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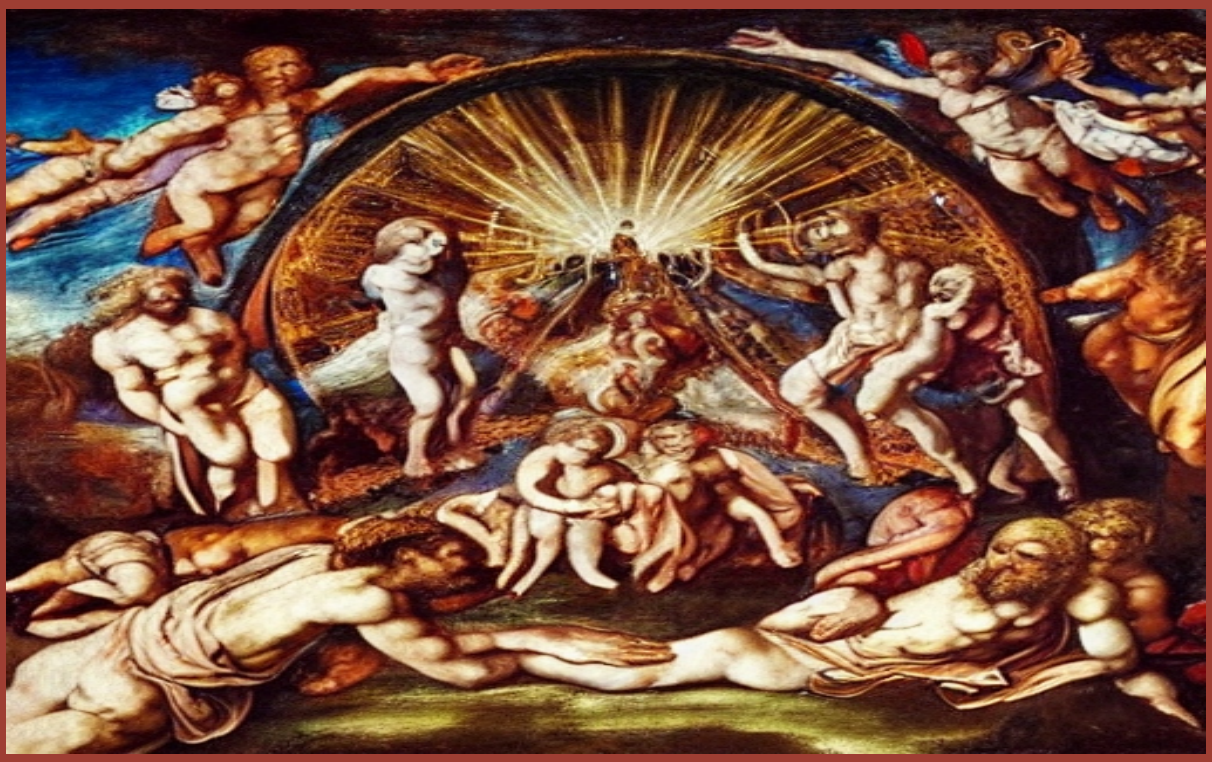

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Viewpoint

Dante's Divine Comedy and Psychedelic Therapeutics

Richard R. Szuster, M.D.

Abstract
Psychedelic medicines are emerging into mainstream healthcare and offering promising new treatment options. The neurosciences provide an understanding of the biomedical actions of psychedelics but are more limited in their ability to comprehend the phenomenological aspects. These subjective experiences are better mirrored in theology, in the traditions of the world's indigenous cultures, and in the imaginative expressions of great art and literature. This essay focuses on Dante's Divine Comedy - an epic poem that chronicles a healing and transformative human journey. In this exploration, we examine the correspondence between Dante's literary masterpiece and the process of psychedelic therapy while also considering the ontological challenges that arise when attempting to integrate diverse forms of knowledge.

INTRODUCTION

As psychedelic medicines re-emerge into mainstream healthcare, they are offering novel and potentially transformative therapeutic processes. Ketamine, a psychedelic-like anesthetic, is in current clinical use [1], while 3,4 methylenedioxymethamphetamine (MDMA) and psilocybin are progressing towards clinical approval - having demonstrated efficacy in conditions such as post-traumatic stress disorder [2], treatment-resistant depression [3], alcoholism [4], and end-of-life distress [5]. The neurosciences are providing a rapidly evolving understanding of the biomedical actions of psychedelics [6] and new perspectives on functional brain activity [7]. However, the sciences are more limited in their ability to engage and understand the phenomenological aspects of psychedelic therapeutics. These subjective experiences are better reflected in the theological disciplines [8], the traditions of the world's indigenous peoples [9], and in the creative arts – including great literature [10].

This essay will explore the *Divine Comedy* - written by Dante Alighieri in the early 14th century – an epic poem that chronicles a healing and transformative human journey. A particular focus will be on the Earthly Paradise – an important transition point coming two-thirds of the way through the journey – and a place where psychedelic neurophenomenology aligns with the visionary depth of Dante's poetry.

