



**The International
Journal of
Controversial
Discussions**

**Psychoanalysis
in the
21st Century**



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From the Desk of the Editor-in-Chief

M. Sagman Kayatekin

This issue is on Psychedelics and Psychoanalytic treatment. There is an exponentially increased interest in the topic in psychoanalysis and related clinical fields.

The idea of taking a closer look at it was brought to our attention by my esteemed colleague Neal Spira. Being a relatively new student of the subject, I asked Neal, who was clearly much more comfortable with what he knew, to edit this issue. Neal generously agreed to it. I am thankful to him.

I found the discussions on this new (and old) subject very informative and hope you will too.

With deep respect to our readers,
M. Sagman Kayatekin



Introduction

Neal Spira

I first took LSD as a 17-year-old college freshman during my first Thanksgiving return home. The scene of what felt like a crime (even though it wasn't, at that point) was my friend Scott's basement. Scott had entered into this territory a few years earlier and wanted to share the amazing world he had discovered. My own experience was complicated—I felt like my consciousness left my body and soared so high into the stratosphere I was afraid I'd never come down to find my place in the material world. But of course, I did. I put away LSD and became a psychoanalyst.

This reflected the adolescent dilemma that had drawn me to this experience in the first place. Standing at the portal of a world that seemed hopelessly shallow, I was longing for something deeper. The allure of what came to be called “psychedelics” wasn't the thrill ride of amplified perceptions which they offered. It was the possibility of making acquaintance with something more fundamental and enduring. At the same time, the beginning of college marked the time when I needed to think about what was required of me in order to do life. Farewell to psychedelics.

That was it for me and psychedelics until a few years ago when I found myself standing at another portal. Covid, the deaths of several loved ones, and the natural process of aging had conspired to place mortality at the center of my field of vision. I began to think about how I wanted to spend the time I had left.

It was at around this time that another friend (an analyst) told me of his plans to take a guided psilocybin journey. He hoped it would help him get more in touch with his feelings. While I thought this was a bit weird, I was curious. Then I heard from another friend who was doing the same thing. As they described their experiences to me (which, as it turned out, were disappointing) I found myself intrigued by their description of the guided facilitation process. It seemed like a natural application of the analytic way of being-with-somebody that I had cultivated for so many years.

I also recalled the experience of being connected to something greater than myself that characterized my previous psychedelic experience. While the developmental challenge of adolescence is that of achieving a coherent identity, the challenge facing the over-65 crowd is that of facing life's transience and navigating the Eriksonian path between integrity and despair. As I was rapidly learning, this path is made even more difficult by the numerous bodily infirmities that seem to come out of nowhere and that were beginning to afflict my friend and colleague group of aging boomers. A dose of psychedelic facilitated awe seemed like it might be just the thing to see us through.

It was in this mindset (and I wouldn't argue with anyone calling it a "manic-defense") that I decided to take a deep dive into this territory by signing up for a facilitator certification course focused on psilocybin therapy. In short order I discovered that I had plunged into a whole different culture of psychedelic practitioners and enthusiasts, all united by their deep interest in the healing possibilities that accompanied making acquaintance with non-normative states of consciousness. Among them: Jungians, Trauma therapists, body-work therapists, "transpersonal" psychologists, Shamans, plant healers, Internal Family Systems practitioners, as well as graduate students in university programs devoted to "psychedelic science." And, representing the psychoanalytic establishment, there I was, a member of the APSA's Board of Directors!

In my initial approach to this training, I couldn't help but look at it through a "psychoanalytic" lens. But to the degree I was able to keep that in check and remain open to what initially seemed strange or even wacky, I found myself receptive to a deep and experience-near learning experience. Among the elements of this experience that I found compelling was the light it shed on the theory and practice of contemporary psychoanalysis. It struck me that just as we analysts have learned that we come to know ourselves through our relations with others, this emerging world of psychedelic therapy might serve as a mirror to help us reflect on our own practices and theories. And vice versa.

In that spirit, I've invited a host of experienced psychedelic practitioners from within our ranks to share with us their own experiences and thoughts about this field that can feel so other and yet is so near to all of

us who are fascinated by the relevance of what we call the unconscious to human suffering and human healing.

The volume consists of a “primer” by me and three main papers by C.J. Healy, Christopher Miller, and Thomas Brod. Healy and Miller look at the psychedelic experience through the lens of psychoanalytic theories of Balint and Klein. Brod takes an experience near approach to the nature of the self as illuminated by psychedelic experience. The rest of the volume includes the authors responses to each other’s work, and additional discussions by Lawrence Fischman, Tracy Sidesinger, and Robert Galatzer-Levy. We hope these articles provide you with an interesting and enjoyable journey.

Part 1



A Psychedelic Glossary

Classic Serotonergic Psychedelics (5-HT_{2A} Agonists)

These compounds structurally resemble serotonin or catecholamines and primarily activate the brain's serotonin 2A receptors.^{1, 2}

Tryptamines (Indolealkylamines):

- * **Psilocybin:** The active psychedelic compound found in certain species of [magic mushrooms](#).
- * **DMT (N,N-Dimethyltryptamine):** A powerful naturally occurring compound found in various plants and the primary psychoactive component of [Ayahuasca](#) tea.
- * **5-MeO-DMT:** A potent tryptamine found in certain plant sources and toad secretions.^{3, 4, 5, 6}

¹<https://www.youtube.com/watch?v=yU2A4QEXXV0>

²<https://pmc.ncbi.nlm.nih.gov/articles/PMC5001686/>

³https://en.wikipedia.org/wiki/Psychedelic_drug

⁴<https://www.health.harvard.edu/blog/back-to-the-future-psychedelic-drugs-in-psychiatry-202106222508>

⁵<https://www.betterhealth.vic.gov.au/health/healthyliving/hallucinogens>

⁶https://www.euda.europa.eu/publications/frequently-asked-questions-faq/faq-therapeutic-use-psychedelic-substances_en

Lysergamides:

LSD (Lysergic acid diethylamide): A semi-synthetic substance derived from ergot fungi that alters sensory perception and thought.

LSA (Lysergic acid amide): Naturally occurring in morning glory seeds.^{7, 8, 9, 10}

Phenethylamines:

- * **Mescaline:** A naturally occurring psychedelic found in cacti like [Peyote](#) and San Pedro.
- * **2C-B:** A synthetic phenethylamine sharing structural similarities with both mescaline and amphetamines.^{11, 12, 13, 14}

Atypical Psychedelics and Related Classes

Entactogens / Empathogens:

- * **MDMA (3,4-methylenedioxymethamphetamine):** Acts primarily through serotonin, norepinephrine, and dopamine release, prioritizing emotional closeness and mood over classic visual hallucinations.^{15, 16}

⁷<https://adf.org.au/drug-facts/psychedelics/>

⁸<https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/hallucinogens>

⁹https://en.wikipedia.org/wiki/Psychedelic_drug

¹⁰<https://www.health.harvard.edu/blog/back-to-the-future-psychedelic-drugs-in-psychiatry-202106222508>

¹¹https://en.wikipedia.org/wiki/Psychedelic_drug

¹²<https://adf.org.au/drug-facts/psychedelics/>

¹³https://www.euda.europa.eu/publications/frequently-asked-questions-faq/faq-therapeutic-use-psychedelic-substances_en

¹⁴<https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/hallucinogens>

¹⁵<https://pmc.ncbi.nlm.nih.gov/articles/PMC5001686/>

¹⁶<https://www.health.harvard.edu/blog/back-to-the-future-psychedelic-drugs-in-psychiatry-202106222508>

Dissociatives:

- * **Ketamine & PCP (Phencyclidine):** Act as NMDA receptor antagonists, producing feelings of detachment from reality, dreamlike states, or anesthesia.^{17, 18}

Atypical / Other Mechanisms:

- * **Salvinorin A:** A kappa opioid receptor agonist found in *Salvia divinorum*.
- * **Ibogaine:** An indole alkaloid affecting multi-neurotransmitter systems.^{19, 20}

¹⁷<https://pmc.ncbi.nlm.nih.gov/articles/PMC5001686/>

¹⁸<https://www.health.harvard.edu/blog/back-to-the-future-psychedelic-drugs-in-psychiatry-202106222508>

¹⁹<https://pmc.ncbi.nlm.nih.gov/articles/PMC5001686/>

²⁰https://en.wikipedia.org/wiki/Psychoactive_drug



A Primer on “Psychedelic Therapy”

Neal Spira

Abstract

Psychedelic medicines have captured the attention of the mental health world. Most of the therapeutic activity using these substances has evolved “underground” and outside of the conventional world of health care. In this paper I explore some of the ways in which these emerging psychedelic therapies can inform contemporary psychoanalytic theory and practice, and vice versa. I will also identify some of the obstacles that interfere with this integration.

In brief, psychedelic therapy brings us back to our roots in the unconscious and can provide us with techniques to make use of it in our therapeutic activities. In addition, it provides an avenue for us to bridge the gap between psyche and soma that has widened over the course of the past many years.

Coming from the other direction, Psychoanalysis provides a framework for the relational activities that increase the likelihood of a positive psychedelic experience, and for successfully working through that experience in a way that optimizes integration and personal growth. Psychoanalytically trained clinicians are particularly well suited by virtue of temperament and training to take part in some aspect of psychedelic work.

In fact, psychoanalysts were some of the first to explore this territory. But after the honeymoon, psychoanalysis and psychedelic exploration parted ways, with the notable exception of some analysts who have made incredible contributions to the field and who are contributors to this volume. Hopefully their efforts here will encourage further interest.

I. Intro

In June 2025, over 8000 people attended the 3rd meeting of the Multidisciplinary Association for Psychedelic Science in Denver. Most of them had in common a deep interest in the healing potential of psychedelic medicines. The use of these medicines has become a social phenomenon that is now finding its way into the medical mainstream (with a major boost from Michael Pollan's groundbreaking best seller "How to Change Your Mind" [Pollan, 2018].)

The term "psychedelic" means "Mind manifesting." It was coined by a Canadian psychiatrist named Humphrey Osmond to denote the property common to all these substances, and the "secret sauce" to their use as healing agents: namely, their ability to induce alternative states of consciousness. Given that psychoanalysis has traditionally been defined by its relation to what it calls the unconscious, there is a natural and obvious overlap between the two.

In fact, psychoanalysts were pioneers in the therapeutic use of these substances when they first emerged on the scene. But for a variety of reasons and with some notable exceptions, psychoanalysis and psychedelics parted ways. These days, those who seek to heal using psychedelic medicines come from a wide disciplines and traditions—among them transpersonal psychologists, trauma therapists, Jungians, body workers, plant medicine healers, shamans, internal family systems practitioners. For the most part, the methodologies they have brought to this work have evolved "underground" and outside the conventional medical and mental health practice. Psychedelic therapy and Psychoanalytic therapy come out of and reside in two different cultures.

But the situation is beginning to change. In a few states, the public demand and push for legalization have led to the establishment of training programs in states like Oregon and Colorado. This development has coincided with an explosion in scientific interest in how these substances work and their impact on the human brain and body.

In the February 2025, I enrolled in a certification program for psilocybin facilitation to do some psychoanalytic anthropology and see what it was all about. As a classically trained psychoanalyst, my first inclination was to incorporate this experience into the thought-framework into which

I'd been socialized. But I came to recognize the ways in which the evolving discipline of psychedelic therapy can shed light on the current state of psychoanalysis, and in some of the ideas we bring to that practice. I also came to appreciate how much we, as psychoanalysts, can bring to this emerging field. These are the topics I will address in the following paragraphs.

II. A Brief Overview

Psychedelic Therapy

The foundation of psychedelic therapy as it is widely practiced in the US is an exquisite attention to what's become known as "set and setting." "Set" refers to the attitudes, anxieties and expectations of the person undergoing the experience and the person who is guiding them through it. Setting refers to the particulars of where the session takes place—usually a quiet and comfortable room, in which the subject is encouraged to lie down and close their eyes to encourage attention to inner processes.

The role of the guide has become a defining feature that distinguishes contemporary psychedelic use from the recreational use of psychedelic substances that was so prominent back in the 1960's. The basic format for guided psychedelic therapy as it is practiced in the US consists of three stages commonly known as preparation, administration, and integration (Grof, 2008). The central feature of the first stage, preparation, leans heavily on the establishment of a trusting relationship between the guide and the person taking the drug. Preparation involves two or 3 sessions in which the guide and the person to be guided get to know one another through a directed psychological exploration focused on the motives, past history and fears of the person about to take the medicine. The guide provides education about what to expect from an experience that is inherently unpredictable. A frame is created in which boundaries are established and various forms of interaction between the guide and the person to be guided are discussed in advance,

Once the medicine is administered, the client is likely to experience (to one degree or another) an alteration of consciousness. The experience itself varies, but in most cases involves an acquaintance with mental

processes and aspects of self that are usually not part of normal consciousness. The experience is akin to being awake while being in a dream.

The guide is a companion during this experience. A “good enough” guide must have the ability to maintain a supportive presence in the company of another’s profound experience. The skills involved in are to a large part a matter of internal regulation and empathic attunement to the state of the other, informed by an appreciation of the high suggestibility that is characteristic of the psychedelic-facilitated state of mind.

A short time after the session, the guide and client meet together to begin the integration process. What this involves is: 1) assisting the client to re-enter the world of normative consciousness and 2) helping the client to make meaning out of the experience that has just taken place. The discovery of thoughts and feelings outside of usual consciousness provides the potential opportunity for psychological change (sometimes profound), assuming that these thoughts and feelings are not forgotten or dismissed. The work of preparation provides a context for the facilitator to assist the client in this meaning-making. The number of sessions involved is indeterminate, depending on the needs of each client.

Psychoanalysis

The set and setting of psychoanalysis follow from Freud’s original interest in the kind of unconscious phenomena that had been demonstrated in hypnosis. His theory of the neuroses posited that unconscious conflict was at the heart of certain forms of mental suffering. Accordingly, the core mission of psychoanalysis was the facilitated emergence of unconscious “material” through free association and dreams. But in short order Freud learned that unconscious material was difficult to facilitate because of the very reasons it had become unconscious in the first place. Freud came to recognize the various forms of resistance that stood in the way, and to orient his efforts to helping patients to recognize them, as well.

Among the forms of resistance that Freud encountered, the one that became paramount was “the transference.” In all that has followed over the years, transference and its interpretation have been a defining

feature of psychoanalysis and the key to therapeutic action.

Psychoanalysis has gone through an incredible evolution since its beginnings. The increasing appreciation for the understanding of “object relations” and their course of development led to a reformulation of therapeutic action by Loewald (among others) who highlighted the analyst’s role as a “new object” and contributor to the patient’s ongoing development. The broadening of our perspective to encompass a two-person psychology widened our field of vision and permitted a different kind of therapeutic partnership between patient and analyst. And our growing appreciation of the non-verbal and bilateral transmission processes that we call “enactments” have led to a more interactive psychoanalysis aimed at discovering the patient’s unconscious by analyzing the feelings that emerge between patient and analyst.

III. What Psychedelic Therapy Can Bring to Psychoanalysis

a. The Role of the Unconscious

First and foremost, psychedelic therapies can bring a deeper appreciation of the unconscious back to psychoanalysis. They also can provide fresh ideas about how to make clinical use of what the psychedelic world calls “non-normative states of consciousness.” While the unconscious as understood by psychedelic practitioners does not completely coincide with the way it is thought of in psychoanalysis, there is broad overlap. At the level of neurobiology there is a shared appreciation that we are all taking about brain activity that is occurring beyond that which accompanies our usual conscious awareness in what is now called the Default Mode Network (as visualized by functional MRI imaging).

Despite the fact that psychoanalysis originally defined itself in terms of “the unconscious”, over the past several years there has been less attention accorded to that element of psychic life as the relational elements of psychotherapy have become the center of focus. This re-emphasis is consistent with the empirically confirmed observation what makes good therapy work, irrespective of “school,” is the quality of the relationship between analyst/therapist and patient.

But the unconscious remains embedded in our procedures and in the language we use to describe our therapeutic activities. The stronger relationships we have learned to establish (through our deepened appreciation of object relations, attachment, intersubjective awareness, and the insights from self-psychology) have become the contemporary framework for understanding unconscious communication through enactments that may give the analyst a felt experience of the patient's split off emotional life that can be put to productive clinical use. The rewards can be life changing, but as we all know, they are hard won.

b. The Role of the Guide

In contrast, psychedelic medicines provide the patient with a rapid entry into the world of the unconscious. Many have likened it to a superhighway compared to Freud's royal road, or a high-speed internet compared to a dial-up modem.

The relevance of this kind of experience to psychoanalysis lies in the way it has been put to use in a fruitful way by a growing number of psychedelic practitioners. In the language of psychedelic therapy, emergent unconscious material is "facilitated" by a guide whose presence is crucial to promoting a safe and productive experience. The "setting" that has become normative among psychedelic practitioners is a close approximation to the psychoanalytic setting developed by Freud. The "client" reclines in a comfortable position in a quite setting free of distracting

I suggest that psychoanalytic clinicians can learn from the techniques that are being found useful in psychedelic therapy. One thing we can learn (or better, re-learn) is that engaging the unconscious is a meaningful therapeutic activity that can be highly beneficial to some patients. In addition, the practice that has evolved around successful guided psychedelic experience can shed some light on our own understanding of how we relate as analysts.

