

Dear Rick,

In your report on the European College for the Study of Consciousness conference in Gottingen ("Worlds of Consciousness Researchers" MAPS Vol III, No.4) you made some remarks about terminology with which I have to disagree. You say that "the Europeans seem to have wholeheartedly adopted the idea that MDMA and MDE are part of a new class of drugs and that the word to describe that class is 'entactogen'... (meaning) 'to touch within.'" While it's true that different people may read the sense of a conference differently, I did not get any idea of such a terminological consensus (the idea of a different class of drugs, yes). You then go on to say that you prefer "entactogen" to "entheogen", because the latter term ignores the role of set and setting. But "entheogen", as far as I know, was proposed as an alternative to "psychedelics". I agree with you that "en-theogen" is not a good term: while these drugs/plants *can* facilitate a sacred, spiritual experience, this appears to be very much a function of set and intention. "Mind-manifesting" (psychedelic) is a more neutral term: the experiences elicited can be sacred/spiritual, or profane/diabolical, or mundane/prosaic. Like the alchemists' *mercurius* it can go to the heights of awe and beauty, or to the depths of filth and degradation (remember Manson).

My strongest disagreement however is with your argument against "em-pathogen." (If I may be allowed to defend the term I coined myself). You say "empathogen is too positively loaded to be scientifically precise". But psychologists and pharmacologists have long used precise language to precisely describe positive states: consider "euphoria" and "euphorants", or "tranquilizers", or "mood-eleva-

tors", or "analgesics" for that matter — the dulling of pain is a positive experience. Actually, the main argument against "empathogen" that I heard from Dave Nichols [ed.note: Dave Nichols coined "entactogen"] and other scientists, is that it reminded them of something pathological or sick, like "pathogenic bacteria".

In my admittedly biased opinion, "entactogen" is a kind of meaningless term: "touching within" doesn't really tell you anything about this class of drugs, and it certainly doesn't distinguish them from "psychedelics" or "entheogens". Plus it ignores the single most obvious and striking aspect of MDMA experiences, which is the relatedness, the feeling of connectedness or communion with others, that ability to feel what others feel — in short the "empathic" resonance that is evoked. Which is the main reason why it proved to be such an outstandingly valuable therapeutic tool. Psychology graduate schools spend years trying to teach budding clinicians how to be empathic, and research studies have demonstrated repeatedly that therapist empathy is the crucial variable that makes a difference, not theory, not diagnosis, and not technique. Empathy is the conscious attunement with another's (or one's own) emotional state, together with understanding. It is not always necessarily a pleasant experience — particularly if the emotional state you are tuning in with might be one associated with abuse or trauma. While psychedelics like LSD *can* also yield this kind of empathic or compassionate resonance, they are often more likely to spin you into other dimensions of reality in which the emotional state of others is regarded with bemused indifference, if at all. On the other hand, MDMA and its phenethylamine relatives do seem to specialize in the healing intelligence of the heart.

My last point concerns the term {hallucinogen", a misunderstood concept. I agree with you of course about "psychotomimetic" and "model psychosis" being inappropriate terms for the LSD experience. Except if you are trying to model or mimic psychosis, then you can do it with LSD — all you have to do is to arrange the set and setting in the appropriate setting. This is exactly what the early research in the Army and CIA did. "Hallucinogen" comes from hallucination, generally taken to mean "seeing something which isn't really there". This would be an apt term for certain kinds of amphetamine and alcohol intoxications; but it clearly doesn't fit for psychedelics. You're seeing something that is there, that you normally don't see, because the "doors of perception" have been closed.

But this is not what 'hallucinate' originally meant. According to Eric Partridge's *Origins*, hallucinate is derived from the Latin *hallucinari* or *aluinari*, "to wander in one's mind", itself derived from the Greek *aluain*, "a homeless wandering, a restless roaming", which the etymologist add is "o.o.o." - "of obscure origin". To hallucinate is to wander in one's mind, to roam restlessly in the psyche, which Heraclitus said was boundless. So a "hallucinogenic" plant or drug is one that generates mind wandering, mental movements, restless roaming on inner journeys — and that, I submit, is a pretty accurate description of the effects of psychedelics.

Regards,
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