A BRIEF PRELUDE TO THE EARTHLY PARADISE

The Divine Comedy begins when Dante realizes he has lost his way in life. He finds himself in a dark wood – adrift and in despair. Initially, Dante tries to relieve his anguish by escaping the dark woods - but finds his exit blocked. Responding to Dante's distress, the poet Virgil appears and advises that a shortcut to healing and wholeness is not possible. Virgil then guides Dante on a long and necessary psychospiritual journey.

Dante and Virgil first descend into the dark, tortured hopelessness of the Inferno. The souls in the Inferno are unconscious of the manner in which they participate in their own suffering. They abdicate responsibility for their agony, harshly cast blame onto others, and thereby perpetuate the eternal recurrence of the same misery and affliction.

Next, the poets undertake the arduous, cathartic, and liberating ascent of Mount Purgatorio. Entry into the Purgatorio requires the assumption of responsibility for one's condition and a commitment to development and

change. The sufferings in the Purgatorio are often similar to those in the Inferno. However, there is no externalization of blame, and progress towards resolution becomes possible. As each cornice of the Mount is traversed, there is increased clarity and unburdening.

THE EARTHLY PARADISE AND PSYCHEDELIC NEUROPHENOMENOLOGY

After considerable effort and challenge, Dante and Virgil reach the summit of Mount Purgatorio and enter a sacred wood – the Earthly Paradise. The Earthly Paradise is a place of extraordinary beauty but also of extraordinary demand. First, Virgil announces that he is unable to guide Dante any further and must entrust him to another. Filled with grief at the loss of Virgil, Dante witnesses a great pageant – and the arrival of Beatrice – who will now assume the role of guide. Upon meeting Beatrice, Dante is overcome with emotion. She has long been his muse and the object of his unrequited love and longing. Dante somewhat clumsily attempts to engage Beatrice in the ways of conventional love. But Beatrice casts her eyes upward - away from the limitations of personal relating and towards the heavens - foretelling the next stage of the journey - entry into the Paradiso.

Before Dante can enter the Paradiso, he requires additional preparation. Beatrice directs that he should drink from the stream of Lethe – the water of oblivion. Dante is led into the stream, submersed, and drinks deeply. The waters of Lethe erase Dante's autobiographical memory and the ingrained assumptions of his historical past. He is propelled into a non-ordinary state of consciousness and is able to perceive the depth and beauty of creation anew. He gazes into Beatrice's eyes and observes the reflection of the gryphon – a mythical union of a terrestrial beast and aerial bird – and a symbol of the simultaneous presence of the earthly and the divine. As Dante perceives the gryphon's dual nature, he is awestruck, uplifted, and edified.

> "Think, Reader, think how marvelous and strange
> It seemed to me when I beheld the thing
> Itself stand changeless and the image change [11]."

Like the waters of Dante's Lethe, psychedelic medicines induce alterations of consciousness that allow for novel perceptions of oneself and the world. Through their actions on the brain's default mode network [12], they similarly disrupt autobiographical memory and attenuate the familiar sense of identity shaped by personal history. Along with increased brain network integration [13], this supports an expanded state of awareness that often includes profound experiences of a spiritual or mystical nature.

The experiences evoked by Lethe and by psychedelics represent states of mind that support healing. But the state evoked by Lethe is incomplete, and the psychedelic state is transitory. In order to metamorphose these transitional states into more enduring traits, additional measures are needed.

THE STREAM OF EUNOE AND PSYCHEDELIC-ASSISTED PSYCHOTHERAPY

Beatrice is bemused by Dante's condition after drinking from Lethe. She notes that the absence of memory prevents a fully transparent accounting of his life. After administering a mild rebuke for this state of amnestic denial, Beatrice directs Dante to drink from the stream of Eunoe – the stream of good remembrance. In so doing, Dante is restored – he remembers all – but his recollections are now unyoked from the emotional burdens of

shame, bitterness, and regret. Instead, there is acceptance and forgiveness – resulting in a sense of renewal.

> "From those holy waters born anew
> I came, like trees by change of calendars
> Renewed with new-sprung foliage through and through
> Pure and prepared to leap up to the stars [14]."

With this foundation, Dante is now prepared to engage in the final stage of the journey – entry into the mystic realm of the Paradiso.

Dante's experience with Eunoe finds an analog in psychedelic-assisted psychotherapy [15] – a paradigmatically distinct form of treatment that utilizes psychedelic medicines to activate endogenous healing and facilitate the therapeutic process. This method diverges from monocausal etiologic theories [16] that predominantly rely on biomedical explanations for emotional suffering. Instead, there is an acknowledgment of the multilevel phenomenology of human experience and an inclusion of the expanded states induced by psychedelics. Challenging psychological and emotional issues that emerge in the course of psychedelic treatment are anticipated and processed therapeutically. In tune with Dante's Eunoe, the treatment process often includes the recovery of suppressed memories, emotional unburdening, a sense of renewal, and, not uncommonly, a focus on experiences of an existential or spiritual nature.