Psychedelic guides view themselves as "facilitating" the patient's experience of their own unconscious. The facilitating attitude—a counterpart to the "analytic attitude" with which we are familiar—is often described as "an abiding presence" as the client undergoing a psychedelic medicine experience enters a state that is something like a waking dream. There is

less “resistance” because there is no insistence that the elements of this experience be shared. The setting is designed to empower the client and to promote a sense of agency.

Psychedelic therapy requires a clear sense of the heightened suggestibility during a psychedelic induced state. It employs the concept of transference to help recognize and maintain the boundaries that are necessary for a safe, ethical, and sometimes life changing experience—the result of a close encounter with the unconscious. But in marked contrast to psychoanalysis, the transference is not necessarily something to be analyzed as a means of entering the territory of the unconscious. We are already there.

c. The Role of the Somatic

In recent years there has been increased discussion about the challenges we encounter in treating patients whose access to their emotions seems to be limited by an inability to represent feelings through words. In many such patients, emotional expression is blocked at the level of somatic experience that does not yield readily to our efforts to provide psychodynamically informed assistance. (Vanderkolk, 2014)

Psychedelic medicines seem to promote a heightened sense of body awareness. They also support an awareness of self-states that have often been dissociated from normative consciousness due to traumatic experience. That has led to their use by therapists who have developed particular expertise at dealing with the autonomic dysregulation that is a characteristic of trauma and that impedes integrated emotional development.

Recall that psychoanalysis had its roots in the interface between the mind and somatic experience. In our earliest days, analytic researchers like Franz Alexander did important work exploring the connections between somatic distress and psychological suffering. For a number of reasons this work came to an end in the United States while continuing abroad in places like France (Spira, 2025). Psychedelics present a potential opportunity to help analysts re-enter the territory of the body.

IV. What Psychoanalysis Can Bring to Psychedelic Therapy

The diminishment of resistance that is so essential to successful psychedelic experience depends to a large extent on the preparation that has occurred beforehand. Many of the benefits of psychedelic experience depend on an ongoing process of integration that allows for different kinds of choices in the way one relates to the world. These are areas in which psychoanalysis can make major contributions to the emerging field of psychedelic theory.

As often happens in the history of science, the pursuit of one thing leads serendipitously to another. In the case of the psychoanalytic pursuit of the unconscious, the path led to a deeper understanding of the building block that support human relationship. As mentioned earlier, it is commonly appreciated that the “therapeutic action” held in common by a range of psychotherapies is the quality of the relationship established between therapist and patient/client.

As “object-relations” became re-cast as a basic understanding of human relations by analysts like Winnicott, Bowlby, Sullivan, Loewald, and Kohut among others, our recognition of the elements that go into what was once called a “therapeutic alliance” have become clearer and have assumed a significant place in our field. The skills inherent in words like empathy and attunement have become paramount aspects of psychoanalytic education.

Similarly, the shift that has taken place toward a “two-person” psychology and the recognition that the analytic situation is co-created have led to a shift in the way that analyst and analysand relate to each other and to the “analytic third” that emerges in the space they share together.

These developments in the evolution of our field have provided psychoanalysts with skills that are invaluable when it comes to the work of psychedelic preparation and integration. The way in which we are taught to listen, respond to, and deepen relationships is particularly well-suited to the establishment of trust that is so important to successful preparation. Likewise, our experience with and understanding of transference holds the potential for further working through and integration of the discoveries made by clients during psychedelic administration.

In addition to the clinical contributions analysts can make in this way, there are the theoretical contributions that come along the way. The current language of psychedelic therapy has developed outside of psychoanalysis, despite the fact that many of the techniques and ideas originally derived from it. I think it would enhance the field greatly if it found room for the new ideas and critical thinking that have grown up within our own field as it has matured over the years.

V. A Messy Big Tent

I'd like to conclude this brief psych-anthropological survey with the acknowledgement that up to now I have been fairly and intentionally muddy in some of my terminology. The problem is that the terrain is muddy. Talking about psychedelic healing invites consideration of questions about the nature of distress, what we mean by healing, and what exactly is being healed that transcends disciplines and cultures. Are psychedelic facilitators to be considered therapists? Guides? What are the boundaries between facilitation and healing?

Of course, the same questions arise regarding psychoanalysis. Are psychoanalytic participants clients or patients? Do our psychoanalytic patients or clients or whatever they are suffer from developmental arrest, unconscious conflict, or sequelae of trauma? Does psychoanalysis cure through its effects on soul or the psyche? Where does the body fit in? What about the brain?

In this context it is not surprising that one of the impediments to legalization of "psychedelic therapy" is the uncertainty about how to define therapy (including psychoanalytic therapy) in a consistent way. Then there are the advocates of the view that psychedelic medicines themselves produce their therapeutic effect through their direct impact on the brain—thereby sidestepping all these pesky questions.

But the fact that the tent under which those seeking psychedelic assisted healing is so big seems in itself the best argument that there is something substantial here that should not be withheld from the public due to definitional concerns. For me, entering this territory has been something like becoming acquainted with lost family members you didn't know you had. It's a good time to catch up with each other.

References

- Grof, S. (2008). *LSD Psychotherapy*. San Jose, CA: MAPS.
- Loewald, H.W. (1960). On the Therapeutic Action of Psycho-Analysis. *International Journal of Psychoanalysis* 41:16–33.
- Pollan, M. (2018). *How to Change Your Mind*. NY: Penguin.
- Spira, N. (2025). Whatever Happened to Psychosomatics. *TAP* 59: 58–63.
- Vanderkolk, B. (2014). *The Body Keeps the Score*. NY: Penguin.



“New Beginning”: A Balintian Account of Psychedelic Healing

C.J. Healy

Abstract

Since the mid-twentieth century, psychoanalysts have investigated the effects of psychedelics on various factors of psychoanalytic treatment, such as transference, defenses, memory, regression, and abreaction. This paper aims to elaborate a psychodynamic account of classic psychedelic mystical states using the ideas regarding psychic structure and therapeutic process that Michael Balint proposes in his 1968 book, *The Basic Fault*. I propose that psychedelics have the capacity to reliably provoke benign regression to the infantile state of “primary love,” allowing for primitive traumas to be worked through in the transference-countertransference of the therapeutic relationship. I conclude with comments regarding technical implications of this framework.

Keywords: psychedelics, regression, trauma, Michael Balint, basic fault, primary narcissism

Psychedelic therapy (i.e., psychotherapy in which some sessions involve the administration to the patient of a psychedelic drug¹) first emerged as a method of drug-assisted psychotherapy in the 1950s with the

¹“Psychedelic” is not a technical term referring narrowly to a particular class of chemicals but rather is a nebulous and value-laden term that now broadly includes classic serotonergic hallucinogens such as psilocybin (the primary psychoactive chemical in so-called “magic” mushrooms), LSD, mescaline (the primary psychoactive chemical in peyote and other hallucinogenic cacti), and DMT (the primary hallucinogenic chemical in the Amazonian brew *ayahuasca*, also known as *yagé*), as well as MDMA (also classified as an “entactogen,” i.e., an empathy-promoting substance), ketamine (a dissociative anesthetic), and sometimes cannabis. While non-classic psychedelics such as MDMA and ketamine show great promise as adjuncts to psychotherapy, because their (*continued*)

introduction of mescaline and d-lysergic acid diethylamide (LSD) into Western psychiatry (see, e.g., Oram, 2018). Psychoanalysts and psychoanalytically oriented clinicians and scientists investigated the effects of psychedelics on various personal and interpersonal factors and processes involved in psychoanalytic treatment, such as conflict, resistance, transference, free association, defenses, personality, ego integrity, memory, fantasy, regression, and abreaction (see, e.g., Abramson, 1957; Healy, 2021; Hoch, 1957; Sandison, 1954; Savage, 1957; Stevenson, 1957; Unger, 1963). Salient and frequently noted phenomena were an intensification of the transference-countertransference, a significant relaxation of resistance, the weakening and simplification (i.e., in a primitive direction) of defenses, partial or total disintegration of the ego, facilitation of introspection and insight, marked regression in mental and behavioral functioning to earlier stages of development, and the recovery and immersive re-living of repressed childhood memories followed by cathartic abreaction (Buckman, 1967; Cattell, 1954; Chandler & Hartman, 1960; Cohen & Eisner, 1959; Langs, 1967; Lienert, 1966; Martin, 1957).

Contemporary clinical trials of psychedelic therapy have established the efficacy of psychedelics in the treatment of myriad psychiatric disorders.² Classic psychedelics such as psilocybin, LSD, and ayahuasca, which are the focus of this paper, have shown efficacy in controlled trials in the treatment of major depressive disorder, generalized anxiety disorder, obsessive-compulsive disorder, anxiety and depression related to cancer or other end-of-life conditions, tobacco use disorder, and alcohol use disorder (Andersen et al., 2021; Chi & Gold, 2020; Robison

phenomenological and neurobiological effects are significantly different from those of classic serotonergic psychedelics, this paper uses “psychedelic” to refer only to the latter. An engagement of the potential use of ketamine, for instance, in psychoanalysis would require such divergent theoretical and clinical considerations that it is beyond the scope of this paper.

²The psychotherapy in these contemporary trials, however, typically is not conducted according to a psychoanalytic or psychodynamic clinical orientation and instead most often takes the form either of non-directive supportive psychotherapy or a manualized form of treatment like cognitive-behavioral therapy or acceptance and commitment therapy (see, e.g., Johnson et al., 2014; Sloshower et al., 2020).

et al., 2025; Reiff et al., 2020; Schenberg, 2018; Vollenweider & Preller, 2020; Wheeler & Dyer, 2020). Although this paper does not focus on MDMA or ketamine, which have distinct profiles of subjective and neurobiological effects from classic psychedelics, these drugs have also shown promise as therapeutic agents: MDMA-assisted psychotherapy has robustly shown immediate and long-term efficacy in the treatment of post-traumatic stress disorder (PTSD), and preliminary clinical trials have shown significant efficacy in treating social anxiety in autistic adults and alcohol use disorder as well as nonsignificant but suggestive efficacy in treating end-of-life anxiety and psychological distress (Danforth et al., 2018; Mitchell et al., 2021, 2023; Nicholas et al., 2022; Ot'alora G. et al., 2018; Sessa et al., 2021; Tedesco et al., 2021; Wolfson et al., 2020). Ketamine (which, importantly, is predominantly administered in research trials as a pharmacotherapy and not as a facilitative adjunct to psychotherapy in the model of psychedelic-assisted psychotherapy) has shown robust and rapid efficacy in the treatment of unipolar and bipolar depression and suicidality across dozens of clinical trials and has also shown efficacy in the treatment of PTSD, obsessive-compulsive disorder, alcohol use disorder, cocaine use disorder, opioid use disorder, social anxiety, generalized anxiety, and eating disorders (Du et al., 2022; Ezquerra-Romano et al., 2018; Feder et al., 2014, 2021; Jones et al., 2018; Liriano et al., 2019; Marcantoni et al., 2020; Rodriguez et al., 2013; Walsh et al., 2022; Witt et al., 2020).

The unique clinical potential of psychedelics and the nature of the psychological mechanisms by which they effect therapeutic change have broad implications for the form and delivery of psychiatric treatment and psychotherapy, including psychoanalysis. In light of the empirical and theoretical advances that were made in the mid-century phase of psychedelic research and that continue to be made by contemporary clinicians and scientists, there have been increasing efforts to elucidate a robust and coherent theoretical account of the therapeutic mechanisms of action of psychedelics (see, e.g., Belser et al., 2017; Bogenschutz & Forcehimes, 2017; Carhart-Harris & Friston, 2019; Feduccia & Mithoefer, 2018; Healy et al., 2021, 2025; Hendricks, 2018; Krediet et al., 2020). Psychoanalytic theory, because of its rich engagement with processes of psychical regression that occur in psychotherapy, is singularly well suited for the effort to elaborate a psychodynamic account

of psychedelic healing (see, e.g., Barrett, 2022; Buchborn et al., 2023; Fischman, 2019, 2022b, 2022a, 2023; Guss, 2022; Healy, 2021; Rundel, 2022).

This paper aims to do so through the lens of the work of Michael Balint, with particular focus on the ideas regarding psychic structure and therapeutic process that he elaborates in his 1968 book, *The Basic Fault*.³ I propose that psychedelics have the special capacity to reliably provoke benign regression to the infantile state of what Balint calls “primary love,” allowing for deficits at the level of what Balint calls “the basic fault” to be worked through in the transference-countertransference. To begin, I outline a description of the phenomenology and neurobiology of psychedelic mystical states and of their clinical relevance to psychoanalytic practice. I then articulate a Balintian account of the nature of the curative action of classic psychedelic mystical experiences. I conclude with brief comments regarding technical implications of this theoretical framework.

The Psychedelic Mystical Experience

In contrast to the mid-century focus described above on the psychodynamic effects of psychedelics when administered in the context of psychotherapy (such as effects on defenses, transference, and the like), contemporary clinical studies of psychedelic therapy have tended to emphasize their facility in occasioning “mystical-type” experiences marked by a profound sense of unity and interconnectedness with all people and things, the subjective transcendence of time and space, and feelings of joy, peace, awe, and love (Griffiths et al., 2006, 2011; James et al., 2020). Experiences of this type—seemingly “transpersonal” in nature and thus, by implication, exceeding psychodynamic explanation—were observed in the mid-century phase of psychedelic research as well. Leuner (1967) notes that in contrast to low doses of LSD that facilitate the “activation and deepening of the psychoanalytic process”

³As a companion to and reference for the current paper, see my other paper published in this issue of this journal, “Balint, the Mystic,” which comprises a close reading of *The Basic Fault* with particular attention on the theoretical theses, clinical observations, and case descriptions that bear relevance to my theoretical formulation of psychedelic healing.

by “producing symbolic dream images, regressions and transference phenomena,” high doses of LSD lead to “so-called cosmic-mystic experiences” in which “Oneness and ecstatic joy are attained” (p. 102). Similarly, Buckman (1967) describes “transcendental experiences” such as “floating in space, being in the presence of God, being at peace with everybody, being spiritually re-born” and reports, “Many therapists believe that a transcendental experience, a feeling that it is a good world, and that one is a part of it, is a curative experience in itself” (p. 135).

The psychedelic mystical experience centrally involves ego loss, which comprises not just dissolution of ideas of the self (one’s identity or individuality; one’s sense of being a person with a name, a history, likes and dislikes, a career, etc.) but also, and more profoundly, dissolution of the essential boundary between the self and the world, of the implicit sense of being an ontologically separate being—that is, of being a subject that is distinct from the objects of its perception—leaving a vast and deep experience of union with reality itself, of the oneness and essential continuity of all things: a sense not of being *in* the world, but of *being the world*, or of *the world as being*, in which the interpenetration of the self and the world is so fundamental as to make the two absolutely indistinguishable.

In both clinical and naturalistic studies of psychedelic use, the mystical or mystical-type experience, also called the experience of ego dissolution, has robustly and consistently been found to be the psychological experience acutely occasioned by psychedelics that mediates immediate and long-term therapeutic outcomes, scientifically establishing the enduring therapeutic value of the acute mystical states that psychedelics can reliably occasion (Barrett et al., 2015; Bogenschutz et al., 2015; Carhart-Harris et al., 2016; Garcia-Romeu et al., 2015; Griffiths et al., 2008, 2016, 2018; Johnson et al., 2014, 2017; Kiraga et al., 2022; Lebedev et al., 2016; Perkins et al., 2021; Roseman et al., 2018). Mystical-type experiences, which have most commonly been assessed using 5 Dimensions of Altered States of Consciousness Scale (5D-ASC; Dittrich, 1998) or the Mystical Experiences Questionnaire (MEQ; Barrett et al., 2015), have been described as having several core components: experiences of internal unity (e.g., experiences of pure awareness, pure consciousness, or a unitive merging with ultimate reality); experiences of external unity (e.g., experiences of unitive merging with the immediate physical environment or with all things in the universe, sometimes

described as the feeling or knowledge that “all is one”); experiences of the transcendence of time and space (i.e., experiences of being “out of” or “beyond” time and space); a deeply felt positive mood (including feelings of joy, peace, and love); an intuitive sense of experiencing fundamental truth or ultimate reality, referred to as the “noetic” quality of the experience; a sense of sacredness or awe; and the sense that the experience is difficult or impossible to describe in words, referred to as the “ineffable” quality of the experience (see, e.g., Griffiths et al., 2008, 2011; Richards, 2016).

Most participants who receive psilocybin in controlled settings rate their mystical-type experiences or experiences of ego dissolution on psilocybin as highly personally meaningful and spiritually significant, with many participants rating their psilocybin experiences as among the top five most personally meaningful and spiritually significant experiences of their entire lives (Davis, Barrett, May, et al., 2021; Griffiths et al., 2006, 2008, 2011, 2016; Johnson et al., 2017; Ross et al., 2016). The strength of mystical-type experiences or experiences of ego dissolution (assessed by the MEQ or other scales) occasioned by psilocybin and other classic psychedelics in both controlled and naturalistic settings, furthermore, has been repeatedly correlated with symptom reduction (including reductions in depression, anxiety, tobacco smoking, and alcohol use), adaptive and enduring personality changes (including increases in trait openness and extraversion and decreases in trait neuroticism), and other beneficial outcomes (Bogenschutz et al., 2015; Daldegan-Bueno et al., 2022; Davis et al., 2019; Erritzoe et al., 2018; Garcia-Romeu et al., 2015; Healy et al., 2025; Johnson, Garcia-Romeu, & Griffiths, 2017; Kiraga et al., 2022; MacLean et al., 2011; Netzband et al., 2020; Roseman, Nutt, et al., 2018; Sarris et al., 2021; van Oorsouw et al., 2021, 2022; Weiss, Miller, et al., 2021).

