? Why do some species of crickets organize themselves into dominance hierarchies within minutes of being put in a box? Why do children, by age four, develop transitive dominance hierarchies? Statistically, dominant individuals have a higher likelihood of passing on their DNA. They have access to more resources and can provide more of these to their offspring.

Among modern humans, attempts at establishing dominance don't necessarily involve growling, chest beating, or genital displays. Rather, they involve symbolic rank-and-class signaling and—particularly relevant to our psychological suffering—how we construct our self-esteem through comparisons with others, which inevitably leads to feelings of inadequacy or desperate attempts to stay on top. If I like to think of myself as intelligent, kind, or creative, I'm imagining that I'm more developed in these areas than others. But no matter how exceptional any of us are, we can never win at this game, for two reasons.

The first is narcissistic recalibration—the fact that we continuously

change our yardsticks. Remember how good you felt when you earned your license to practice psychotherapy after years of training and test-taking? Today, did you wake up feeling great about yourself because you're licensed? Me neither. We habituate to everything, including our accomplishments. The second reason is that what goes up must come down. Even if you're an Olympic athlete who wins the gold medal, what are your chances of winning it in four years? In eight? Any human endeavor in which there's a wide gulf between feeling good and bad sets the stage for addiction, so most of us become hooked on things that help us feel better about ourselves, whether our criteria are intelligence, money, creativity, physical attractiveness, athletic ability, popularity, sense of humor, kindness, generosity, or honesty. The list is long and almost always leads to misery.

An alternative is shifting from our usual self-focused preoccupation to experiencing ourselves as part of something larger—a hallmark of the psychedelic experience as well as what's been called *mystical* or *transpersonal* experience. In fact, the Mystical Experience Questionnaire is often used in psychedelic-outcome studies. It was developed by Walter Pahnke, a Harvard psychiatrist working on his doctorate in religion. On Good Friday in 1962, he gathered a group of divinity students to measure the degree to which psilocybin facilitated a mystical experience, which he defined as a sense of internal and external unity, noetic quality (certainty that something is true), sacredness, positive mood, transcendence of time and space, and ineffability (can't be captured in words). Stronger mystical experiences have been found to correlate with positive clinical outcomes in psychedelic-assisted psychotherapy for a variety of disorders.

Mystical or transpersonal experiences include seeing our conventional sense of separate self as a socially constructed phenomenon, which, when examined carefully, falls apart. It's the realization that "I" am actually just a

small part of a larger ecosystem and universe. This discovery can feel a bit like jumping out of an airplane without a parachute. But when we realize there's no ground beneath us, it's not so bad. We simply fall into the next moment of fluid, ever-changing experience, never actually "going splat." Instead, we begin to break free from self-esteem concerns and preoccupations with our individual comfort and survival.

While psychedelics and intensive meditation practice can powerfully reveal the healing potential of transpersonal awareness, therapists have long helped clients grow in the same direction through other means. This was the case with my client Dan, a divorced accountant in his early 40s, suffering from anxiety, depression, and chronic feelings of inadequacy. He was particularly sensitive to competition with other men and feeling "less than." After hearing of several incidents in which he was horrified that he looked "like a wuss," I asked, "What do you feel in your body as you tell me the story right now? Does it remind you of anything?"


He soon connected with a river of memories of being bullied by his older brothers, neighborhood kids, and his father. It brought on a wash of humiliation and a fear that revealing his childhood humiliations would cause me to think less of him. After exploring these memories and feelings for a while he said, "You know, underneath all this masculine-image stuff, I think I just want to be loved." In subsequent sessions, we talked about how we all worry about our rank in the primate troop, and we all long for love and connection. Then we explored ways he could cultivate that sense of connection outside the therapy room with his kids and girlfriend. As he worked on being more open and vulnerable in those relationships, his concerns about success and prowess diminished.

Helping clients experience connection can be a powerful antidote to preoccupation with self-evaluation. When we're focused on making a *con-*

*nection*, not on making an *impression*, our sense of inhabiting a separate self can dissolve, leaving us with a warm feeling of relational closeness.

Using IFS or similar parts models offers additional avenues to transpersonal awareness by evoking non-ordinary states where we can access our various inner parts. The more we can embrace our own plurality, the less we can identify with a fixed narrative about "me." Rather, we can see that we're made up of noble and not-so-noble elements, in constant flux, like everyone else. As we accept a wider range of our own experiences, we can engage in more honest, intimate connections with others.



Any form of treatment can be enhanced if we address our troublesome innate tendencies to avoid painful feelings and memories, believe in our thoughts about the past and future, cling to illusions of permanence, and get stuck in preoccupation with our stories about ourselves. Psychedelics are particularly powerful tools, but we don't all necessarily have to get trained in psychedelic-assisted therapy. In fact, if you're a therapist who helps clients reduce suffering, chances are you're already accessing non-ordinary states for healing—and can use insights from the psychedelic renaissance to employ these states more effectively, enriching and enlivening your work in the process. 

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