THE EPISTEMOLOGICAL CHASM AND ONTOLOGICAL CONUNDRUM

The original title for Dante's masterpiece was simply the *Commedia*. The adjective *Divine* was added after Dante's death to acknowledge the spiritual relevance of his masterwork. Similarly, the emergence of psychedelic treatment has moved questions about spiritual relevance into mainstream medical conversations. Research is demonstrating that the mystical states induced by psychedelic medicines are associated with positive outcomes in both clinical [17] and non-clinical [18] settings. However, integrating these discoveries into established conceptual frameworks has proven to be challenging and has stimulated debate - with some arguing for the importance of subjective psychedelic experiences [19] and others arguing against [20].

The lack of consensus regarding the spiritual and mystical states induced by psychedelics is not surprising or new. While it typically evokes a call for additional research, it also highlights the long-standing differences in the epistemologies and ontologies that undergird the sciences, the arts, and theology. To accumulate knowledge, science relies upon rational analysis, experimentation, and empirical evidence - the arts upon creative expression, subjective experience, and aesthetics – and theology upon faith, philosophical reasoning, and personal spiritual experience. An integration of these diverse sources of knowledge is one of the important challenges that the field of psychedelic therapeutics faces.

THE CHALLENGE OF INTEGRATION

As psychedelic therapeutics move into the mainstream, they are increasingly aligning with the rational-empirical approach of the medical sciences. This approach is well suited to an understanding of the biomedical aspects of psychedelic therapeutics but is less well-equipped to understand expanded states of consciousness. In the sciences, there is often a default to physicalism – an ontological orientation that restricts reality to the physical and material. From this perspective, spiritual and mystical experiences are typically

understood to be strictly epiphenomena of altered brain function.

However, some in the scientific community have questioned the objective foundation for physicalism and have advocated for a more expanded metaphysical and empirical framework [21]. One potentially instructive framework is the unfolding dimensionality of consciousness proposed by the philosopher Jean Gebser [22]. Gebser's research has provided cultural and historical evidence for the evolution of Western consciousness through discernable stages that he labeled archaic, magic, mythical, mental, and integral. In Gebser's view, the rational-empirical approach to knowledge is a function of mental consciousness. It is a structure of consciousness with the capacity to apply sequential logic, linear causality, and critical cognition. While the mental structure affords considerable benefits - such as the rational and empirical foundation for the scientific method - it also can become deficient. For instance, when the open inquiry of science constricts into scientism - the belief that rational and empirical knowledge is the only valid form of knowledge.

The situation becomes more nuanced when considering non-rational forms of knowledge - such as imagination, creative inspiration, or mystical experiences. In Gebser's model, the archaic, magic, and mythical structures emerged prior to the mental structure and support non-rational experience and knowledge. There is a valid concern in the sciences that engaging non-rational modes of cognition might regressively loosen the rational and evidence-based foundations for understanding. However, rather than rendering non-rational phenomena unwanted or irrelevant, Gebser proposed that their integration is fundamental to a new and emerging consciousness structure – a structure he labeled integral. The integral structure maintains the benefits of rationality while seeing through its exclusivity. It integrates the non-rational structures, resulting in a more complex and multi-dimensional structure of consciousness. Writing in the mid-20th century, Gebser provided extensive examples of the emergence of the integral structure across diverse fields of human endeavor, including the natural sciences, the sciences of the mind, the social sciences, and the arts[23]. For the nascent field of psychedelic therapeutics, Gebser's integral perspective holds promise. It offers an approach that can integrate complementary sources of knowledge - such as Dante's visionary poetry, with the discoveries of contemporary neuroscience.

CONCLUSION

As psychedelic therapeutics enter mainstream clinical care, we are presented with transformative treatment possibilities. Concurrently, we are challenged with comprehending the full range of experiences induced by psychedelics. Great works of art, such as the *Divine Comedy,* have the potential to aid comprehension by broadening our field of exploration and understanding. This is not contrary to the principles of science. Rather, it aligns with the entreaty of Sir Frances Bacon (1561-1626), a founder of the scientific method:

> "The world is not to be narrowed till it will go into understanding.... but the understanding to be expanded and opened till it can take in the image of the world as it is in fact [24]."

In accordance with Francis Bacon, Dante's masterwork supports the process of expansion and opening. It invites interdisciplinary integration and extends the boundaries of inquiry - to include expanded states of consciousness and the limitations of conventional conceptual frameworks.

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Case Report

From Psychedelic Exploration to Psychosis: A Unique Case Study Demonstrating the Susceptibility to Schizophrenia Unveiled by a Single LSD Experience

Michelle X. Wu, DO, Joseph Pullara, M.D.