Another important mechanism of therapeutic action of psychedelics is the experience of profound insights during the psychedelic experience. Insight is a goal and an important predictor of treatment outcomes in psychoanalysis and psychotherapy more broadly (Connolly Gibbons et al., 2007; Jennissen et al., 2018). New insights into one’s history, personality, typical patterns of emotional experience and behavior, relationships, beliefs, and values might follow from the shifts and expansions in perspective that occur during psychedelic experiences. Multiple studies

have found that psychedelics can cause experiences of insight, and some studies have found that such experiences predict post-acute outcomes, such as personality changes and improvements in well-being and life satisfaction, more strongly than mystical-type experiences or experiences of ego dissolution (Carbonaro et al., 2018;; Davis, Barrett, So, et al., 2021; Erritzoe et al., 2018).

Psychedelic experiences also frequently involve both an intensification and deepening of emotional experience and a broadening of the range of emotional experience. Qualitative reports from participants in clinical trials of psychedelic-assisted psychotherapy as well as emerging empirical data suggest that acute experiences of emotional breakthrough and catharsis during psychedelic experiences are central therapeutic factors in predicting beneficial post-acute effects, such as reductions in psychiatric symptoms, increases in extraversion and connectedness, and improvements in well-being (Belser et al., 2017; Healy et al., 2025; Roseman et al., 2019; Spriggs et al., 2021; Watts et al., 2017; Weiss, Nygart, et al., 2021). Emotional breakthrough experiences might also be associated with the reliving and processing of emotional memories, including traumatic memories, which has frequently been noted to spontaneously occur during psychedelic experiences (Healy, 2021; Watts et al., 2017). Theoretically, the discovery of dramatic and mutative personal insights and the emergence of intense and deeply felt affects might both be downstream effects of the softening of defenses and the loosening or total dissolution of ego boundaries that also mechanistically underlie mystical experiences of oceanic unity with the environment.

The following passages are quotations from participants in clinical trials of psychedelic-assisted psychotherapy regarding the kinds of mystical experiences they had during their psychedelic sessions. One middle-aged woman with a history of kidney cancer reported regarding her psilocybin experience: “I had no doubt I was in the presence of the Infinite because I felt an overriding peacefulness that carried me through everything... had a sense of losing my observer. I no longer witnessed the images. I was becoming them... . There was a sense of being engulfed” (Richards, 2016, p. 62). Another man with lung cancer reported: “Gradually my experience of a higher plane of consciousness deepened and was associated with a gradual change of my vision from a fabric connecting all of our consciousnesses to all of our consciousnesses being together as

a unified consciousness in a warm, enclosed space, almost like a womb” (Richards, 2016, p. 63; emphasis added). Another woman reported of her LSD experience: “*Oneness. All one. In-Godness. Indescribable. Utmost. Emotionless. No self. No sensations. Self was within and without. Time gone. Space gone. Nowhere, but infinitely everywhere. No time, but eternally now. No wholly other or beyond but in it. In the infinite. In the eternal and infinite. In mystery. Part of it. All one. This seemed an eternity or in no time*” (Richards, 2016, p. 93; emphasis added). These representative selections capture the subjective experience of the dissolution of the ego and of all boundaries or differentiation between self and world and the subsequent experience of an essential unity and oneness with all of reality.

The theoretical hypothesis of this paper is that the essential psychical action of psychedelics is to dissolve the boundaries of the ego—which includes both internal boundaries between the ego and warded-off parts of the mind and external boundaries between the ego and the environment—and that the dissolution of ego boundaries engenders functional regression to infantile or even prenatal psychical states prior to the development of the unity of the ego, which are marked by a lack of subjective distinction between inner and outer realities. This primary experience of oceanic unity with the environment is what characterizes the psychedelic mystical experience. Behavioral regression may also accompany mental regression during psychedelic experiences; Cattell (1954) reports the frequent emergence of infantile behavior such as “crying, thumb-sucking, screaming, helpless pleading, and hand-kissing” among patients in psychedelic therapy sessions (p. 241).

Empirical findings regarding the neurological action of psychedelics, furthermore, complement this regression hypothesis. Psychedelics acutely cause decreases in within-network functional connectivity of a number of higher-order functional brain networks, also referred to as decreased network modularity in the brain, and increases in between-network, global connectivity, putting the brain in a state of high entropy and loosening reified patterns of circuit organization and activity (Carhart-Harris, 2018; Carhart-Harris & Friston, 2019; Luppi et al., 2021). One recent study found that decreases in network modularity and increases in global network integration following psilocybin-assisted psychotherapy correlated with reductions in symptoms of depression (Daws et al.,

2022). Recent theoretical models of the psychological action of psychedelics, drawing on these results from neuroimaging studies, propose that psychedelics “relax” cognitive predictive models and representations, temporarily increasing their plasticity and pliability and opening a “critical window” in which they are especially sensitive to new learning, allowing for their revision and lasting transformation (Carhart-Harris & Friston, 2019; Lepow et al., 2021; Nardou et al., 2019, 2023). This entropic, locally disintegrated but globally integrated, highly metaplastic state may represent regression at the neurological level, with the brain functionally becoming like an infant’s (Bruchhage et al., 2020; Fransson et al., 2007; Gao et al., 2017).

Building on this regression hypothesis, I argue that Balint’s theory of primary love, which he introduced as an alternative to Freud’s concept of primary narcissism (a theoretical development discussed further below), provides a theoretically coherent and clinically vital metapsychological model for explaining the psychical nature of the psychedelic mystical experience and subsequently of the therapeutic action of such experiences. The idea that psychedelics dissolve the boundaries of the ego and thereby can occasion mystical states of consciousness (the blissful, total phenomenological loss of subject-object differentiation and the experience of essential unity between self and world) strongly suggests that such psychedelic mystical states are the result of functional regression to a primitive psychical state or phase prior to the development of the unity of the ego. This suggestion is further strengthened by a number of other widely replicated clinical observations regarding the acute effects of psychedelics, including the weakening and simplification of defenses, the amplification and intensification of the transference, and the emergence of childlike or infantile behaviors and thought processes (i.e., primary-process thinking). These mystical states occasioned by psychedelics have a striking descriptive and formal identity with the infantile psychical state prior to the development of the unity of the ego that Balint called primary love. This descriptive identity positions Balint’s theory as an especially compelling one for accounting for the nature of the psychedelic experience. Accepting the explanatory power of his theory regarding the metapsychology of psychedelic mystical states, it is sound, then, to suppose that his arguments regarding the clinical

utility of such regressed states as well as his technical recommendations regarding working with them might apply well to psychedelic therapy, including the potential use of psychedelics in psychoanalytic treatment.

A Balintian Account of the Psychedelic Cure

I here refer the reader to my other paper published in this issue of this journal, “Balint, the Mystic”—which is intended to serve as a companion to and reference for the current paper—for a detailed review of the ideas Balint proposes in *The Basic Fault* regarding psychic development and structure and, consequently, regarding the theory and technique of psychoanalytic treatment; that review provides vital context for the following application of Balint’s thought to the psychodynamic processes at play in psychedelic mystical states and psychedelic healing.

The comprehensive and novel theory Balint presents in *The Basic Fault* illuminates the therapeutic processes implicated in psychedelic therapy. There is no question that malignant regression (for instance, of the onophilic and/or philobatic types) occasionally occurs in psychedelic experiences, potentially involving an intense, negative transference in which the therapist is experienced as hostile or dangerous, paranoia or persecutory delusions, frightening hallucinations, or a general sense of terror and dread, all of which may manifest in regressed acting out such as crying, screaming, or even attempting to flee the consulting room (Richards, 2016). But clinical experience and empirical research with psychedelic therapy demonstrate that psychedelics most reliably stimulate benign regression to an *arglos* primary object relationship with the environment. The mystical experiences described in the empirical literature on psychedelics and in reports from participants such as those reproduced above, defined by a sense of profound oneness with the world, the loss of the sense of being a separate self, and a deeply felt sense of peace, joy, bliss, and tranquility, closely correspond to the harmonious, undifferentiated, interpenetrating mix-up of self and environment that Balint describes as the original, primary state of the fetus in the womb: primary love.

Given the rarity, transience, and precariousness with which such primitive regressed states occur in regular psychoanalytic treatment,

the clinical significance of the opportunity offered by psychedelics to reliably induce such states for periods of many uninterrupted hours cannot be underestimated. Emerging from these mystical, harmonious experiences, patients frequently report feeling “re-born,” expressing that the experience allowed them to shed old, rigid, maladaptive ways of thinking, behaving, and relating and that they were able, for the first time, to know and embody their “true self” (Belser et al., 2017; Richards, 2016; Watts et al., 2017).

Balint helps us understand that psychedelics, therefore, might have the capacity to temporarily return patients to the period of fetal or infantile primary love before primitive, traumatic deficits (i.e., the basic fault) developed. During the psychedelic experience, patients are also in a psychologically and neurologically metaplastic state in which, like infants, they are especially sensitive to learning from experience (Carhart-Harris & Friston, 2019; Nardou et al., 2019, 2023). With prior, reified psychic models and representations (such as maladaptive templates of object relationships associated with the basic fault) relaxed and the patient’s mind and brain primed to adapt to current experience, a “critical window” is opened in which adaptive procedural learning and a therapeutic “re-imprinting” may take place through generative interactions with the analyst-environment in the *arglos* transference-countertransference, such as occurred in a number of the case examples shared by Balint.

Again, the basic fault obtains following primitive experiences of trauma in a primary object relationship. It is therefore the discovery and “re-imprinting,” in the experience of a harmonious primary object relationship, of new forms of relating and new ways of being that heals off the basic fault and the maladaptive coping strategies (i.e., ways of being in the world) it comprises. Psychedelic-occasioned regression to infantile or prenatal states of primary love enhances, because of the psychological primacy of those states, the patient’s ability to “correct” or “re-imprint” maladaptive primary object experiences with the analyst; and at the same time, psychedelic-occasioned neurological regression and increased metaplasticity enhance the durability of that learning. Maladaptive coping strategies and character traits associated with the basic fault can be relaxed, and new ones can be learned in the transference-countertransference of the therapeutic relationship: a new beginning.

The value of psychedelics for psychoanalytic practice—and of psychoanalytic theory and technique for psychedelic-assisted psychotherapy—is psychedelics’ capacity to reliably occasion the dissolution of ego boundaries and defensive structures and, subsequently, patients’ subjectively immersive regression to the primitive, oceanic, undifferentiated state of harmonious mix-up with the object-environment prior to the development of the coherent ego. In this state, a psychological and neurological critical window of developmental learning from infancy is re-opened. During this temporally circumscribed experience, both psyche and brain are unusually plastic, sensitive to learning, and vulnerable to adaptive revision and relational “re-imprinting.” Crucially, such “re-imprinting” takes place in the *arglos* transference-countertransference of the primary object relationship with the analyst; what is “imprinted” in the transference-countertransference may be new defensive organizations, object-relation templates, or even character styles. The dissolution of the self that rigidly crystallized around the basic fault allows for the reintegration of a self with newfound flexibility, spontaneity, and agency.

Conclusion: Some Comments on Technique

A significant limitation of this paper is the lack of clinical examples to illustrate the theoretical model it elaborates. Without concrete and real-world demonstrations of the theoretical arguments I have detailed, readers who are practicing analysts or other clinicians might find it difficult to imagine what a psychedelic-assisted psychoanalytic treatment might actually look like and how some of the various demands on clinical technique that would inevitably arise might be addressed in practice. The unfortunate fact is that relevant and illustrative clinical material is unavailable due to the legal and regulatory restrictions on the clinical use of psychedelics: in the United States and around the world, psychedelics currently can only be used legally in clinical treatments that take place in the context of clinical research trials. Such treatments are entirely incomparable to psychoanalytic treatments and other open-ended psychotherapeutic treatments that take place in non-research settings. There are innumerable practical differences between the two, a centrally significant one being the provision of psychotherapy in trials of psychedelic therapy by a team of two clinicians. Many of the factors that are unique to research trials, moreover, represent critical impingements

on the frame of treatment, including the brief and time-limited nature of the treatment, which can be as short as six sessions; the requirement of participants to complete lengthy assessments across the duration of their participation in the study; participant interactions with other members of the research team besides the treatment providers; and the potential that participants' primary clinicians might not remain consistent across the course of their participation in the study. Clinical material from research trials, therefore, cannot illustrate the evolution and mutative shifts in the transference-countertransference that might take place across the course of a long-term and open-ended psychoanalytic treatment that incorporates the use of psychedelics.

Although psychedelic therapy as practiced in research trials cannot provide illustrative clinical material of how psychedelics might affect psychoanalytic treatment or how curative interpsychic processes manifest in the transference-countertransference during a psychedelic mystical experience, such clinical trials can nevertheless inform general technical principles and guidelines for the practice of psychedelic therapy. Technically, as Balint prescribes, psychedelic therapy as practiced today in research settings most often involves a therapeutic presence that is gentle, supportive, encouraging, ordinary, quiet, simple, unobtrusive, and yielding, while also strong, stable, reliable, and consistent. Patients typically spend most of their psychedelic sessions, which typically last six-to-eight hours, wearing eyeshades and listening to music, adaptations to the frame designed to promote patients' immersion in their inner experience during their psychedelic experience. While patients are turned inward, therapists are engaged in quietly but actively attending to and "carrying" or "sustaining" the patient's unfolding experience. Much of the time, the work of the therapists is simply to be there with the patient. Richards (2016) writes, "The healer's primary task maybe understood as getting his or her ego out of the way and becoming fully present, as if focusing a beam of light that comes from beyond... . The being of the therapist matters more than the words the therapist speaks, the actions offered, or the concepts employed to theoretically articulate what is occurring" (p. 144–145). Therapists are always available but avoid impinging or intruding on the patient's experience. When necessary, such as in difficult, frightening, or overwhelming moments of the patient's experience, therapists might intervene more actively, such as by

offering a hand to hold (an intervention Balint also cautiously proposes could sometimes be clinically indicated) or by gently but firmly encouraging the patient to courageously embrace and surrender to whatever it is they might be terrified to confront.

It is imperative that analysts or therapists working with psychedelics have the competence and fortitude to contain the intense affects, memories, and phantasies that may emerge not only in the patient but also in the analyst herself. Above all, the psychedelic therapist is there to be used as needed by the patient: for comfort, for grounding, for contact, for recognition, for understanding, or simply to feel seen, held, and attended to. In all these relational and intersubjective interactions in the transference-countertransference, the patient uses the therapist in order to experiment with, play with, and discover new ways of being in relationship and in the world. What the patient needs, however, varies from moment to moment during a single psychedelic experience, from experience to experience during a course of psychedelic therapy, and, of course, from patient to patient. The technique of psychedelic therapy may benefit from more deliberate attention paid to both the therapeutic and the pathogenic potentials of the intersubjective, enacted dimensions of the transference-countertransference. Though instinctive spontaneity often serves psychedelic therapists well in determining their interventions, careful consideration of the nature of the patient's psychodynamics, the role of the object relationship with the therapist, and the particulars of the transference-countertransference and its vicissitudes, all of which critically contribute to determining both the unique course of the patient's treatment and the idiosyncratic content and processes that manifest in her psychedelic experiences, will refine psychedelic therapists' choice and timing of interventions so as to best meet the patient's precise needs in any moment and most effectively promote the patient's healing.

References

Abramson, H.A. (1957). Verbatim recording and transference studies with lysergic acid diethylamide (LSD-25). *The Journal of Nervous and Mental Disease*, 125(3):444–450. <https://doi.org/10.1097/00005053-195707000-00019>

Andersen, K.A.A., Carhart-Harris, R., Nutt, D. J., & Erritzoe, D. (2021). Therapeutic effects of classic serotonergic psychedelics: A systematic review of modern-era clinical studies. *Acta Psychiatrica Scandinavica*, 143(2), 101–118. <https://doi.org/10.1111/acps.13249>

Barrett, F.S., Johnson, M.W., & Griffiths, R.R. (2015). Validation of the revised Mystical Experience Questionnaire in experimental sessions with psilocybin. *Journal of Psychopharmacology (Oxford, England)*, 29(11), 1182–1190. <https://doi.org/10.1177/0269881115609019>

Barrett, K. (2022). Psychedelic Psychodynamics: Relational Knowing and the Unthought Known. *Psychoanalytic Dialogues*, 32(5), 484–496. <https://doi.org/10.1080/10481885.2022.2106141>

Belser, A.B., Agin-Liebes, G., Swift, T.C., Terrana, S., Devenot, N., Friedman, H. L., Guss, J., Bossis, A., & Ross, S. (2017). Patient Experiences of Psilocybin-Assisted Psychotherapy: An Interpretative Phenomenological Analysis. *Journal of Humanistic Psychology*. <https://doi.org/10.1177/0022167817706884>

Bogenschutz, M.P., & Forcehimes, A.A. (2017). Development of a Psychotherapeutic Model for Psilocybin-Assisted Treatment of Alcoholism. *Journal of Humanistic Psychology*, 57(4):389–414. <https://doi.org/10.1177/0022167816673493>

——— ——— Pommy, J.A., Wilcox, C.E., Barbosa, P., & Strassman, R.J. (2015). Psilocybin-assisted treatment for alcohol dependence: A proof-of-concept study. *Journal of Psychopharmacology*, 29(3), 289–299. <https://doi.org/10.1177/0269881114565144>

Bruchhage, M.M.K., Ngo, G.-C., Schneider, N., D'Sa, V., & Deoni, S.C.L. (2020). Functional connectivity correlates of infant and early childhood cognitive development. *Brain Structure & Function*, 225(2):669–681. <https://doi.org/10.1007/s00429-020-02027-4>

Buchborn, T., Kettner, H.S., Kärtner, L., & Meinhardt, M.W. (2023). The ego in psychedelic drug action—ego defenses, ego boundaries, and the therapeutic role of regression. *Frontiers in Neuroscience*, 17. doi:[10.3389/fnins.2023.1232459](https://doi.org/10.3389/fnins.2023.1232459)

Buckman, J. (1967). Theoretical Aspects of L.S.D. Therapy. *The International Journal of Social Psychiatry*, 13(2):126–138. <https://doi.org/10.1177/002076406701300205>.

