

Counter-Transference Issues in Psychedelic Psychotherapy

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IN A 1997 MAPS Bulletin article, Kylea Taylor addressed the unique circumstances that arise for the psychedelic psychotherapist (the sitter). She adequately described the special needs of the psychedelic voyager (the client) which need not be repeated here. This note is to further elucidate the counter-transference issues in the psychedelic therapy setting and to offer some procedural considerations for its effective management.

We assume that the sitter has done extensive psychedelic work himself but that he is not yet perfect! He is extremely vulnerable in this circumstance as he cannot avoid "being seen" by the client. When the client enters into a state of clarity (transcendent consciousness) he sees all phenomena as they truly are. When the client reaches a state of grace (eternal bliss, nirvana) this does not present a problem to the sitter as the client, in that state, embraces all with complete love and acceptance. He does not just accept those aspects of the self that the sitter experiences as egosyntonic but accepts, with unconditional love, the total "soul condition" of the sitter. However, in any other altered state of awareness, a circularity phenomenon can occur.

Self-acceptance of the sitter

The psychedelic voyager, because of his heightened state of suggestibility can "join" the sitter in the sitter's own self rejection. This phenomenon—a collusion, as it were—of rejection of aspects of the sitter will activate the sitter's awareness of his own (self-judged) deficiencies and he will experience the client's rejection of him. This triggers counter-transference in the sitter who then rejects the client for rejecting him. All of this happens simultaneously without the sitter having the opportunity to process the sequence of events. Naturally the extent to which the sitter has achieved the state of self-acceptance, the less vulnerable he feels, for he is less threatened and consequently can be more useful to the client.

When an individual sits in a state of total self-acceptance he automatically accepts everyone else without reservations. Conversely the extent to which one holds reservations about another's acceptability is the extent to which one automatically rejects the other. This too is immediately experienced. The extent to which one, in actuality, loves another is simply a reflection of one's own ability to love oneself. These observations are of course clichés in new age philosophy. The difficulty is the

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discrepancy between experiencing these phenomena and having intellectual beliefs about them. The greatest obstacle to knowing something is to think you know it before you actually have the experience of the phenomenon. I distinctly remember the first occasion when I experienced the phenomenon "God is love." I had believed this for many years, thought I knew what it meant, but when I

actually experienced it I was awestruck and heard myself quietly murmur "Oh, is that what that means."

All of the phenomena that occur in psychedelic psychotherapy also occur in "ordinary reality" psychotherapy, it is just that in psychedelic psychotherapy these phenomena have the opportunity of being conscious to all participants in the setting. The effects, however, of these phenomena are equally relevant and influential in ordinary psychotherapy.

Sitters' meeting before a session

The procedure which is most helpful is for the sitters to meet together the day before the session and discuss the counter-transference issues. In my work as a psychedelic therapist we generally had from three to five sitters depending on the anticipated difficulties with the physical and emotional management of the client. It is important that all the sitters meet with the client prior to the session to do preparatory work for his session. This preparatory work is for both the client and the sitters. Preparatory work for the client entails examining notions as to the nature of the psychedelic experiences (fears, hopes and aspirations) and the development of a clarity of his intentions, i.e. the "set." For most individuals we would spend about six hours for this preparation work and the session itself (since we used relatively high dosages of LSD—from 400 to 600 micrograms) would last from eight to eighteen hours. From these preliminary meetings the sitters develop a decent idea of their counter-transference issues and the staff meeting is to focus on these issues. The subtlety of this process is quite amazing. During this meeting it is productive to uncover what "agendas" each sitter has for the client. Any time we have an agenda for someone it always means we are not accepting them as they are in present-time state. For example, if an individual is obese, don't we want them to lose weight? Wouldn't they be happier and feel better about themselves and wouldn't their bodies be under less stress if they lost weight? Regardless of the "realities and niceties" of our agendas, the result is that we are not accepting the individual as he is in his "as is" state. In this psychic act we

are joining the client in their own self rejection and confirming for them they are not acceptable "as is." One of the most potent elements in effecting a shift in an individual's experience of himself is to have the experience of being totally accepted by another.

Unexpected therapeutic effect

As therapists we are not always aware of how our patients experience us and what we think is therapeutic may be different from what they experience as being therapeutic. Working with an extremely brilliant young woman one day in a session I became suddenly aware of my own voice bouncing back at me as in an echo chamber. I looked at her and she was sitting there beaming and smiling at me. I was a bit taken back and asked her if she had been listening to me and she readily said, "Oh no, I never listen to what you say, it doesn't make any difference to me what you say—I just like to be with you."

I once treated a male adolescent schizophrenic who taught me to be completely still and silent. It took me about six or seven sessions to catch on and my conflict about just being quiet drove me almost insane. Finally I was able to achieve the state and just sat quietly and was with him with neither of us talking. We spent about twenty months "working" in this way. Near the conclusion of this time, at the end of a session, he spoke and told me how meaningful being with me had been to him and he certainly appreciated everything I had done for him and this was all he said and he left. I found out later that he had become completely functional, was attending graduate school and eventually became a professor of music, married, had children and led a very productive and meaningful life. So as Carl Rogers said many years ago, we need to become "client centered."

Resolving counter-transference

During the sitters meeting, it is usually decided who the "lead sitter" should be. This is usually self-selected according to an intuitive sense of a "good fit." Obviously the operative concept during the session is flexibility and other sitters interact as they deem appropriate.

During this meeting if any sitter felt his counter-transference to be too difficult then he could either opt out of the session or else have a mini-session himself to determine the source of the difficulty and to resolve it. Prior to the client's arrival on the morning of the session the sitters would gather early and have a group meditation. Sometimes it is appropriate for the lead sitter to take a low dose of a psychedelic to become "stabilized" in an

...It will be enriched by the work of therapists like Fisher who used psychedelics with clients in the 50s and 60s.

ego-free state where he is most receptive to tracking the voyage of the client. It is not that he is going to actively direct the client, but that he is in a state of consciousness where he can transcend his own ego boundaries and know the consciousness of the client. Of course flexibility is again important because any sitter can spontaneously develop an intense "contact high"

and transcend into an altered state. This will often happen very quickly without the sitters "catching" the transition period. Sometimes a sitter is not "stabilized" and goes on his own voyage and is not available to the client.

The variety of experiences that can occur is limitless and that is one reason for having a number of sitters in the session. In the early days of our work when we had a psychotherapist wanting to understand the world of a schizophrenic we would simply suggest the psychotherapist take the psychedelic and sit with a schizophrenic patient. Typically another experienced sitter would be with the psychotherapist to help him in his navigation into this new world of experience. In our work with schizophrenic and autistic children (Fisher, 1997) we were amazed at how perceptive were the comments of these children concerning staff when we had assumed that they were much too regressed and disturbed to be aware of our faults, foibles and imperfections. Of course there is a good deal of folklore concerning the insightfulness of the schizophrenic into the condition of the therapist's soul. Fortunately for us, our child patients were very accepting of us and used great humor and compassion in pointing out our own "troubles."

In brief summary, for a sitter to be helpful to a client, he must have travelled his own path with careful diligence and have arrived at a state of compassion for himself and others that gives him knowledge that we are all here to help one another in our own search for our own truth. •

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