Abstract

Lysergic acid diethylamide (LSD) is part of the pharmacological group known as "classical hallucinogens" or "psychedelics" (a term coined by Humphrey Osmond in 1957) while sharing its chemical structure with psilocybin and dimethyltryptamine [1]. Though the exact mechanism is unclear, classic hallucinogens are believed to work mainly as agonists at the serotonin 2A (5-HT2A), 2C (5-HT2C), and 1A (5-HT1A) receptors, as well as producing effects in the dopaminergic and noradrenergic systems [2]. These hallucinogens carry some risk. One of them includes a dangerous state of anxiety and psychosis, causing unpredictable behaviors in an uncontrolled environment. Another possible risk is the exacerbation of psychotic disorders [3]. This case depicts a previously healthy young female who presented with a severe case of LSD-induced psychosis with a cataonic-like state. We summarized her hospital course, provided extensive medical workup, and underwent several psychopharmacology trials with the initiation of electro-convulsive therapy that eventually led to her recovery. Our case illustrated the importance of identifying the adverse side effects of LSD and its risk of lowering one's threshold for developing schizophrenia. "AD" is a pseudonym and identifying information was removed to protect the patient's confidentiality.

Keywords

LSD, LSD-Induced Psychosis, Acute Psychosis, Catatonia, Electro-Convulsive Therapy, Case Report

CASE

Patient "AD" was a previously healthy 29-year-old African-American female who presented to our inpatient psychiatric facility for psychosis and catatonic symptoms. AD was originally involuntarily admitted to another hospital three weeks prior for suicidal ideation. However, psychotic symptoms failed to improve, so she was transferred to our facility for consideration of electroconvulsive therapy (ECT).

On presentation to our facility, AD was a poor historian. She was not orientated to person, time, or place and appeared paranoid and agitated about her surroundings. She was floridly psychotic and was responding to internal stimuli while mumbling to herself. She made repetitive phrases such as "imposter syndrome" and "Whiskey Mike" without any elaboration. She was religiously preoccupied, making statements of "King Jesus" and writing religious phrases in her notebook. Her speech was disorganized, tangential, and incoherent with periods of thought blocking. Additionally, she seemed sexually preoccupied and was seen following male individuals around the inpatient unit while trying to take her clothes off. On exam, she exhibited catatonic symptoms such as rigid posture, waxy flexibility, posturing, agitation, and stereotypy.

Her family reported that prior to this incident, AD was a well-mannered, soft-spoken individual with no history of any inappropriate behaviors, aggression, or psychotic episodes. Her family history was negative for

any psychotic conditions. According to AD's mom, AD had smoked cannabis laced with Lysergic acid diethylamide (LSD) provided by her boyfriend days prior to admission. Details of this incident were unknown. As days progressed, her symptoms started to manifest and worsen exponentially, so much so that her mother stated that AD became "unrecognizable."

Due to the abrupt onset of symptomatology, our initial goal was to rule out any organic causes or conditions of autoimmune origins. Her urine drug screen was positive for marijuana, and her blood alcohol level was unremarkable. Her urinalysis showed acute cystitis, which was treated with ciprofloxacin. Her thyroid stimulating hormone and complete metabolic panel were within normal limits.

AD was evaluated with a head CT without contrast and an MRI brain with contrast, both of which showed benign findings. In the following weeks of her admission, she failed multiple trials of antipsychotics such as Risperdal and Zyprexa. Risperdal caused worsening of her catatonia, and Zyprexa was completely ineffective even at the maximum recommended dose. Geodon was initiated, which showed a slight improvement in symptoms. Neurology was consulted to rule out any possible neurological deficits and autoimmune conditions. Subsequently, AD underwent an EEG that showed no signs of stroke, seizure activity, or any abnormalities in brain function. Her lumbar puncture showed no evidence of CNS infections and autoimmune processes. Additionally, due to AD's rapid manifestation of neuropsychiatric changes, there was concern for anti-NMDA receptor encephalitis [4]. A full autoimmune encephalitis panel including ANCA, Anticardiolipin Abs, NMDA, Proteinase-3 Ab, Sjogren's Abs, Smith Abs, and SclAb was conducted, but the results were negative.

Throughout her hospitalization, it became clearer that AD's psychosis was worsening. She demonstrated increasingly self-destructive behaviors such as banging her head on furniture and scratching herself. Additionally, she was physically aggressive to her peers and became sexually aggressive towards them. In one instance, she believed one of her peers was her husband. With her increasing psychosis and catatonic-like symptoms, we ultimately decided to pursue electroconvulsive therapy (ECT). After her first two treatments, AD's clinical signs started improving drastically. She became more aware of her surroundings, started to remember the names of staff and peers, and regained self-awareness of who she previously was. Her judgment and insight improved and she started apologizing for weeks of inappropriate behaviors. Her symptoms of catatonia slowly resolved throughout the course of ECT. After five treatments of ECT, her symptoms had almost completely resolved, and she was discharged to follow up with outpatient ECT treatments.