Carbonaro, T.M., Johnson, M.W., Hurwitz, E., & Griffiths, R.R. (2018). Double-blind comparison of the two hallucinogens psilocybin and dextromethorphan: Similarities and differences in subjective experiences. *Psychopharmacology*, 235(2), 521–534. <https://doi.org/10.1007/s00213-017-4769-4>

Carhart-Harris, R. L. (2018). The entropic brain—Revisited. *Neuropharmacology*, 142:167–178. <https://doi.org/10.1016/j.neuropharm.2018.03.010>

——— Bolstridge, M., Rucker, J., Day, C.M.J., Erritzoe, D., Kaelen, M., Bloomfield, M., Rickard, J.A., Forbes, B., Feilding, A., Taylor, D., Pilling, S., Curran, V.H., & Nutt, D.J. (2016). Psilocybin with psychological support for treatment-resistant depression: An open-label feasibility study. *The Lancet Psychiatry*, 3(7):619–627. [https://doi.org/10.1016/S2215-0366\(16\)30065-7](https://doi.org/10.1016/S2215-0366(16)30065-7)

——— & Friston, K.J. (2010). The default-mode, ego-functions and free-energy: A neurobiological account of Freudian ideas. *Brain: A Journal of Neurology*, 133(4):1265–1283. <https://doi.org/10.1093/brain/awq010>

——— & Friston, K.J. (2019). REBUS and the Anarchic Brain: Toward a Unified Model of the Brain Action of Psychedelics. *Pharmacological Reviews*, 71(3):316–344. <https://doi.org/10.1124/pr.118.017160>

Cattell, J.P. (1954). The influence of mescaline on psychodynamic material. *The Journal of Nervous and Mental Disease*, 119(3):233–244. <https://doi.org/10.1097/00005053-195403000-00003>

Chandler, A.L., & Hartman, M.A. (1960). Lysergic acid diethylamide (LSD-25) as a facilitating agent in psychotherapy. *A.M.A. Archives of General Psychiatry*, 2:286–299. <https://doi.org/10.1001/archpsyc.1960.03590090042008>

Chi, T., & Gold, J.A. (2020). A review of emerging therapeutic potential of psychedelic drugs in the treatment of psychiatric illnesses. *Journal of the Neurological Sciences*, 411, 116715. <https://doi.org/10.1016/j.jns.2020.116715>

Cohen, S., & Eisner, B.G. (1959). Use of Lysergic Acid Diethylamide in a Psychotherapeutic Setting. A.M.A. Archives of Neurology & Psychiatry, 81(5):615–619. <https://doi.org/10.1001/archneurpsyc.1959.02340170081008>

Connolly Gibbons, M.B., Crits-Christoph, P., Barber, J.P., & Schamberger, M. (2007). Insight in Psychotherapy: A Review of Empirical Literature. In *Insight in Psychotherapy* (pp. 143–165). American Psychological Association. <https://doi.org/10.1037/11532-007>

Daldegan-Bueno, D., Maia, L.O., Massarentti, C.M., & Tófoli, L.F. (2022). Ayahuasca and tobacco smoking cessation: Results from an online survey in Brazil. *Psychopharmacology*. <https://doi.org/10.1007/s00213-022-06063-2>

Danforth, A.L., Grob, C.S., Struble, C., Feduccia, A.A., Walker, N., Jerome, L., Yazar-Klosinski, B., & Emerson, A. (2018). Reduction in social anxiety after MDMA-assisted psychotherapy with autistic adults: A randomized, double-blind, placebo-controlled pilot study. *Psychopharmacology*, 235(11), 3137–3148. <https://doi.org/10.1007/s00213-018-5010-9>

Davis, A.K., So, S., Lancelotta, R., Barsuglia, J.P., & Griffiths, R.R. (2019). 5-methoxy-N, N-dimethyltryptamine (5-MeO-DMT) used in a naturalistic group setting is associated with unintended improvements in depression and anxiety. *The American Journal of Drug and Alcohol Abuse*, 45(2), 161–169. <https://doi.org/10.1080/00952990.2018.1545024>

——— Barrett, F.S., May, D.G., Cosimano, M.P., Sepeda, N D., Johnson, M.W., Finan, P.H., & Griffiths, R.R. (2021). Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*, 78(5), 481–489. <https://doi.org/10.1001/jamapsychiatry.2020.3285>

- Gukasyan, N., Swift, T.C., & Griffiths, R.R. (2021). Development of the Psychological Insight Questionnaire among a sample of people who have consumed psilocybin or LSD. *Journal of Psychopharmacology*, 35(4), 437–446. <https://doi.org/10.1177/0269881120967878>
- Daws, R E., Timmermann, C., Giribaldi, B., Sexton, J.D., Wall, M.B., Erritzoe, D., Roseman, L., Nutt, D., & Carhart-Harris, R. (2022). Increased global integration in the brain after psilocybin therapy for depression. *Nature Medicine*, 28(4), Article 4. <https://doi.org/10.1038/s41591-022-01744-z>
- Dittrich, A. (1998). The standardized psychometric assessment of altered states of consciousness (ASCs) in humans. *Pharmacopsychiatry*, 31 Suppl 2, 80–84. <https://doi.org/10.1055/s-2007-979351>
- Du, R., Han, R., Niu, K., Xu, J., Zhao, Z., Lu, G., & Shang, Y. (2022). The Multivariate Effect of Ketamine on PTSD: Systematic Review and Meta-Analysis. *Frontiers in Psychiatry*, 13. <https://www.frontiersin.org/article/10.3389/fpsyt.2022.813103>
- Erritzoe, D., Roseman, L., Nour, M.M., MacLean, K., Kaelen, M., Nutt, D.J., & Carhart-Harris, R.L. (2018). Effects of psilocybin therapy on personality structure. *Acta Psychiatrica Scandinavica*, 138(5), 368–378. <https://doi.org/10.1111/acps.12904>
- Ezquerro-Romano, I., Lawn, W., Krupitsky, E., & Morgan, C.J.A. (2018). Ketamine for the treatment of addiction: Evidence and potential mechanisms. *Neuropharmacology*, 142, 72–82. <https://doi.org/10.1016/j.neuropharm.2018.01.017>
- Feder, A., Costi, S., Rutter, S. ., Collins, A.B., Govindarajulu, U., Jha, M.K., Horn, S.R., Kautz, M., Corniquel, M., Collins, K.A., Bevilacqua, L., Glasgow, A.M., Brallier, J., Pietrzak, R.H., Murrough, J W., & Charney, D.S. (2021). A Randomized Controlled Trial of Repeated Ketamine Administration for Chronic Posttraumatic Stress Disorder. *American Journal of Psychiatry*, 178(2), 193–202. <https://doi.org/10.1176/appi.ajp.2020.20050596>

——— Parides, M.K., Murrough, J.W., Perez, A.M., Morgan, J.E., Saxena, S., Kirkwood, K., Aan Het Rot, M., Lapidus, K.A.B., Wan, L.-B., Iosifescu, D., & Charney, D.S. (2014). Efficacy of intravenous ketamine for treatment of chronic posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*, 71(6), 681–688. <https://doi.org/10.1001/jamapsychiatry.2014.62>

Feduccia, A.A., & Mithoefer, M.C. (2018). MDMA-assisted psychotherapy for PTSD: Are memory reconsolidation and fear extinction underlying mechanisms? *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 84:221–228. <https://doi.org/10.1016/j.pnpb.2018.03.003>

Fischman, L.G. (2019). Seeing without self: Discovering new meaning with psychedelic-assisted psychotherapy. *Neuropsychanalysis*, 21(2):53–78. <https://doi.org/10.1080/15294145.2019.1689528>

Fischman, L. (2022a). Knowing and being known Psychedelic-assisted psychotherapy and the sense of authenticity. *Frontiers in Psychiatry*, 13, 933495. <https://doi.org/10.3389/fpsy.2022.933495>

——— (2022b). Seeing oneself through the eyes of another: A look at psychedelic insight. *Neuropsychanalysis*, 24(2), 133–147. <https://doi.org/10.1080/15294145.2022.2052163>

——— (2023). Touching and being touched: Where knowing and feeling meet. *Frontiers in Psychology*, 14. <https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1097402>

Fransson, P., Skiöld, B., Horsch, S., Nordell, A., Blennow, M., Lagercrantz, H., & Åden, U. (2007). Resting-state networks in the infant brain. *Proceedings of the National Academy of Sciences of the United States of America*, 104(39):15531–15536. <https://doi.org/10.1073/pnas.0704380104>

Gao, W., Lin, W., Grewen, K., & Gilmore, J.H. (2017). Functional Connectivity of the Infant Human Brain. *The Neuroscientist*, 23(2):169–184. <https://doi.org/10.1177/1073858416635986>

Garcia-Romeu, A., Griffiths, R.R., & Johnson, M.W. (2015). Psilocybin-occasioned Mystical Experiences in the Treatment of Tobacco Addiction. *Current Drug Abuse Reviews*, 7(3), 157–164.

Griffiths, R.R., Richards, W.A., McCann, U., & Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology*, 187(3):268–283. <https://doi.org/10.1007/s00213-006-0457-5>

——— Johnson, M.W., McCann, U.D., & Jesse, R. (2008). Mystical-type experiences occasioned by psilocybin mediate the attribution of personal meaning and spiritual significance 14 months later. *Journal of Psychopharmacology*, 22(6), 621–632. <https://doi.org/10.1177/0269881108094300>

——— Johnson, M.W., Richards, W.A., Richards, B.D., McCann, U., & Jesse, R. (2011). Psilocybin occasioned mystical-type experiences: Immediate and persisting dose-related effects. *Psychopharmacology*, 218(4):649–665. <https://doi.org/10.1007/s00213-011-2358-5>

——— Carducci, M.A., Umbricht, A., Richards, W.A., Richards, B.D., Cosimano, M.P., & Klinedinst, M.A. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of Psychopharmacology* (Oxford, England), 30(12), 1181–1197. <https://doi.org/10.1177/0269881116675513>

——— Richards, W.A., Richards, B.D., Jesse, R., MacLean, K.A., Barrett, F. S., Cosimano, M. P., & Klinedinst, M.A. (2018). Psilocybin-occasioned mystical-type experience in combination with meditation and other spiritual practices produces enduring positive changes in psychological functioning and in trait measures of prosocial attitudes and behaviors. *Journal of Psychopharmacology*, 32(1), 49–69. <https://doi.org/10.1177/0269881117731279>

Guss, J. (2022). A Psychoanalytic Perspective on Psychedelic Experience. *Psychoanalytic Dialogues*, 32(5), 452–468. <https://doi.org/10.1080/10481885.2022.2106140>

Healy, C.J. (2021). The acute effects of classic psychedelics on memory in humans. *Psychopharmacology*. <https://doi.org/10.1007/s00213-020-05756-w>

——— Frazier, A., Kirsch, S., Sanford, A., Garcia-Romeu, A., Todman, M., Varon, J., & D'Andrea, W. (2025). Acute subjective effects of psychedelics in naturalistic group settings prospectively predict longitudinal improvements in trauma symptoms, trait shame, and connectedness among adults with childhood maltreatment histories. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 138. <https://doi.org/10.1016/j.pnpbp.2025.111361>

——— Lee, K.A., & D'Andrea, W. (2021). Using Psychedelics with Therapeutic Intent Is Associated with Lower Shame and Complex Trauma Symptoms in Adults with Histories of Child Maltreatment. *Chronic Stress*, 5. 24705470211029880.

Hendricks, P.S. (2018). Awe: A putative mechanism underlying the effects of classic psychedelic-assisted psychotherapy. *International Review of Psychiatry*, 30(4):331–342. <https://doi.org/10.1080/09540261.2018.1474185>

Hoch, P.H. (1957). Remarks on LSD and mescaline. *The Journal of Nervous and Mental Disease*, 125(3):442–444. <https://doi.org/10.1097/00005053-195707000-00018>

James, E., Robertshaw, T.L., Hoskins, M., & Sessa, B. (2020). Psilocybin occasioned mystical-type experiences. *Human Psychopharmacology: Clinical and Experimental*, 35(5): e2742. <https://doi.org/10.1002/hup.2742>

Jennissen, S., Huber, J., Ehrental, J. C., Schauenburg, H., & Dinger, U. (2018). Association Between Insight and Outcome of Psychotherapy: Systematic Review and Meta-Analysis. *American Journal of Psychiatry*, 175(10), 961–969. <https://doi.org/10.1176/appi.ajp.2018.17080847>

Johnson, M.W., Garcia-Romeu, A., Cosimano, M.P., & Griffiths, R.R. (2014). Pilot study of the 5-HT_{2A}R agonist psilocybin in the treatment of tobacco addiction. *Journal of Psychopharmacology*, 28(11):983–992. <https://doi.org/10.1177/0269881114548296>

- & Griffiths, R.R. (2017). Long-term follow-up of psilocybin-facilitated smoking cessation. *The American Journal of Drug and Alcohol Abuse*, 43(1), 55–60. <https://doi.org/10.3109/00952990.2016.1170135>
- Jones, J.L., Mateus, C.F., Malcolm, R.J., Brady, K.T., & Back, S.E. (2018). Efficacy of Ketamine in the Treatment of Substance Use Disorders: A Systematic Review. *Frontiers in Psychiatry*, 9, 277. <https://doi.org/10.3389/fpsyt.2018.00277>
- Kiraga, M.K., Kuypers, K.P.C., Uthaug, M.V., Ramaekers, J.G., & Mason, N.L. (2022). *Persisting decreases in state and trait anxiety post-psilocybin: A naturalistic, observational study among retreat attendees*. *Frontiers in Psychiatry*: 13, 883869. <https://doi.org/10.1101/2022.03.02.22271743>
- Krediet, E., Bostoen, T., Brecksema, J., van Schagen, A., Passie, T., & Vermetten, E. (2020). Reviewing the Potential of Psychedelics for the Treatment of PTSD. *The International Journal of Neuropsychopharmacology*, 23(6):385–400. <https://doi.org/10.1093/ijnp/pyaa018>
- Langs, R. J. (1967). Stability of earliest memories under LSD-25 and placebo. *The Journal of Nervous and Mental Disease*, 144(3):171–184. <https://doi.org/10.1097/00005053-196703000-00002>
- Lebedev, A.V., Kaelen, M., Lövdén, M., Nilsson, J., Feilding, A., Nutt, D. J., & Carhart-Harris, R. L. (2016). LSD-induced entropic brain activity predicts subsequent personality change. *Human Brain Mapping*, 37(9), 3203–3213. <https://doi.org/10.1002/hbm.23234>
- Lepow, L., Morishita, H., & Yehuda, R. (2021). Critical Period Plasticity as a Framework for Psychedelic-Assisted Psychotherapy. *Frontiers in Neuroscience*, 15. <https://www.frontiersin.org/articles/10.3389/fnins.2021.710004>
- Leuner, H. (1967). Present state of psycholytic therapy and its possibilities. In *The Use of LSD in Psychotherapy and Alcoholism*, ed. H. A. Abramson. Indianapolis: The Bobbs-Merrill Company, pp. 101–116

Lienert, G. (1966). Mental age regression induced by lysergic acid diethylamide. *The Journal of Psychology*, 63(1):3–11. <https://doi.org/10.1080/00223980.1966.10544806>

Liriano, F., Hatten, C., & Schwartz, T.L. (2019). Ketamine as treatment for post-traumatic stress disorder: A review. *Drugs in Context*, 8, 212305. <https://doi.org/10.7573/dic.212305>

Marcantoni, W.S., Akoumba, B.S., Wassef, M., Mayrand, J., Lai, H., Richard-Devantoy, S., & Beauchamp, S. (2020). A systematic review and meta-analysis of the efficacy of intravenous ketamine infusion for treatment resistant depression: January 2009-January 2019. *Journal of Affective Disorders*, 277: 831–841. <https://doi.org/10.1016/j.jad.2020.09.007>

Martin, A.J. (1957). L.S.D. (Lysergic Acid Diethylamide) Treatment of Chronic Psychoneurotic Patients Under Day-Hospital Conditions. *International Journal of Social Psychiatry*, 3(3):188–195. <https://doi.org/10.1177/002076405700300304>

Mitchell, J.M., Bogenschutz, M., Lilienstein, A., Harrison, C., Kleiman, S., Parker-Guilbert, K., Ot'alora G., M., Garas, W., Paleos, C., Gorman, I., Nicholas, C., Mithoefer, M., Carlin, S., Poulter, B., Mithoefer, A., Quevedo, S., Wells, G., Klaire, S.S., van der Kolk, B., Doblin, R. (2021). MDMA-assisted therapy for severe PTSD: A randomized, double-blind, placebo-controlled phase 3 study. *Nature Medicine*, 27(6), Article 6. <https://doi.org/10.1038/s41591-021-01336-3>

——— Ot'alora G., M., van der Kolk, B., Shannon, S., Bogenschutz, M., Gelfand, Y., Paleos, C., Nicholas, C.R., Quevedo, S., Balliett, B., Hamilton, S., Mithoefer, M., Kleiman, S., Parker-Guilbert, K., Tzarfaty, K., Harrison, C., de Boer, A., Doblin, R., & Yazar-Klosinski, B. (2023). MDMA-assisted therapy for moderate to severe PTSD: A randomized, placebo-controlled phase 3 trial. *Nature Medicine*, 29(10), Article 10. <https://doi.org/10.1038/s41591-023-02565-4>

Nardou, R., Sawyer, E., Song, Y.J., Wilkinson, M., Padovan-Hernandez, Y., de Deus, J.L., Wright, N., Lama, C., Faltin, S., Goff, L.A., Stein-O'Brien, G.L., & Dölen, G. (2023). Psychedelics reopen the social reward learning critical period. *Nature*, 618(7966), Article 7966. <https://doi.org/10.1038/s41586-023-06204-3>

Netzband, N., Ruffell, S., Linton, S., Tsang, W. F., & Wolff, T. (2020). Modulatory effects of ayahuasca on personality structure in a traditional framework. *Psychopharmacology*, 237(10), 3161–3171. <https://doi.org/10.1007/s00213-020-05601-0>

Nicholas, C. R., Wang, J.B., Coker, A., Mitchell, J.M., Klaire, S.S., Yazar-Klosinski, B., Emerson, A., Brown, R.T., & Doblin, R. (2022). The effects of MDMA-assisted therapy on alcohol and substance use in a phase 3 trial for treatment of severe PTSD. *Drug and Alcohol Dependence*, 233, 109356. <https://doi.org/10.1016/j.drugalcdep.2022.109356>

Oram, M. (2018). *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*. Maryland: Johns Hopkins University Press.