DISCUSSION

With the increasing research on psychedelics for the treatment of psychiatric conditions, it is also important to note the potential side effects of these substances. LSD, taken at moderate doses, produces changes in body perception, time distortion, and psychotropic effects, often described as "mystical experiences." These effects can mimic a psychotic-like state for a few hours. However very rarely, this may induce a much longer-lasting psychosis, like AD [5]. While LSD is currently a Schedule 1 drug and not FDA-approved, research has shown that LSD-assisted psychotherapy may positively impact patients suffering from illness-related anxiety, depression, psychosomatic conditions, substance abuse, and cancer-induced pain disorders [6]. Oral doses of LSD have provided long-term improvements in patients' attitudes about life or self and positive mood changes [7]. In studying the effects of oral LSD and

changes in brain structure, neuroimaging researchers found a significant decrease in left amygdalar reactivity to fearful stimuli as compared to controls, implying that LSD may be useful in reducing perceptions of negative emotions in depressive disorders [8].

This case report adds to the growing literature related to LSD-induced psychosis and catatonia with a previously healthy patient without a known family history of psychotic disorders. Breakey et al. conducted a comprehensive history of 46 schizophrenic patients with 46 matched controls. They discovered that schizophrenics who had used hallucinogens experienced the onset of psychosis on average four years earlier than non-users [9]. Another survey conducted in the 1950s found that one individual out of 1200 participants experienced prolonged psychosis after using hallucinogenic drugs. Notably, that individual has a family history of a twin brother with schizophrenia [10]. These data demonstrated that there is evidence of hallucinogens such as LSD that may play a role in lowering the threshold for the development of schizophrenia. Though rare, these adverse effects exist. This case demonstrates the importance of education and early treatments to improve patients' prognosis and quality of life.

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The Therapeutic Alliance and its Relevance in Psychedelic-Assisted Psychotherapy

Alan M. Jaffe, Psy. D.

Abstract

In all forms of psychotherapy, the quality of the therapeutic alliance, which is the quality of the human connection, plays a crucial role in facilitating the effectiveness of the process. In psychedelic therapy, this is especially true as patients are in a highly open, vulnerable, and suggestible state. In psychedelic-assisted therapy, the therapeutic container is built upon alliance, trust, safety, and support. The history of the therapeutic alliance is reviewed and applied to the work of psychedelic psychotherapy.

The psychedelic therapist's intention is to structure the environment to complement the unique identity and needs of the participant. The therapist and participant work together to utilize the established support system that will assist the participant in moving through the healing process. It is necessary for the therapist to be properly attuned to the needs of the participant's physical and psychological safety, with focused attention continuously placed on establishing a therapeutic alliance and building trust in the therapeutic relationship. Roseman [1] identified the following:

The importance of the therapeutic alliance in psychedelic therapy is dual:

> 1. The trust the patient has in the therapist will increase the trust in letting go and enhance the therapeutic process; and
> 2. The therapeutic alliance can reignite a sense of human connection and belonging, especially to those who have suffered from some sort of alienation and/ or trauma. (p. 279)

Sigmund Freud originally discussed the importance of the therapeutic alliance in his early writings on transference. He first discussed the significance of making a "collaborator" of the patient in the therapeutic process [2]. He distinguished between positive and negative transferences and the role of friendliness and affection. The transference relationship and manifestations originated by Freud were later refocused by ego analysts on the real aspects of the therapeutic relationship, developing the notion of the working therapeutic alliance [3]. The concept of the alliance was an attempt to bring the interaction between therapist and patient to the forefront. It advocated modifications in what was previously the traditional analytic posture and the use of non-interpretive measures. It encouraged greater flexibility and laid the groundwork for techniques applicable to a wider range of patients.

To serve the development of the collaboration or alliance, Freud [2] introduced an approach in which he phrased "evenly suspended attention;" the therapist's attitude of "not directing one's notice to anything in particular." While listening to the patient, such "free floating attention" assures that the therapist avoids prematurely selecting this or that bit of material, which would limit the possibility of surprise and discovery. It also allows his/her unconscious memory to capture important links from the seemingly less relevant aspects of the patient's associations or verbal material. Freud's dictate that the therapist maintain "evenly suspended" or "evenly hovering attention" has become a cornerstone of psychoanalytic technique.

It was Edward Bibring [4] who first referred to the “therapeutic alliance” between the analyst and the "healthy" part of the patient's ego. In this, he was faithful to Freud [5], who wrote that same year in *Analysis Terminable and Interminable*:

> The analytic situation consists, as we know, in our alliance with the ego of the person-object to conquer the unconquered parts of his id and therefore to integrate them in the synthesis of the ego. The fact that such a collaboration often fails in the psychotic provides, in our judgment, an initial point of support. The ego with which we are able to conclude such a pact must be a normal ego. (p. 221)

Elizabeth Zetzel [6] was the first to establish that the therapeutic alliance is essential to the effectiveness of any therapeutic intervention, which she credited to Bibring. She maintained that therapeutic alliance depends on the patient’s basic capacity to form a stable relationship. She maintained that when this capacity is lacking at the outset, it is essential that the therapist provide a supportive relationship that facilitates the growth and development of an alliance.