Ot'abora, G.M., Grigsby, J., Poulter, B., Van Derveer, J. W., Giron, S.G., Jerome, L., Feduccia, A. A., Hamilton, S., Yazar-Klosinski, B., Emerson, A., Mithoefer, M.C., & Doblin, R. (2018). 3,4-Methylenedioxymethamphetamine-assisted psychotherapy for treatment of chronic posttraumatic stress disorder: A randomized phase 2 controlled trial. *Journal of Psychopharmacology*, 32(12), 1295–1307. <https://doi.org/10.1177/0269881118806297>

Perkins, D., Schubert, V., Simonová, H., Tófoli, L.F., Bouso, J.C., Horák, M., Galvão-Coelho, N.L., & Sarris, J. (2021). Influence of Context and Setting on the Mental Health and Wellbeing Outcomes of Ayahuasca Drinkers: Results of a Large International Survey. *Frontiers in Pharmacology*, 12. <https://www.frontiersin.org/article/10.3389/fphar.2021.623979>

Reiff, C.M., Richman, E.E., Nemeroff, C.B., Carpenter, L.L., Widge, A.S., Rodriguez, C.I., Kalin, N.H., & McDonald, W.M. (2020). Psychedelics and Psychedelic-Assisted Psychotherapy. *American Journal of Psychiatry*, 177(5), 391–410. <https://doi.org/10.1176/appi.ajp.2019.19010035>

Richards, W.A. (2016). *Sacred Knowledge: Psychedelics and Religious Experiences*. New York: Columbia University Press.

Rizzolatti, G., Semi, A.A., & Fabbri-Destro, M. (2014). Linking psychoanalysis with neuroscience: The concept of ego. *Neuropsychologia*, 55:143–148. <https://doi.org/10.1016/j.neuropsychologia.2013.10.003>

Robison, R., Barrow, R., Conant, C., Foster, E., Freedman, J.M., Jacobsen, P.L., Jemison, J., Karas, S.M., Karlin, D.R., Solomon, T.M., Halperin Wernli, M., & Fava, M. (2025). Single Treatment with MM120 (Lysergide) in Generalized Anxiety Disorder: A Randomized Clinical Trial. *JAMA*, 334(15), 1358–1372. <https://doi.org/10.1001/jama.2025.13481>

Rodriguez, C.I., Kegeles, L.S., Levinson, A., Feng, T., Marcus, S.M., Vermes, D., Flood, P., & Simpson, H.B. (2013). Randomized Controlled Crossover Trial of Ketamine in Obsessive-Compulsive Disorder: Proof-of-Concept. *Neuropsychopharmacology*, 38(12), 2475–2483. <https://doi.org/10.1038/npp.2013.150>

Roseman, L., Haijen, E., Idialu-Ikato, K., Kaelen, M., Watts, R., & Carhart-Harris, R. (2019). Emotional breakthrough and psychedelics: Validation of the Emotional Breakthrough Inventory. *Journal of Psychopharmacology*, 33(9), 1076–1087. <https://doi.org/10.1177/0269881119855974>

——— Nutt, D.J., & Carhart-Harris, R.L. (2018). Quality of Acute Psychedelic Experience Predicts Therapeutic Efficacy of Psilocybin for Treatment-Resistant Depression. *Frontiers in Pharmacology*, 8. <https://doi.org/10.3389/fphar.2017.00974>

Ross, S., Bossis, A., Guss, J., Agin-Liebes, G., Malone, T., Cohen, B., Mennenga, S.E., Belser, A., Kalliontzi, K., Babb, J., Su, Z., Corby, P., & Schmidt, B.L. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: A randomized controlled trial. *Journal of Psychopharmacology (Oxford, England)*, 30(12), 1165–1180. <https://doi.org/10.1177/0269881116675512>

Rundel, M. (2022). Psychedelic Psychoanalysis: Transformations of the Self. *Psychoanalytic Dialogues*, 32(5), 469–483. <https://doi.org/10.1080/10481885.2022.2106139>

Sandison, R.A. (1954). Psychological aspects of the LSD treatment of the neuroses. *The Journal of Mental Science*, 100(419):508–515. <https://doi.org/10.1192/bjp.100.419.508>

Sarris, J., Perkins, D., Cribb, L., Schubert, V., Opaleye, E., Bouso, J. C., Scheidegger, M., Aicher, H., Simonova, H., Horák, M., Galvão-Coelho, N.L., Castle, D., & Tófoli, L.F. (2021). Ayahuasca use and reported effects on depression and anxiety symptoms: An international cross-sectional study of 11,912 consumers. *Journal of Affective Disorders Reports*, 4, 100098. <https://doi.org/10.1016/j.jadr.2021.100098>

Savage, C. (1957). The resolution and subsequent remobilization of resistance by LSD in psychotherapy. *The Journal of Nervous and Mental Disease*, 125(3):434–437. <https://doi.org/10.1097/00005053-195707000-00015>

Schenberg, E.E. (2018). Psychedelic-Assisted Psychotherapy: A Paradigm Shift in Psychiatric Research and Development. *Frontiers in Pharmacology*, 9. <https://doi.org/10.3389/fphar.2018.00733>

Sessa, B., Higbed, L., O'Brien, S., Durant, C., Sakal, C., Titheradge, D., Williams, T.M., Rose-Morris, A., Brew-Girard, E., Burrows, S., Wiseman, C., Wilson, S., Rickard, J., & Nutt, D.J. (2021). First study of safety and tolerability of 3,4-methylenedioxymethamphetamine-assisted psychotherapy in patients with alcohol use disorder. *Journal of Psychopharmacology*, 35(4), 375–383. <https://doi.org/10.1177/0269881121991792>

Sloshower, J., Guss, J., Krause, R., Wallace, R. M., Williams, M.T., Reed, S., & Skinta, M.D. (2020). Psilocybin-assisted therapy of major depressive disorder using Acceptance and Commitment Therapy as a therapeutic frame. *Journal of Contextual Behavioral Science*, 15, 12–19. <https://doi.org/10.1016/j.jcbs.2019.11.002>

Spriggs, M.J., Kettner, H., & Carhart-Harris, R.L. (2021). Positive effects of psychedelics on depression and wellbeing scores in individuals reporting an eating disorder. *Eating and Weight Disorders: EWD*, 26(4), 1265–1270. <https://doi.org/10.1007/s40519-020-01000-8>

Stevenson, I. (1957). Comments on the psychological effects of mescaline and allied drugs. *The Journal of Nervous and Mental Disease*, 125(3):438–442. <https://doi.org/10.1097/00005053-195707000-00017>

Tedesco, S., Gajaram, G., Chida, S., Ahmad, A., Pentak, M., Kelada, M., Lewis, L., Krishnan, D., Tran, C., Soetan, O.T., Mukona, L.T., & Jolayemi, A. (2021). The Efficacy of MDMA (3,4-Methylenedioxymethamphetamine) for Post-traumatic Stress Disorder in Humans: A Systematic Review and Meta-Analysis. *Cureus*, 13(5), e15070. <https://doi.org/10.7759/cureus.15070>

Unger, S.M. (1963). Mescaline, LSD, psilocybin, and personality change. *Psychiatry*, 26:111–125. <https://doi.org/10.1080/00332747.1963.11023344>

van Oorsouw, K.I., Toennes, S.W., & Ramaekers, J.G. (2022). Therapeutic effect of an ayahuasca analogue in clinically depressed patients: A longitudinal observational study. *Psychopharmacology*. <https://doi.org/10.1007/s00213-021-06046-9>

——— Uthaug, M V., Mason, N.L., Broers, N.J., & Ramaekers, J.G. (2021). Sub-acute and long-term effects of ayahuasca on mental health and well-being in healthy ceremony attendants: A replication study. *Journal of Psychedelic Studies*, 5(2), 103–113. <https://doi.org/10.1556/2054.2021.00174>

Vollenweider, F.X., & Preller, K.H. (2020). Psychedelic drugs: Neurobiology and potential for treatment of psychiatric disorders. *Nature Reviews Neuroscience*, 21(11), Article 11. <https://doi.org/10.1038/s41583-020-0367-2>

Walsh, Z., Mollaahmetoglu, O.M., Rootman, J., Golsof, S., Keeler, J., Marsh, B., Nutt, D.J., & Morgan, C.J.A. (2022). Ketamine for the treatment of mental health and substance use disorders: Comprehensive systematic review. *BJPsych Open*, 8(1). <https://doi.org/10.1192/bjo.2021.1061>

Watts, R., Day, C., Krzanowski, J., Nutt, D., & Carhart-Harris, R. (2017). Patients' Accounts of Increased "Connectedness" and "Acceptance" After Psilocybin for Treatment-Resistant Depression. *Journal of Humanistic Psychology*, 57(5), 520–564. <https://doi.org/10.1177/0022167817709585>

Weiss, B., Miller, J. D., Carter, N.T., & Keith Campbell, W. (2021). Examining changes in personality following shamanic ceremonial use of ayahuasca. *Scientific Reports*, 11(1), Article 1. <https://doi.org/10.1038/s41598-021-84746-0>

——— Nygart, V., Pommerencke, L.M., Carhart-Harris, R.L., & Erritzoe, D. (2021). Examining Psychedelic-Induced Changes in Social Functioning and Connectedness in a Naturalistic Online Sample Using the Five-Factor Model of Personality. *Frontiers in Psychology*, 12. <https://www.frontiersin.org/article/10.3389/fpsyg.2021.749788>

Wheeler, S.W., & Dyer, N.L. (2020). A systematic review of psychedelic-assisted psychotherapy for mental health: An evaluation of the current wave of research and suggestions for the future. *Psychology of Consciousness: Theory, Research, and Practice*, 7(3), 279–315. <https://doi.org/10.1037/cns0000237>

Witt, K., Potts, J., Hubers, A., Grunebaum, M.F., Murrough, J.W., Loo, C., Cipriani, A., & Hawton, K. (2020). Ketamine for suicidal ideation in adults with psychiatric disorders: A systematic review and meta-analysis of treatment trials. *Australian & New Zealand Journal of Psychiatry*, 54(1), 29–45. <https://doi.org/10.1177/0004867419883341>

Wolfson, P.E., Andries, J., Feduccia, A.A., Jerome, L., Wang, J.B., Williams, E., Carlin, S. C., Sola, E., Hamilton, S., Yazar-Klosinski, B., Emerson, A., Mithoefer, M.C., & Doblin, R. (2020). MDMA-assisted psychotherapy for treatment of anxiety and other psychological distress related to life-threatening illnesses: A randomized pilot study. *Scientific Reports*, 10(1), Article 1. <https://doi.org/10.1038/s41598-020-75706-1>

EDITOR'S NOTE: To fully appreciate the following discussion and Dr. Healy's response, I highly recommend first reading Dr. Healy's review of Balint's "The Basic Fault," which appears in the "History" section of this volume.



**Discussion of “New Beginning:”
A Balintian Account of Psychedelic Healing, by C.J. Healy**

Lawrence G. Fischman

In “New Beginning:” *A Balintian Account of Psychedelic Healing*, Healy proposes that Balint’s *Basic Fault*, a theoretical model of both psychopathology and of psychoanalytic change encouraged through regression within the transference, is a framework particularly well-suited for explaining how psychedelic-assisted therapy works. In making this claim, Healy sees both the drug effects and the relational aspects of the psychedelic-assisted therapy process as playing pivotal roles in creating the conditions enabling therapeutic change. Healy’s contribution should be particularly welcomed by practitioners wondering whether psychoanalytic theory and technique have a place in a rapidly evolving field in which research study designs, largely funded by pharmaceutical investors, often seek to offset or neutralize the significance of psychotherapeutic interventions.

Healy makes the strong claim that Balint’s theory of “primary love,” a state in which the unborn fetus exists in a “harmonious interpenetrating mix-up” (Balint, 1962/1999, p. 66) with its *in-utero* environment “provides a theoretically coherent and clinically vital metapsychological model for explaining the psychical nature of the psychedelic mystical experience and subsequently the therapeutic action of such experiences.” In staking this claim, Healy implies that in Balint’s model, the therapist’s attitude and approach have everything to do with determining outcomes. Healy notes that the major elements of Balint’s recommendations for enabling regression to the “basic fault” align remarkably well with the guidelines used by therapist/facilitators in many clinical research trials with psychedelic-assisted therapy.

The crux of Balint’s contribution to psychoanalytic theory and technique, and of Healy’s application of Balint’s account to psychedelic-assisted therapy, lies in the clinical management of regression. As is evident from Healy’s concise summary of Balint’s prescription for analytic conduct,

management is all about the kind of relationship fostered between analyst and analysand, or psychedelic subject and psychedelic-assisted therapist/facilitator, but the devil is in the details.

More than care, love, attention, gratification, or protection, the analyst ought to aim to offer time and space that is free from extrinsic temptations, stimuli, and demands. Finally, the analyst must be both yielding and consistent, both flexible and stable, both present and unobtrusive: “Over and above all this, he must be there, must always be there, and must be indestructible—as are water and earth” (Balint 1968, p. 167).

Primary Love, Regression, and the Basic Fault

Balint’s emphasis on the importance of enabling regression is largely based on his notion that at the level of need engendered by the basic fault, words do not suffice. At this level of need in the transference, interpretation, the analyst’s primary transformational tool (at least as the analyst’s toolkit was then conceived), falls flat, or worse, may be met with compliance or exaggerate the power differential between doctor and patient. Balint refers to Ferenczi’s *Confusion of Tongues* (1933/1988) paper to illustrate the point. In this landmark paper, Ferenczi ascribed the dynamics of hysteria to the adult’s misconstrual of the child’s tender playfulness as an expression of sexual desire, and the child’s misconstrual of the adult’s sexual passion as affection, which combination often led to childhood sexual abuse. In Balint’s account of the psychoanalytic situation, under the dominance of a regression in the transference to the basic fault, the patient and analyst may experience a similar confusion of tongues. Balint holds that words are often insufficient to describe experience at this level, an observation that Healy weaves into his argument for applying Balint’s account to psychedelic healing. In both settings, there is a critical focus on inducing and making use of ineffable experience.

Even though Ferenczi euphemistically couched his radically different (from Freud) understanding of the dynamics and technical management of hysteria as a *confusion of tongues*, a misunderstanding, his proposals for psychoanalytic theory and technique touched off a major firestorm in the psychoanalytic world (Rachman, 2007). The psychoanalytic mainstream maligned and ostracized him, rallied behind Freud, suppressed

publication of Ferenczi's paper for 17 years. Regression in the transference, indelibly linked with Ferenczi's technique, fell into disrepute (Balint 1968/1999, p. 153). Balint and others (Masson, 1984; Thompson, 1988; Haynal, 2002; Mészáros, 2003; 2010; Rachman and Mucci, 2023) have done much to rehabilitate Ferenczi's reputation and to contextualize and correct misunderstandings of Ferenczi's ideas. Healy, in arguing for the usefulness of Balint's account, continues this trend.