Ralph Greenson [3] took the psychoanalytic approach to the therapeutic alliance a step further in formulating the therapeutic relationship. He coined the phrase “real relationship” which he referred to as a “mutual human response of the patient and therapist to each other, including undistorted perceptions and authentic liking, trust, and respect for each other.” Greenson [3,7] conceptualized this working alliance as the ability of the therapist and patient to work constructively and purposefully together and the treatment they have undertaken.

Ernest Schachtel [8] introduced the concept of “allocentricity” an approach that strengthens the alliance between therapist and patient, which invites and includes curiosity, openness, and receptivity. It also requires a tolerance of ambiguity, uncertainty, and sometimes pain. Martin Buber [9] discussed the importance of being able to treat every moment as a new moment and to be open to whatever is revealed with all of its richness and uniqueness:

> In spite of all similarities every living situation has, like a newborn child, a new face that has never been before and will never come again. It demands of you a reaction which cannot be prepared beforehand. It demands nothing of what is passed. It demands presence, responsibility; It demands you. I call a great character one who by his actions and attitudes satisfies the claim of situations out of deep readiness to respond with his whole life, and in such a way that the sum of his actions and attitudes expresses at the same time. It is the unity of his being and its willingness to accept responsibility (p. 114).

Psychologists and psychoanalysts have long considered approaches and conditions that can be employed to facilitate a therapeutic alliance to reduce human suffering and promote self-actualization. The foundation for creating this necessary dynamic begins with providing a safe ‘holding environment.’ Holding environment was coined by Donald Winnicott [10] in connection with the ordinary function of a mother holding her infant. Holding in this context meant the actual physical holding of the infant and the total supportive environment. Winnicott [10] believed the psychotherapy situation represents a similar holding environment. Such an environment is reliable and meets the psychological, emotional, and physiological needs of the participant. It provides safety and comfort and does not abandon nor impinge. It facilitates growth.

The holding environment concept, which is particularly relevant and essential in the psychedelic psychotherapy setting, has an impact on two aspects of therapeutic technique. Physical aspects: a therapist who is mindful of the

holding environment would make his/her office comfortable and authentic without undue self-revelation. Psychological atmosphere: s/he would provide an ambience of emotional trust, acceptance, and safety while helping the patient's growth potential to be activated. Winnicott [10] describes the holding environment as a developmental stage in which the child and mother are one entity yet undifferentiated in the infant's consciousness. His writings emphasized empathy, imagination, and love between the caregiver and the infant. The core purpose of "holding" is to allow the child to be completely unconscious of his/her requirement for a separate individual. This is particularly relevant in psychedelic therapy, where the connection between the therapist and participant takes place beyond the limits of the self-identity, the separate self of each. "It is axiomatic in these matters of maternal care of the holding variety that when things go well, the infant has no means of knowing what is being properly provided and what is being prevented [11]."

Holding refers to the process where a mother is able to tolerate primitive states of affect that are unbearable to the infant. Containment describes how the mother can metabolize the baby's raw emotions and pass them back to the infant in digestible form, and this is how the infant learns to manage the range of emotions. A similar process of transformation occurs in the psychedelic therapeutic relationship, where the therapists are able to contain primitive and terrified states of affect adequately. If required, the ability to provide physical support, probably amplifies this effect, as it does in early life [12]. Otto Kernberg [13] regards clarification as the first cognitive step in which what the patient says is discussed in a non-questioning way to bring out all its implications and discover the extent of his understanding or confusion regarding what remains unclear. Unlike interpretation, clarification does not refer to unconscious material.

Subtle therapeutic interventions that increase and improve attunement, support, and strengthen the alliance between patient and therapist include the practice of "clarification" introduced by Carl Rogers. Rogers [14] offers a therapeutic intervention that helps the patient "see more clearly" and achieve a finer-grained differentiation of meaning as it relates to what has been said by the patient (p. 41). The process of clarification involves the restating of feelings that accompany a thought or stream of thoughts, or of rearranging seemingly unrelated clusters of thought in a meaningful manner. Such restating does not transcend the phenomenological level and is based entirely upon explicit statements made by the patient.

Paul Gray [15] introduced the technical approach, which he coined "close process monitoring," as a form of therapeutic listening that fosters the therapeutic alliance and bond. Such listening hones in on the moment-to-moment shifts of emphasis and nuance in the stream of the patient's associations. Paying attention to a pause, an abrupt change of topic, the emergence of the incongruent affect, and unexplained avoidance of the logically expectable allows for the possibility of revealing or unmasking hidden resistance. Moreover, helping the patient see that their thoughts follow each other and are causally connected strengthens the alliance of the patient and therapist.