In Balint's metapsychology, the basic fault is a deficiency, a flaw, rather than a conflict-based compromise, resulting from a lack of fit between an individual's needs and her environment's (i.e., her primary objects') capacity or willingness to meet those needs. The repeated failure of the primary object to fulfill the subject's need is experienced as trauma, leads to the maladaptive coping mechanisms which comprise the basic fault. In order to heal the basic fault, the analyst must allow a regression driven by the wish to restore the state of harmonious mix-up which developmentally precedes the basic fault. The art of psychoanalysis consists in recognizing and accepting the patient's "regressive" needs, affording the patient an opportunity to create a "new beginning."

Healy proposes that psychedelics "reliably provoke benign regression to the infantile state of 'primary love.'" For Balint, primary love is the undifferentiated "harmonious interpenetrating mix-up" between fetus and environment which precedes the psychological birth of objects. This state, in which all of the fetus's needs are implicitly met by its environment, serves as the template for primary object relationships. Primary objects are "taken for granted" (Balint, p. 70); they exist subjectively only insofar as they meet the developing child's needs, and like air, a "primary substance," are noticed only when a lack of environmental provision, or disharmony, arises. Balint writes, "the aim of all human striving is to establish—or, probably, re-establish—an all-embracing harmony with one's environment, to be able to love in peace" (p. 65). This aim, to restore an initial sense of oneness with one's environment, underlies the various forms of regression, which of course, may be driven by other proximate factors as well.

Healy notes that Balint's "primary love" concept has much in common with the "oceanic feeling" described in a letter from Rolland to Freud and introduced by Freud into the psychoanalytic literature (Freud,

1929/1930). Healy cites qualitative and neuroimaging studies of psychedelics to propose that “the essential psychical action of psychedelics is to dissolve the boundaries of the ego,” which “engenders functional regression to infantile or even prenatal psychical states ... marked by a lack of subjective distinction between inner and outer realities. This primary experience of oceanic unity with the environment is what characterizes the psychedelic mystical experience.”

I agree with Healy that Balint’s account affords a “clinically vital metapsychological model for explaining the psychical nature of the psychedelic mystical experience and subsequently of the therapeutic action of such experiences,” but I feel that the strength of Healy’s proposition lies in the “how” rather than the “why.” There is clearly a formal resemblance between Balint’s description of primary love and the oceanic feelings at the core of psychedelic mystical experiences, but I question the validity of Balint’s assumption that prenatal life is felt as a “harmonious interpenetrating mix-up,” as well as the cogency of (some of) his argument for this:

It is an idle question to ask whether the water in the gills or in the mouth is part of the sea or of the fish; exactly the same holds true about the foetus. Foetus, amniotic fluid, and placenta are such a complicated, inner penetrating mix-up of foetus and environment-mother, that its histology and physiology are among the most dreaded questions in medical examinations (Balint, p. 66).

In the same vein, I wonder if characterizing the pull of primary love as “regressive” is either necessary or helpful in explaining its dynamic role in Balint’s and especially Healy’s account. As Healy explains, much of Balint’s argument in *A Basic Fault* is predicated on offering his concept of primary love as an alternative to Freud’s primary narcissism and is couched in the language of Freud’s energetic and structural models of the mind: ego and cathexis. Within these models, there is a well-reasoned logic to Balint’s preference for his own term. But as he repeatedly points out, the “one-person” psychology to which these models belong is ill-suited for explaining how the relational process (transference and countertransference) alters the subjective experiences of the two participants in the psychoanalytic situation.

Ferenczi and Freud

Balint, as translator of Ferenczi's clinical diary (Ferenczi, 1988), executor of Ferenczi's literary estate, director of the Budapest Psychoanalytic Institute, and someone who "remained in contact" (Balint 1968, p. 152) with several of Ferenczi's former patients after his death, was in a unique position to assess which of Ferenczi's various "experiments" worked and which didn't. He presents a balanced assessment of Ferenczi, understanding and explaining the excesses of his technique while recognizing his critical contribution in describing a parallel confusion of tongues between child and parent in neurosogenesis (trauma) on the one hand and between patient and analyst on the other. In Balint's account, this enabled psychoanalysis to become a two-person psychology.

Healy writes, "A significant, implicit thrust and pervasive undercurrent of *The Basic Fault* is Balint's earnest effort to reconcile—perhaps to heal—the profound rift that emerged between the ideas of Freud and those of the late Ferenczi." Here, Healy the reader reacts to an object relationship, in this case the primary object relationship discussed in the book, by Balint the writer. Balint writes that the analyst has two methods available to "put right" the basic fault: interpretation and object relationship (pp. 159–173). When words fail, as when the basic fault arises within the transference, only a certain kind of object relationship can put things right. The object relationship Balint takes up is the rift, or what in geologic terms might be labeled a "fault" between Freud and Ferenczi.¹ Balint interprets the falling out between Ferenczi and Freud as a confusion of tongues, a failure of each to understand the other. Importantly, Healy's comment addresses a *sense*, the *music between the words* here: "a significant, implicit thrust and pervasive undercurrent." This is the "atmosphere" (Balint uses this word 45 times in the book)

¹Balint's use of the term "fault" was influenced by its connotation in the physical sciences. "The term fault has been in use in some exact sciences to denote conditions that are reminiscent of that which we are discussing. Thus, for instance, in geology and in crystallography the word fault is used to describe a sudden irregularity in the overall structure. . . . Although highly dynamic, the force originating from the basic fault has the form neither of an instinct nor of a conflict. It is a fault, something wrong in the mind, a kind of deficiency which must be put right (1968, p. 21).

that Balint, the writer, creates in his book. As Healy senses, in writing about the object relationship between Ferenczi and Freud, Balint creates an atmosphere of healing, exactly what the analyst or psychedelic therapist must aim to do to enable a new beginning. In sensing Balint's "implicit thrust and pervasive undercurrent" as an atmosphere of healing a rift or basic fault, Healy's reaction embodies the effectiveness of Balint's method.

The Devil is in the Details

The strength of Balint's account lies not only in its balanced² portrayal of Ferenczi but in its balanced illustrations of psychoanalytic technique. I mentioned earlier with regard to how the analyst must conduct herself that the devil lies in the details. Initially, I used the word "caring" to characterize the atmosphere reflected in Healy's impression of Balint's attitude. Actually, Balint states that the analyst must provide understanding, but "in particular not in the form of more care, love, attention, gratification, or protection" (Balint, p. 180). In Balint's account, caring verges on the kind of gratification which brings temporary satisfaction but leads eventually to "addiction-like states" (Balint, pp. 111, 138, 141, 178, 187) and elevates the analyst's importance as a real object in the patient's world, rather than an object like the primary substances air and water, that may be taken for granted. Of course, Balint would not suggest that the analyst be uncaring, but he recognizes the pitfalls associated with gratifying the analyst's need for caring.

Though an exhaustive list of technical do's and don'ts is impractical, Balint provides some valuable examples, such as the importance of honest self-disclosure, admitting mistakes, acknowledging the impact of one's actions or inactions on the patient, admitting one's impotence, and avoiding excitation, but mainly points to atmospheric qualities, such as unobtrusiveness, patience, flexibility, yielding, and consistency. Balint does this mainly through elaborating his thought process in the two or three clinical examples he cites repeatedly in the book, particularly the girl who does a somersault and the man who was allowed to stay silent.

²Sorry for the pun, but I really do mean balanced: he uses the phrase "on the other hand" 37 times in the book.

Basic Fault v. Basic Trust

Above all, Balint's technique is designed to enable regression in the transference back to the basic fault, the point at which the patient could no longer maintain the illusion of primary love, in which the object does not exist outside of meeting the patient's expectations, wishes desires, hopes and needs (hereafter shortened to "needs"). During the developmental epoch Winnicott (1956/1975) called "primary maternal preoccupation," a "good enough" mother is able to maintain this illusion for several months because the infant's and mother's needs coincide, but in the analytic situation, "it is rather doubtful whether this mutuality can be extended beyond a certain limit" (Balint 1968, p. 112). Inevitably, the level of the patient's need will exceed the analyst's capacity to gratify her, but what the analyst may do is give the patient "tacit consent to use the external world [i.e., the analyst] in a way that would allow him to get on with his internal problems" (p. 144). That is, the analyst creates an atmosphere which acknowledges the validity of the patient's need as a means to attain a new beginning.

The analyst "must allow his patients to relate to, or exist with, him as if he were one of the primary substances... . He should be willing to carry the patient, not actively but like water carries the swimmer or the earth carries the walker" (p. 167). Balint cites a longtime patient who felt badly following yet another largely wasted session and requested an extra one. "What I tried to do in this case was first to recognize and accept his distress so that he should feel that I was with him, and then to admit that I did not feel that an extra session granted by me would be powerful enough to give him what he expected and perhaps even needed at this moment" (p. 171). The patient left dissatisfied but later called just to say he was "very near crying ... nothing else ... he did not want anything from me, no extra session," but had "to let me know how he felt" (p. 171). Here, Balint avoided the perils of omnipotence and increased craving by "accept[ing] the role of a primary object whose chief function is recognizing, and being with, his patient" (p. 172).

Balint uses this vignette to portray "regression for the sake of recognition" in contrast to "regression for the sake of gratification," but more than illustrating how his technique encourages regression to, or beyond, the basic fault, it illustrates how Balint encourages basic trust.

In parallel, I think Healy's application of Balint's account to psychedelic healing would stand on firmer theoretical ground if it were centered on the role of trust rather than regression. What Balint's notion of the analyst being used as a primary substance brings to mind more than regression is the implicit trust we place in the air and water to sustain and carry us. A metaphor that comes to mind is the "trust fall," an exercise where one person falls backward with folded arms, relying on another person behind to catch her and so build trust. Balint's narrative about the basic fault is a story about adaptation to the violation of basic trust. Rather than a regressive pull towards the harmonious interpenetrating mix-up of prenatal life, one might simply harbor a dormant wish to feel trust again.

Psychedelics and Trust

Healy cites various clinical trials which have pointed towards a correlation between psychedelic-induced mystical experience (i.e., something akin to the oceanic feeling) and symptomatic improvement. I fully agree with Healy that the primary way psychedelic drugs induce psychological transformation is by facilitating the oceanic feeling which coincides with the dissolution of ego boundaries (Fischman, 1983; 2019). Although Healy's emphasis throughout the paper is on regression as the link between Balint's account and psychedelic states, he cites studies which show that psychedelics increase trait openness and suggestibility, two indices of enhanced trust, and reduce defensiveness, another marker of enhanced trust. The experiential aspects of the loss of ego boundaries (unitive feelings) under psychedelics cited by Healy as indications of formal regression could also be explained by the loss of one's characterological defenses in relation to mistrust.

What I appreciate most about Healy's application of Balint's account to psychedelic therapy is that it outlines specific ways relational trust may be enhanced or diminished, and provides a coherent psychodynamic rationale for judging how, when, and whether to intervene in the psychedelic-assisted therapy process.

It is precisely because psychedelics can enhance trust, or reduce one's ability to exercise healthy distrust, that psychedelic-assisted therapy holds both great promise and risk. The risk, in Balint's terms, is that

by inducing a state of regression to the basic fault, words no longer suffice, “tongues” are easily confused, re-traumatization can easily occur. In this sense, Balint’s account affords a psychodynamic explanation for the heightened risk of abuse cited in several recent critiques of psychedelic-assisted therapy research. Some of these critiques have questioned the ethical underpinnings of methodologies that have been incorporated into psychedelic-assisted therapy practices, particularly regarding the use of physical touch (McNamee et al, 2023; Devenot, 2025; Harrison et al, 2025). While the controversies raised by these critiques would take us far afield, Balint’s account affords an ethically scrupulous, balanced, relationship-centered rationale for making clinical judgments that arise in a state of drug-induced vulnerability, including those regarding the use of physical touch. No treatment manual or methodology can anticipate and fashion responses to all of the unique challenges that arise in any individual’s treatment, nor does methodology supplant the need for consent, but Balint’s approach affords valuable guidelines that emphasize truthfulness in earning relational trust above all.

For example, in the vignette cited above, Balint explains,

I had two aims in mind when choosing my response. On the one hand, I tried to prevent the development of undesirable relationships, such as that between someone let down or frustrated by a harsh or superior person in authority who knows better what is right, or that between someone weak and in need of kind support, and a benign and generous authority—all leading to a reinforcement of the inequality between the subject and his mighty object. On the other hand, I tried to establish a relationship in which neither of us would be all-powerful, in which both of us admitted our limitations in the hope that in this way a fruitful collaboration could be established between two people who were not fundamentally different in importance, weight, and power (p. 171).

These considerations certainly will not apply to every clinical situation, but what they prioritize is creating and maintaining a trustworthy relationship between two equals guided by humility and truth, and guards against over-reaching. Balint adds to these another aim:

What the analyst must provide—and, if at all possible, during the regular sessions only—is sufficient time free from extrinsic temptations, stimuli, and demands, including those originating from himself (the analyst). The aim is that the patient should be able to find himself, to accept himself, and to get on with himself, knowing all the time that there is a scar in himself, his basic fault, which cannot be ‘analysed’ out of existence; moreover, he must be allowed to discover his way to the world of objects—and not be shown the ‘right’ way by some profound or correct interpretation (p. 180).

When all of these aims are combined, we emerge with an ethical and clinically useful rationale for applying Balint’s psychodynamic technique to psychedelic-assisted therapy.

References

Devenot, N. (2025). Response to Veronika Gold’s Letter to the Editor. *American journal of bioethics*, 25(9), W7-W9.

Ferenczi, S. (1933/1988). Confusion of Tongues Between Adults and the Child—The Language of Tenderness and of Passion. *Contemporary psychoanalysis*, 24(2), 196–206.

<https://doi.org/10.1080/00107530.1988.10746234>

——— & Dupont, J. (1988). *The clinical diary of Sándor Ferenczi*. Harvard University Press.

Fischman, L.G. (1983). Dreams, Hallucinogenic Drug States, and Schizophrenia: A Psychological and Biological Comparison. *Schizophrenia bulletin*, 9(1), 73–94. <https://doi.org/10.1093/schbul/9.1.73>

Fischman, L.G. (2019). Seeing without self: Discovering new meaning with psychedelic-assisted psychotherapy. *Neuro-psychoanalysis (Madison, Conn.)*, 21(2), 53–78.

<https://doi.org/10.1080/15294145.2019.1689528>

Freud, S. (1929 (1930)). Civilization and its Discontents. In J. Strachey (Ed.), *The Standard Edition* 21: 59–145.

Harrison, T.R., Faber, S.C., Zare, M., Fontaine, M., & Williams, M.T. (2025). Wolves Among Sheep: Sexual Violations in Psychedelic-Assisted

Therapy. *Am J Bioeth*, 25(1), 40–55.

<https://doi.org/10.1080/15265161.2024.2433423>

Haynal, A. (2002). *Disappearing and reviving: Sándor Ferenczi in the history of psychoanalysis*. Karnac.

Masson, J.M. (1984). *The Assault on Truth*. Penguin Books.

McNamee, S., Devenot, N., & Buisson, M. (2023). Studying Harms Is Key to Improving Psychedelic-Assisted Therapy-Participants Call for Changes to Research Landscape. *JAMA Psychiatry*, 80(5), 411–412. <https://doi.org/10.1001/jamapsychiatry.2023.0099>

Meszaros, J. (2003). Could Balint Have Done More for Ferenczi? *The American journal of psychoanalysis*, 63(3), 239–255.

Mészáros, J. (2010). Building Blocks Toward Contemporary Trauma Theory: Ferenczi 's Paradigm Shift. *The American journal of psychoanalysis*, 70(4), 328–340. <https://doi.org/10.1057/ajp.2010.29>

Rachman, A.W. (1997). The suppression and censorship of Ferenczi's confusion of Tongues paper. *Psychoanalytic inquiry*, 17(4), 459–485. <https://doi.org/10.1080/07351699709534142>

——— & Mucci, C. (2024). *Ferenczi's confusion of tongues theory of trauma: a relational neurobiological perspective*. Routledge.

Thompson, C.M. (1988). Sándor Ferenczi, 1873–1933. *Contemporary psychoanalysis*, 24(2), 182–195. <https://doi.org/10.1080/00107530.1988.10746233>

Winnicott, D. (1956/1975). Primary Maternal Preoccupation. In *Through Paediatrics to Psycho-analysis* (pp. 300–305). Hogarth Press and the Institute of Psycho-analysis.



Response to Lawrence Fischman: Boundaries, Defenses, and Regression

C.J. Healy

Dr. Fischman has written an incisive, nuanced, kind, and generous response to my paper, and I am grateful and humbled that he approached writing it with such care and thoughtfulness—as I am, as an early-career psychologist, by the seriousness with which he treated my work. Above all, his response made me think and helped me clarify my ideas, and I could hope for nothing more from a dialogue like this.

The main thrust of the arguments Dr. Fischman puts forth—among those that diverge from or challenge mine—concerns, as he puts it, “the ‘why,’” rather than “the ‘how’” with respect to the nature of the therapeutic value of psychedelic-induced mystical (or oceanic, or unitive) states in clinical treatment (p. 3). We agree that psychedelic drugs occasion mystical states mechanistically by dissolving the boundaries of the ego (“the ‘how’”), that such psychedelic mystical states have powerful curative potential, and that this potential is realized in and through the transference-countertransference relationship. The differences in our thought emerge when we each venture an explanation of “‘why’” these states can prove healing in the context of psychoanalytic or psychoanalytically informed treatment.

As I understand it, Dr. Fischman expresses his essential thesis when he writes, “Healy’s application of Balint’s account to psychedelic healing would stand on firmer theoretical ground if it were centered on the role of trust rather than regression” (p. 5). This suggested shift in emphasis is driven by both a skepticism regarding the validity of Balint’s descriptions of perinatal psychical states as well as an interrogation of what I posit to be the therapeutic mechanisms at play in psychedelic mystical states.

Dr. Fischman doubts Balint’s characterization of prenatal and early infantile psychical states without elaborating on his objections; I would be very interested to hear more from him on this question. He quotes

a passage, noting his dubiousness, in which Balint argues (in effect) that no clear ontological boundary can be established between the fetus in the womb and its surrounding amniotic fluid, the placenta, or the mother herself. I believe a hint of Dr. Fischman's objection might be found when he writes, quoting Balint, that this state, for the fetus, is "*felt* as a 'harmonious, interpenetrating mix-up'" (p. 3; emphasis added). To argue that the fetus' state of libidinal, psychical, physical—indeed, ontological—"mix-up" with its environment is necessarily *felt* as "harmonious" clearly opens one up to a host of objections. But whether or not Balint is in fact making a strong claim about a universal and necessary *affective* state of the fetus is immaterial to my use of the *phenomenological* and *structural* dimensions of his account: whether or not the fetus fundamentally feels its psychical and physical state to be inherently "harmonious," that state, Balint and I argue, both is experienced to be and ontologically is one of oceanic "interpenetrating mix-up" with its environment, without any subjective (or, indeed, objective) psychical or physical boundaries.

Dr. Fischman's problems with Balint's conception of perinatal psychical states give weight to his primary thesis but are not, it seems, principal to it. His critique of the argument that regression to such states can arise during psychoanalytic treatment (Balint's case) or be occasioned by psychedelics (my case) is not that it is false but that it might not be "necessary or helpful" (p. 3). If I am reading his position correctly, he is making no claim one way or the other on whether psychedelics can occasion regressed states but instead contending that that question is not what is centrally at stake in understanding the therapeutic action of psychedelic mystical states; if psychedelic mystical states are regressed ones, their being so is incidental to why they can prove curative.

There have been other recently published challenges in the psychoanalytic literature against the idea that psychedelics mechanistically promote regression.¹ I attempt to make clear in my original paper—but

¹See, e.g., Volume 35, Issue 6 of *Psychoanalytic Dialogues*, in which Karen Peoples and Megan Rundel, Daniel Brenner (a contributor to this current issue of the *IJCD*), David Reniere, and Dr. Fischman himself discuss the proper role of the concept of regression in theoretically interpreting psychedelic healing.

perhaps do so unsuccessfully—that when speaking of psychedelics, I use and understand the term “regression” not as a psychical mechanism *per se* but in a functional sense, even a descriptive one: insofar—and only insofar—as the fetus’ psyche is essentially marked by a lack of boundaries and the basic effect of psychedelics is the dissolution of psychical boundaries, the psychedelic mystical state can be said to be a “regressed” one, and psychedelics can be said to promote “regression”; the argument that the primary activity of psychedelics is to stimulate or promote the psychical mechanism of regression is not mine.

But I do not intend to imply an impression on my part that Dr. Fischman misunderstands me on this point—I do not think he does—and, moreover, I do not reckon that this distinction helps me with his critique; whether mechanistic or descriptive, he maintains that regression plays far less a meaningful role—if any—in the therapeutic action of both psychedelic mystical states and the psychical situations that Balint portrays than we make it out to do; as quoted earlier, he holds that we ought to foreground “the role of trust rather than regression” (p. 5).

Here Dr. Fischman articulates his alternative account of “the ‘why.’” Commenting on one of Balint’s clinical vignettes, he writes, “More than illustrating how his technique encourages regression to, or beyond, the basic fault, it illustrates how Balint encourages basic trust. [...] Balint’s narrative about the basic fault is a story about adaptation to the violation of basic trust” (p. 5). Relational healing, perhaps of a special quality, can be facilitated by Balint’s technique or psychedelic drugs not because each can foster therapeutic regression to a primitive or primary psychical time or structure or mode of functioning and thereby midwife a “new beginning” but instead because each can enable the restoration of what he calls “basic trust”—a kind of foundational trust that is like “the implicit trust we place in the air and water to sustain and carry us” (p. 5).

The divergence between Dr. Fischman’s thought and mine is thrown into sharpest relief when he formulates his understanding of the mechanism of action by which psychedelics can engender this recuperation of basic trust. He argues, “The experiential aspects of the loss of ego boundaries (unitive feelings) under psychedelics cited by Healy as indications of formal regression could also be explained by the loss of one’s characterological defenses in relation to mistrust” (p. 6). The way psychedelic

mystical states prove curative is by allowing for basic trust to be restored in relationship, and mystical states carry this potential because they centrally involve the loss of defenses. But a couple sentences earlier, Dr. Fischman writes, “I fully agree with Healy that the primary way psychedelic drugs induce psychological transformation is by facilitating the oceanic feeling which coincides with the dissolution of ego boundaries” (p. 6). This elision between boundaries—the structural *state* of the ego—and defenses—what the ego *does*—gets to the heart of the difference between his thought and mine.

I see two problems with this elision. First, I do not grasp an immediate and self-evident relationship between the dissolution of the ego’s boundaries and the loss of its defenses. MDMA, for example, is renowned for dramatically reducing defenses and increasing trust but, unlike classic psychedelics, does not give rise to mystical experiences. Conversely, psychotic states are characterized by markedly compromised ego boundaries but also involve defensive processes (indeed, a particular constellation of primitive defenses is a hallmark of psychosis). A reduction or loss of defenses—including defenses relating to mistrust—certainly attends psychedelic mystical states, but it is not *constitutive* of them; mystical or oceanic states are intrinsically defined by and brought about through the total loss of the *boundaries* of the ego.

This point regarding what constitutively distinguishes the psychedelic mystical state leads to the second problem I see in Dr. Fischman’s formulation—which in turn will bring us back around to the question of regression. If their critical curative factor is the loss of defenses, then it is not clear what—if anything—is therapeutically distinctive about psychedelic mystical or oceanic states *as such*: psychedelic mystical states *qua* *mystical states*. On the other hand, if there is something therapeutically distinctive about psychedelic mystical states as such—if their status as structurally unboundaried vis-à-vis the ego is, in fact, critical to their curative potential—then regression (again, in a formal or descriptive sense) revives as theoretically central.

But I do not mean to make too much of disagreements that might on the whole amount to trivia. It is clear to me that Dr. Fischman’s thought and mine are in harmony on the clinically vital points: the psychedelic mystical state—a state of dissolved ego boundaries comprising an

oceanic feeling of oneness, a radical loss of defenses, and a basic openness to experience—has an inherent and unique potential for healing, and in the clinical situation, that potential is realized in and through the therapeutic relationship. I thank Dr. Fischman for this opportunity to think together.



The Surrendered Self: Psychedelic Phenomenology and Pathways to The Depressive Position

Christopher W.T. Miller

Abstract

The reemergence of interest in psychedelic medicine over the last two decades has ushered a multidisciplinary perspective on the utility of these drugs and on their relevance to allied disciplines, including psychoanalytic practice. Change facilitated by psychedelic use includes breaking up rigid, canalized, often egocentric perspectives, allowing for more nuanced and flexible frameworks to take shape, increasing one's concern for others and deemphasizing the centrality of the self in the fabric of existence. This parallels the movement from the paranoid-schizoid to the depressive position, essentially transiting from a rigid, two-dimensional concern for oneself, to a softer, more balanced appreciation of self and others, leading to greater acceptance of personal limitations, separateness, and the passage of time, fostering gratitude instead of entitlement and resentment.

Keywords: Psychedelics, Melanie Klein, Object Relations, Paranoid-Schizoid Position, Depressive Position

Introduction

"I suggest that *mystical qualities are not reserved for a privileged, 'illuminated' few, but are part of what psychoanalysis strives to attain and develop.*" (Bergstein, 2019) (p. 173; emphasis in original).

The Romanian sculptor Constantin Brâncuși (1876–1957) was inspired by the teachings of 11th-century Tibetan mystic Jetsun Milarepa, and his artistic works touch upon themes of spirituality and transcendence, as suggested by the titles of some of his pieces, such as *Bird in Space* and *Endless Column*. For a period in his career, he devoted himself to exploring the ovoid form, which conceptually reflected the indentations

exerted by reality on all of us. *Sleeping Muse*, an exaggeratedly elongated, detached head, is an example of this idea. As art historian Radu Varia said of Brâncuși,

“With *Sleeping Muse*, he launched into the exploitation of the dogmatically pure form of the ovoid. The ideal representation of the sphere—its absolute form—plunged into the vibrant current of the world, is caught by tormenting, deforming life forces. The ovoid thus derives from the immersion of the sphere in the river of primeval, untrammelled life. The difference between the sphere and its ovoid projection is similar to that between being and existence. The sphere is to being as the ovoid is to existence. It was inevitable that Brancusi, preoccupied only by pure forms, should be captivated by the ovoid, with its self-evident cosmological flavor, rather than by the sphere, which belongs to the domain of abstraction” (Varia, 1986) (p. 115).

In other words, we cannot escape the “denting” effect that this world will have on our development; in essence, the contours of who we are will be strongly influenced by the environment, in particular by other people. Depending on whether one’s environment has facilitated or discouraged one’s learning from experience, contact with reality can lead to an expansion of psychic awareness or to a two-dimensional collapse of the self into something much more rigid. The more hardened we become, the more challenging it can be to develop flexibility and sustain contact with the ever-changing nature of life.

We can link this framework with Bion’s description of the “container-contained” (Bion, 1962). When a child is experiencing something confusing or challenging, the attentive caregiver accesses and helps metabolize the distress, helping the child feel understood and relieved—what was once an impinging, amorphous sensation has been integrated psychically, and thus learned from. The message the child encodes is, essentially, “My internal world can be registered and made sense of. When I am faced with uncertainty, I can survive it and learn from it.” A “good object” experience is thus registered and can become part of the internal object landscape. The next time something challenging happens, the child will have this internal “reference point” providing some reassurance that such situations can be managed; perhaps the child can

tolerate waiting a bit longer for relief, or even take steps to actively self-soothe, showing the “all-good object” is not always *necessary*, and that the child can take some initiative too.

When this type of containing, positive experience is the norm, the child can hold in mind and access the good internal object even under difficult circumstances. In a similar vein, feelings of distress will not be assigned to an “all-bad” object who is inflicting pain on the child—unpleasant physical and emotional experiences can be better understood in terms of the contingencies of their existence—for example, “My stomach hurts because I’m hungry; let me find food. I am shivering because it is cold; I know where the blankets are.” We have seen the steps our good-enough caregivers have taken to resolve our distress before, and this has expanded our understanding of how to make sense of our feelings and of how to initiate action within our environments to manage a number of scenarios. Not all bad comes from without, and the solution to problems can also come from within.

Kleinian Model

“This state of internal loneliness, I will suggest, is the result of a ubiquitous yearning for an unattainable perfect internal state.” (Klein, 1963/1975) (p. 300).

“[Diogenes] used to say that it was the privilege of the gods to need nothing and of god-like men to want but little.” (Laertius, ca. 3rd century CE/1925 (tr.)) (p. 109).

Applying the previous discussion to a Kleinian framework, one moves from an earlier situation, wherein objects are split into “all-good” or “all-bad” (characteristic of the paranoid-schizoid position), to a perspective in which *no one* is all-good or all-bad, but rather people are inescapably nuanced (a feature of the depressive position) (Klein, 1935/1975, 1946).

One of the most significant differences between paranoid-schizoid and depressive positions is that, in the paranoid-schizoid position, one is primarily concerned with *how objects affect the self*—in other words, “Does this other person benefit me or harm me? Does this person supply me with what I want or deprive me of what I want?” In effect, this is how

splitting dynamics are consolidated, as others will be experienced as all-good or all-bad depending on how they are perceived by the self. It is an eminently dyadic position, driven by projective identification, which serves as a tether wherein bits of the self are located in the object, who will become a confused self-other mixture that is responsible for one's integration or disintegration. Indeed, the term "part-object" is utilized when conceptualizing the paranoid-schizoid position, as it denotes how a function, role, or *part* of the object becomes the *entirety* of that object, collapsing any dimensionality it might contain. Integration is felt to be provided by the all-good object, yet this object is related to in the way of a merger, wherein boundary distinctions are effaced and there is a concreteness to how one feels held together by the object's presence, given the lack of a consolidated sense of self and limited ability to internalize the object more symbolically. Similarly, when felt to be absent or mis-attuned, the object becomes all-bad, since it does not fit into the projected all-good role; this can be profoundly disorganizing, as it feels as though one's "psychic skin" has been ripped open, disrupting one's sense of boundedness and being left adrift in a state of confusion.

As a result, in the paranoid-schizoid position there is an intolerance for separateness or limitations, as well as an inability to appreciate the complexity and "otherness" of the object, making it difficult to understand that, just because people are not attending to us at a given moment, it does not drain those individuals of any good qualities they might possess. Maintaining this perspective also limits one's own accountability and agency (since, if there are good and bad objects, we do not need to be responsible for our shortcomings—if we misstep, it is because the all-good object failed us and/or the all-bad object inflicted evil onto us). This allows for a cycle of entitlement, resentment, and scapegoating to ensue. Moving away from this perspective would entail walking into a much larger world (that of the depressive position), one in which we are not owed *anything* by life, we are responsible for doing for ourselves (as opposed to relying on an idealized other), and we are very capable of acting destructively and causing harm (as opposed to all the ills of the universe being attributable to a demonized object). As Britton said, "What had previously been separate worlds of timeless bliss in one ideal universe of experience, and terror and persecution in another alternative universe, now turn out to be one world" (Britton, 1992) (p. 38).

Moving from the paranoid-schizoid to the depressive position entails surrendering a static, inflated, timeless sense of self and others, and acknowledging limits, separateness, and the passage of time. In the depressive position, we also concern ourselves with the state of the object, not only with ourselves. Allowing others to exist separately means giving up a sense of possession and specialness vis-à-vis the all-good object, acknowledging the importance of relationships that *exclude* us, and accepting the inescapable elements of individuality and aloneness that need to be negotiated by everyone. As tempting as maintaining a two-dimensional, unchanging perspective on reality may be, it comes at the expense of psychic development. Bion stated that a

“sense of truth is experienced if the view of an object which is hated can be conjoined to a view of the same object when it is loved and the conjunction confirms that the object experienced by different emotions is the same object” (Bion, 1967) (p. 119).

Notably, one does not “graduate” to the depressive position and never go back. Rather, there is a fluctuation between paranoid-schizoid and depressive position frameworks throughout life (Bion, 1963/2018). Remaining in the depressive position can be quite challenging, as there is not the space for certainty and polarized views that was present in the paranoid-schizoid position; touching upon the depressive position can tempt us to escape back to the paranoid-schizoid position (a mindset that is absolute and does not allow itself to be “threatened” by new information). Adopting an omniscient stance can be a function of the psychotic part of the personality, one that shuns proper contact with reality (Bion, 1957); as Bergstein stated, such an individual “tries to render a dynamic situation static as a way to avoid the pain inherent in the experience of change, transience, uncertainty, doubt, and complexity” (Bergstein, 2018) (p. 201). In the depressive position, no amount of knowledge ever encompasses the fullness of what is true. There are always additional perspectives to be acknowledged, and the ever-changing nature of reality renders any momentary understanding of it nothing more than a transient, limited snapshot constructed by our minds. Truth is always beyond what we think it is.

Adversity

“Those who are hard and inflexible
belong to death’s domain;
but the gentle and flexible
belong to life.”

(Laozi, 4th century BCE/2021 [tr.], Chapter 76)

“Out of trauma may come healing, but one must first wade
through varieties of deadness and dead time to reach it.”

(Bartlett, 2017) (p. 241).

The progression from the paranoid-schizoid to the depressive position may be hindered when one’s environmental objects are overly impinging or neglectful. When there is a lack of attunement provided in uncertain situations, the child’s internal experience remains uncontained by the caregiver. In effect, the child is left feeling overwhelmed and without any proper receptacle to help make sense of raw experience. It is a despairing situation, as the initial uncertainty is magnified and made *worse* by the unreceptiveness shown by the person the child is hard-wired to turn to when facing distress. Instead of taking in and metabolizing the child’s projections, the caregiver pushes them back into the child, so to speak, heightening the confusion. Instead of being able to psychically navigate such scenarios and develop an increasing sense of competence to learn from new and unclear situations, the unprocessed, assailing sense data will need to be managed in other ways. This often happens through a “hardening”—Bick described the “second skin” defenses employed by children in such situations, wherein more rigid body postures are adopted as a way of keeping oneself bound up (Bick, 1968). If such a defended stance is maintained over time, thinking can become rigid, stilted, and two-dimensional—after all, experience has shown that new, uncertain situations are not an opportunity for growth, but rather a *threat* to one’s psychic stability, since only confusion and terror have been the result.