"Free swinging attention" is a term coined by David Carlson [16], which describes the kind of attention required for therapeutic work and attention that is characterized by 1. Swinging between focused and free-floating attention, 2. Activity and not passivity, 3. Being in rhythm with the patient, 4. Accommodating shifting perspectives, 5. Combining loving and aggressive undercurrents, 6. Preparedness for surprise and for being surprised, and 7. Pleasure mixed with mild apprehension, the concept underscores the therapist as a child, listening with a beginner's mind. Although this was introduced as a psychoanalytic concept, it has

been mostly overlooked in psychoanalytic literature.

The therapeutic alliance serves to facilitate a "corrective emotional experience." This phrase was originated by Franz Alexander [17], in a psychoanalytic context, for a patient's refreshing discovery that his/her therapist's attitudes and posture differ remarkably from that of his/her parents. This relaxes the patient and permits him to express himself more freely. Alexander stressed that the corrective emotional experience is a consciously planned regulation of the therapist's own emotional response to the patient's material in such a way as to counter the harmful effects of parental attitude.

Corrective empathic experience was a phrase coined by Robert Emde [18] to denote the essential thrust of Heinz Kohut's [19,20] technical stance. This stance regards the provision of empathic listening and affirmation as the central ameliorative factor for those psychologically damaged by the lack of empathy by primary caregivers during childhood.

Preconceptions of therapists can limit one's ability to see what is taking place and negatively impact the therapeutic alliance, so it is critical for therapists to learn and become aware of and then let go of their preconceptions as they emerge. Winfred Bion [21] often advised therapists to approach every session "without memory or desire" as a mental discipline.

The Zen master, Shunru Suzuki [22], refers to this discipline as a way of cultivating a beginner's mind. In his words, "if your mind is empty, it is always ready for anything; It is open to everything. In the beginner's mind, there are many possibilities; in the expert's mind, there are few". In the Buddhist tradition of mindfulness meditation, this has otherwise been referred to as "disciplined not knowing" and "bear attention [23]."

It is critically important to appreciate that new information and possibilities are continually emerging in every moment of patient interaction. It is essential to recognize that one is going to always have preconceptions that shape one's perception of the current situation, which are closely facilitated and limited by theories that shape one's understanding of the patient. It is not realistic to suggest that a therapist can abandon such theories and preconceptions completely. However, it is essential as effectively as possible for the therapist to become aware of his/her preconceptions to become more open to seeing things more fully and accurately.

Wolfe and Goldfried [24] consider the therapeutic alliance the "quintessential integrated variable." The growing recognition by diverse therapeutic traditions of the significance and importance of the therapeutic alliance can be attributed, at least in part, to the psychotherapy research community, where there was an increase in the number of measures and evidence demonstrating the predictability of the concept [25]. Edward Bordin [26] gained considerable attention from the psychotherapy research community when he presented a transtheoretical reformulation of the alliance concept. Bordin [26] maintained that having a good alliance is a prerequisite in all forms of psychotherapy. He conceptualized the therapeutic alliance as consisting of three interdependent components: tasks, goals, and the bond. According to Bordin [26], the strength and effectiveness of the alliance is dependent on the depth of the degree of agreement between patient and therapist about the tasks and goals of therapy and the quality of the relational bond between them. The development of a richer and more authentic sense of self constitutes an important therapeutic goal.

The therapeutic alliance in psychedelic-assisted therapy represents a collaboration based on mutual trust between the therapist and participant. The material of the therapeutic alliance can be divided into the conscious and unconscious and a shared collective unconscious, which is illuminated by the interaction. The conscious part of the therapeutic

alliance relates to a reasoned agreement between the therapist and the participant regarding the intentions and objectives of the therapy. It is a voluntary choice, assuming free will, in which both people fully commit to approaching an intended achievement. The will of both is also oriented toward carrying out the tasks necessary for this to happen. The therapist's focus is on clear methods, objectives, and tasks to address the needs of the participant in the moment.

The unconscious therapeutic alliance includes the irrational and emotional aspects and all the unconscious verbal, nonverbal, and paraverbal communications between therapist and participant. When the unconscious therapeutic alliance reaches a certain level of activation, buried emotions emerge and can increase the resistance in the participant. The greatest risk is that the therapist may not interpret the emergence of resistance as a sign of an increase in the unconscious therapeutic alliance and, therefore, become discouraged, blocked, or react by directing his/her countertransference toward the participant.

On the contrary, if the therapist knows how to grasp the emergence of resistance and the anxiety associated with it as an indicator of the increase in the unconscious therapeutic alliance, s/he will be able to identify precisely when s/he must concentrate his/her efforts and address it. By being aware of, listening to, and managing his/her countertransference, the therapist can attune to the participant's emotional state, creating a shared awareness in the therapeutic couple, which, in turn, generates additional growth in the therapeutic alliance. This means that the therapist must be free from judgments and preconceptions, mentally flexible, emotionally attuned, aware, and pay close attention to the participant's nonverbal communication.

Carl Jung [27] argued that as the third area, there is the collective unconscious which transcends personal experience. Similarly, Bion, applying the concept of O, the ultimate truth, to psychoanalysis, expanded the unconscious to the domain of infinity [28]. According to Bion [21], the goal of psychoanalysis is not you and me, but rather arriving at the ultimate truth, that is, to O, which is possible by being O. Bion's argument that a healthy spirit pursues the truth introduces a broader concept of therapy that psychoanalysis is not only a cooperative relationship between the therapist and the participant and pursues a common good that transcends the two [28]. The idea that a third area exists beyond the healer and the participant has been a topic raised since Freud. According to Jung [27], the therapist and the participant unconsciously communicate with each other beyond the conscious side of the individual.

In MDMA-assisted psychotherapy, the therapist collaborates with the participant to create specific support systems that aid the participant through the healing process of the trauma. The therapists encourage and support the participant to engage internal resources, reinforcing that the participant possesses the internal capacity for growth. The therapists are available throughout the process to offer strength through connection, commonly represented as alliance. According to Carlin [29]:

> There are infinite resources available, internal and external, such as connection with the breath, spiritual beliefs, ancestors, a role model, asking for and receiving help, visualization, imagining a healed and whole self, music, art, attentiveness from the therapists, asking to hold the therapist's hand during the session, the facilitative effects of MDMA. The inner healing intelligence is at the forefront of the impetus for change, and the therapist encourages the participant to consider in ways and words that make sense to him that he has within him the wisdom and ability to heal. A large part of the work is connecting to the place of inner knowing

> and the therapist is there to help navigate the process.

The therapists and the participant summon this third area, a third entity designated as a shared collective unconscious that transcends the parties' subjective experiences. From the perspective of Jung, the third area is an archetype and inevitably emerges where two people form a relationship [30]. The form of the third stimulates an archetype in which the two can be brought together due to the relationship between them and the environment in which they coexist and share purpose. Through this unconscious process, a deeper and more meaningful connection supports the process of inner healing intelligence and establishes a supportive therapeutic alliance. This support lends to the supportive strength of the holding environment, within which the participant can safely find more spaciousness from the habitual control of the self-styled ego or separate self. According to Jung [32], the therapeutic third is a kind of archetypal existence or space that tends to dominate two people in a place where the relationship is formed. Sometimes, they act positively and sometimes negatively and move to a new dimension through the dynamic interaction of the two. From this point of view, the essence of the therapeutic third can be defined as the deep shared alliance. The therapeutic third is revealed by the relationship of the two, intervening in the emotional relationship of the two, but it remains a powerful and fertile space for growth and transformation.

A common issue that stands in the way of approaching the therapeutic situation with a beginner's mind is that it can be anxiety-provoking to do psychotherapy without the solid ground provided by concepts. These concepts are designed to impose order on what is happening in the therapeutic situation. The failure to separate one's constructs and the underlying phenomena that these constructs represent is termed reification. Therapists must constantly struggle with the temptation to cling to fixed concepts of what is taking place in the therapeutic situation. We must avoid the tendency to deal with our anxiety and discomfort of the ambiguous situation by employing reification. While this is particularly true for newer therapists, who are struggling to create a sense of competency, effectiveness, and self-worth, the same temptation is present for more experienced therapists. It is easier for the more experienced therapist, to rely on old habitual and routinized ways of looking at things. It is always tempting for therapists to grasp at a premature explanation of what is taking place to avoid looking at potentially threatening possibilities revealed by examining one's own contribution to the interaction with a patient. According to Murphy et al. [33]:

> Across psychotherapeutic frameworks, the strength of the therapeutic alliance has been found to correlate with treatment outcomes; however, its role has never been formally assessed in a trial of psychedelic-assisted therapy. We aimed to investigate the relationships between therapeutic alliance and rapport, the quality of the acute psychedelic experience and treatment outcomes. [The results revealed the] strength of therapeutic alliance predicted pre-session rapport, greater emotional-breakthrough and mystical-type experience.

The work of the psychedelic therapist takes place constantly in the here and now, that is, moment by moment within the setting. The therapeutic relationship is a universe in which the participant who experiences intense suffering brings and expresses his/her emotional, relational, and psychic world. In a relationship of care, the psychedelic therapist's task is to allow the participant to follow the path of his/her inner healing experience. The therapist's objective is to foster the conscious alliance; to do so, she/he must be able to embrace

the deep emotional content that the participant brings. The therapeutic alliance is entirely collaborative, yet the alliance is greatly affected by the therapist's skill. Attention to the alliance itself is at the top of the list of a therapist's desirable behaviors that help to form the alliance.

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