When facing overwhelming circumstances, the more immediate “solution” for the child can be to adopt the thought processes of the caregiver—this erases separateness and allows proximity, since the child will strive to fit into whatever version of self the caregiver seems to find

tolerable. This may entail giving up one's sense of reality, so to speak, becoming a part-object extension that does not threaten the damaging caregiver's narcissistic integrity. The terrible quandary is encapsulated by Davies: "To feel sane, I must forego love; and to feel loved, I must render myself insane" (Davies, 2004) (p. 720).

In essence, the child learns to occupy minimal spaces. In benign environments, a child's spontaneous, unexpected, or unique expressions would be welcomed by an accepting caregiver as manifestations of individuality and creativity, acknowledging the child's expanding and ever-evolving potential. In contrast, a mis-attuned caregiver pushes the child to "erase" the parts of the self that dared cross the line of what is permitted. In this case, it is harder for the child to later reclaim those parts of the self because doing so is felt to be forbidden. Children end up rigidly defining their contours through the imprint of the other, as being themselves was experienced as an unacceptable affront. Self-discovery is jettisoned in favor of attachment-oriented behaviors. The child may surrender playfulness and creative spontaneity, instead bolstering the version of self that seems most acceptable to the caregiver, whose presence the child is evolutionarily geared to prioritize. As Ferenczi stated (regarding dynamics of child abuse):

"These children feel physically and morally helpless, their personalities are not sufficiently consolidated in order to be able to protest, even if only in thought, for the overpowering force and authority of the adult makes them dumb and can rob them of their senses. *The same anxiety, however, if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor*" (Ferenczi, 1949) (p. 228; emphasis in original).

Behaviors and cognitions that maintain the object around, even if nuance and selfhood are collapsed, attend to the immediate survival needs, but can also be strengthened and carried forward as the default object relations templates guiding future interactions. Drawing from evolutionary biology, Carhart-Harris and colleagues have employed the term "canalization" to describe experience-driven consolidation of certain psychic

frameworks (Carhart-Harris et al., 2023). When problematic affective and cognitive responses are canalized, psychopathology can result. These templates can be difficult to reverse with future input, as brain plasticity becomes less pronounced as one ages. The sensitive period of brain development (i.e., the time when the brain is especially responsive to the environment—roughly the first seven years of life, with some variability) may be shortened when early adversity is significant (C.W.T. Miller, 2021a, 2021b), suggesting premature maturation.

Psychedelics

“As long as we’re willing to face the terror, the sublime is always a possibility” (Rosenblatt, 2019) (p. 198).

The classic (or serotonergic) psychedelics (e.g., psilocybin, lysergic acid diethylamide [LSD], mescaline, and dimethyltryptamine [DMT]) exhibit strong agonism at the excitatory 5-HT_{2A} receptor, which is abundant in high-level association areas in the brain (Varnäs, Halldin, & Hall, 2004), resulting in powerful affective, cognitive, and somatic effects (Shao et al., 2025). These drugs can alter one’s perception of reality, including through heightening of senses, alteration in understanding and processing of time, emotional flooding, mystical experiences (e.g., feelings of oneness, reverence, and awe), and dramatic shifts in perspectives on the meaning of one’s life (including reorienting one’s purpose and priorities) (Kozak & Miller, 2024; C. W. T. Miller & Kozak, 2025).

Under the influence of these drugs, there is also a decrease in the gating/dampening of information flowing through the thalamus, leading to an increase in sensory data coming both from within and outside the body (Carhart-Harris & Friston, 2019). This, combined with a decrease in the “top-down” cognitive input onto areas of emotional processing (such as the amygdala), can lead to contact with multifaceted aspects of reality and to more creative, less weighed-down psychic constructs (Gasser, Kirchner, & Passie, 2015). The “REBUS” model (RELaxed Beliefs Under pSychedelics), which incorporates the “anarchic” or “entropic” brain framework, illustrates how prior cognitions are broken up in tandem with stimulus flooding (Carhart-Harris & Friston, 2019). A “life review” is a commonly reported experience with psychedelics—indeed,

an increase in episodic/autobiographical memory access can take place, with new perspectives emerging given the loosening of previously held cognitions (Healy, 2021; Mograbi, Rodrigues, Bienemann, & Huntley, 2024).

Patterns of brain activation in a number of psychiatric conditions (such as anxiety, depression, and post-traumatic stress disorder [PTSD]) can favor heightened emotional arousal and less cognitive flexibility, leading to rigid, affect-driven beliefs about self and others, frequently with a negative valence. For instance, in PTSD, there is an increase in amygdala activation, which can override contextual input from the hippocampus (which encodes autobiographical memory) and prefrontal cortex (involved with cognitive flexibility and affective dampening), limiting reappraisal of new situations (Milad et al., 2009). As a result, dyadic moments can be collapsed into a timeless, repeating dynamic wherein an object is viewed through a persecutory/all-bad lens and the self-representation is marked by fear and withdrawal. One's concept of what a good object looks like can also be heavily distorted by rescuing fantasies, an antidote to the adversity encountered so often. There is no space for grayness, and situations that are neutral can be defaulted to "all-bad," as giving someone the benefit of the doubt can be risky (indeed, individuals with borderline personality disorder, in whom a history of trauma can be highly prevalent, may interpret neutral faces as negatively valenced) (Bertsch et al., 2022; Dyck et al., 2009). The search for good can thus be driven by a flight from the all-bad, persecutory object, potentially creating pressure to merge/fuse with an idealized object, one that can remove all pain (Bollas, 1979). As Klein commented,

"Infants whose capacity for love is strong feel less need for idealization than those in whom destructive impulses and persecutory anxiety are paramount. Excessive idealization denotes that persecution is the main driving force" (Klein, 1957/1975) (pp. 192–193).

This is akin to the frozen, splitting dynamics observed in individuals who have trouble progressing from the paranoid-schizoid to the depressive position.

Psychedelics have shown promise in numerous psychiatric conditions (Kozak & Miller, 2024; C. W. T. Miller & Kozak, 2025), a review of which

is beyond the scope of this commentary. Notably, some personality constructs can benefit from psychedelic use, as improvement in prosocial, anti-materialist, and pro-ecological attitudes has been described (Halpern, 2003; Hendricks, Clark, Johnson, Fontaine, & Cropsey, 2014; Isham, Elf, & Jackson, 2022; Timmermann et al., 2021). Notably, the therapeutic benefits of some serotonin psychedelics may stem in part from a reduction in experiential avoidance (i.e., one's tendency to try to escape from undesired internal states) (Carhart-Harris et al., 2021; Zeifman, Wagner, Monson, & Carhart-Harris, 2023). Such avoidance can make it challenging to revisit maladaptive cognitions, preserving a negative, rigid framework that is difficult to reshape. Classic psychedelics can heighten access to core emotional content, leading one to face unconscious anxieties and challenging memories (Gasser et al., 2015; Watts, Day, Krzanowski, Nutt, & Carhart-Harris, 2017).

Processing emotions within a supportive therapeutic atmosphere may be key in optimizing outcomes (Kozak & Miller, 2024), as the affective flooding can be quite powerful (it is not uncommon for shame and guilt to emerge during psychedelic sessions). Thus, the preparation work for the psychedelic session is crucial, as is the subsequent integration during the “afterglow period” (i.e., a period of days to weeks after psychedelic use during which the patient may be especially susceptible to environmental input and open to interpersonal processing). Indeed, there is evidence psychedelics can reopen sensitive periods of brain responsiveness (Caulfield, Young, & Mehta, 2025), heightening plasticity and the potential to reshape maladaptive pathways (Calder & Hasler, 2023; Evens, Uyar, & Majić, 2025). Notably, the drug does not work in isolation. There is a well-established need to optimize “set” (the state of mind the individual is in when taking the drug) and “setting” (the environment in which the psychedelic session takes place), in order to facilitate proper therapeutic effects (Kozak & Miller, 2024; C. W. T. Miller & Kozak, 2025). Achieving mystical experiences with psychedelics may hinge on the surrendering of control and on the willingness to pass through the perceptual doors being presented. Apprehension and the need to maintain control can impede desired outcomes from psychedelic use (Aday, Davis, Mitzkovitz, Bloesch, & Davoli, 2021; MacLean, Johnson, & Griffiths, 2011; Russ, Carhart-Harris, Maruyama, & Elliott, 2019). Interestingly, concurrent use of substances that may mitigate the

potential negative or distressing qualities of the experience (e.g., cannabis and MDMA [3,4-methylenedioxymethamphetamine])—conceivably used in an attempt to shape the subjective effects toward something more uniformly positive—can lead to a *decrease* in both mystical experiences and therapeutic benefits (Kuc et al., 2022; Zeifman, Kettner, et al., 2023). One can reasonably conclude that the ability to work through psychic content requires remaining in touch with it, as opposed to trying to keep particular areas or conflicts outside of one’s awareness. During psychedelic sessions, one is likely being confronted with aspects of the self that have been rendered too dangerous or difficult to consciously process (the reader is referred to the previous discussion on psychically surviving adversity by flattening one’s selfhood). As Cohen stated,

“What position should be taken regarding the nature of the complex, detailed, well-formed, ‘realer than real’ hallucinations seen under LSD? (...) It seems more likely that the visions seen under the drug are projections of internalized conflicts, emotional discharges, a visual overflow from the deep pool of ‘primary process’ thinking. The primary process, the mental activity of the unconscious mind, is the stuff of which dreams, hypnagogic imagery, sensory deprivation and the LSD states are made” (Cohen, 1964/1972) (p. 70).

Without adequate groundwork and integration, one may be unable to metabolize the content being unveiled, potentially leading to distress during (“bad trips”) and after the psychedelic session. There is resonance here with the previously discussed container-contained model; the properties of the therapeutic surround and of the mindset of the individual will determine whether one is able or not to sustain contact with and integrate the material being presented. Contact with reality will not land in a productive way if we have not done the internal work to properly receive it. Achieving a surrendered, accepting mindset can be a long process in itself.

It has been emphasized that, perhaps akin to how these drugs have traditionally been utilized within a sacred, ritualistic context, we should frame the use of psychedelics within a process in flux, a further facilitator of insight that deepens the journey one is already on. This *in medias res* approach may be important for patients who have a higher potential

for splitting (e.g., individuals with borderline personality disorder); an overemphasis on the psychedelic session proper may shape the drug into an idealized rescue intervention, one that promises a flight into health. This pressurizes the treatment beyond what it is likely to provide. Expectation management can be crucial in such situations (Eveloff, 1968; Marrocu et al., 2024), as the disappointment can be quite strong when the fantasy fails to materialize.

The therapist/analyst is well-positioned to serve as a guide for patients as they prepare for, experience, and make sense of what their unconscious minds are revealing to them. Through this lens, the psychedelic is but an instrument to augment what is already being done, as opposed to being the culmination or center of orbit of therapeutic work. Some psychodynamic practitioners have described patient use of hallucinogens to try to resolve or work through impasses in therapy (Barrett, 2022; Fischman, 2019; Guss, 2022; Rundel, 2022). Perhaps unsurprisingly, the alliance with the therapist is also a predictor of positive experiences with psychedelics (Flückiger, Böhme, Schweizer, Gómez Penedo, & Wampold, 2025; Levin et al., 2024; Murphy et al., 2021).

The Depressive Position Mindset

“The deepest psychedelic experiences allow one to transcend polarities and thus get beyond fears of death, or entrapments in the guilt created by attachment to the polarity of good and evil” (Ram Dass, 1978) (p. 94).

Even under the most facilitating circumstances, new knowledge can represent a disruption of previously held models of truth, something that is sometimes welcome, sometimes not. After all, there is comfort in a sense of predictability and in the notion that we can rely on *some* things remaining the same in a world that refuses to stay still. As Britton stated, “I see the depressive position and the Oedipus situation as never finished but as having to be re-worked in each new life situation, at each stage of development, and with each major addition to experience or knowledge” (Britton, 1992) (p. 38).

The path to insight involves having the *intention* to discover something new. While in the paranoid-schizoid position a *part* of knowledge

represents the *whole* of knowledge, in the depressive position knowledge is never complete. It has been well established that psychedelics can heighten personal insight (Singer et al., 2024) as well as empathic understanding toward others (Blay, Benmakhlouf, & Speranza, 2025; Pokorny, Preller, Kometer, Dziobek, & Vollenweider, 2017), two dimensions that are inextricably bound. The more open we are to expanding our views of ourselves, the more we feel connected to others, as differences are bridged. This is a complicated proposition, particularly (as discussed) when objects have *genuinely* mishandled or mistreated us, actively shaping how we have come to understand reality. Softening our object relations templates can entail a dramatic remodeling of our very sense of what is true.

Destructive object relationship models may have been firmly encoded, and pressures to relive them can emerge in sessions. Joseph spoke of a construct wherein patients can seem to compulsively reenact destructive templates (what she termed “addiction to near-death”) (Joseph, 1982)—the therapist can feel like the one holding the potential for growth and change, as it has been split off and projected out from the patient, who identifies with the perspective of a persecutory internal object. Joseph said,

“The patient comes, talks, dreams, etc. but one gets the impression of very little real active interest in changing, improving, remembering, getting anywhere with the treatment. Slowly the picture builds up. The analyst seems to be the only person in the room who is actively concerned about change, about progress, about development, as if all the active parts of the patient have been projected into the analyst. (...) The patient constantly is pulling back towards the silent kind of deadly paralysis and near complete passivity. When these lively parts of the patient remain so constantly split off it means that his whole capacity for wanting and appreciating, missing, feeling disturbed at losing, etc., the very stuff that makes for real whole object relating is projected and the patient remains with his addiction and without the psychological means of combatting this. (...) As these patients improve and begin to become more integrated and relationships become more real, they begin to feel acute pain sometimes experienced as almost physical—undifferentiated but extremely intense” (Joseph, 1982) (pp. 454–455).

This last aspect is key—the pain felt when new relationship models are assayed. After all, one needs to loosen the constructs one has generated, creating a more ordinary relationship with a good-enough therapist. The possibility of an all-good object ever existing needs to be mourned. What also needs to be mourned is the life that could have been (Shengold, 1991)—when early adversity has dictated the narrative, children can shape their mindsets to accord with what preserves attachment, indeed strengthening certain self-representations that maintain a tether to the object-representations of their caregivers, even if these self-representations are highly problematic. Yet, as problematic as they might be, the alternative is far worse—being alone in an objectless world. When we model something different, more benign to patients, what we propose is to surrender the perspective that allowed some semblance of sameness and connection to develop amidst confusion, reopening wounds and creating the potential for aloneness once more. When therapists are increasingly appreciated for their realistic qualities, and patients in tandem can view themselves with greater dimensionality than their earlier self-representations allowed, the “Why weren’t my caregivers like you?” question can piercingly echo about. Life could have been so different had someone believed in these patients’ potential as their therapists do.

Faced with such a conundrum, the psychic fork in the road is often between forgiveness and grievance. Remaining aggrieved and resentful toward hurtful objects gives the individual some sense of control and power in an otherwise disempowering dynamic. As Lansky stated, “unforgiving, blaming states of mind and retributive behaviors may be considered defenses against shame” (Lansky, 2009) (p. 380). This stance paradoxically continues to give the object power by exerting ongoing splitting pressure on the self, who maintains a sense of moral superiority that flips the dynamic and empties both dyadic members of nuance. In the depressive position, everyone has affiliative qualities and everyone errs—the line separating us from *anyone else* is much more tenuous than we might think, and the line we *do* see is eminently shaped by fantasy. This framework makes the creation of monsters much more difficult. As Miller stated, “a real person cannot conceivably match the bottomless evil of a bad object” (L. Miller, 1975) (p. 102). To further complicate matters—when we consider how often aggressive templates

are transmitted intergenerationally, the harmful actions of one's caregivers may be understood quite differently—these abusive caregivers may themselves have been at the mercy of something similar in their own development. Forgiveness, as challenging as it may be, is a dis-enthralling of self from the defining “denting” done by others, giving ourselves permission to exist beyond the bounds of how others have tried to shape us, thus re-creating the potential for growth, which may have been split off and disavowed for the better part of one's life. When we mourn what could have been, or the idea of what *should* have been, we can find value in what has remained—the elements that have survived the collapse of the ideal. We remain in touch with something powerful within, which has not been eradicated by destructive forces. Gratitude can also be cultivated for the good that *has* been present in the past (perhaps something that helped us survive it), and for the opportunity to enter the future with new insights.

Within the depressive position, viewing objects as flawed but still capable of doing good (and as being worthy of love), as well as viewing the self as existing beyond the contours traced by early objects, can help generate empathy for ourselves and for those who inflict harm on others—so often, behind acts of aggression one encounters a great deal of pain and a history of being mistreated (Yoder, Grady, & Precht, 2019). After all, one way to make sense of difficult situations is to repeat them, but in an active role.

These dynamics are also relevant to psychedelics, use of which can lead to a breaking up of rigid, canalized, often egocentric perspectives, allowing for more nuanced and flexible frameworks to take shape, increasing one's concern for others and deemphasizing the centrality of the self in the fabric of existence. As with analytic work, the path with psychedelics can be thorny, pushing us to face painful emotions that have been laid bare, without the defensive recourses we are used to deploying. Under psychedelics, many have described being led through the entirety of their lives up to the present moment, at times in the company of an entity that assigns judgment to how the individuals comported themselves in these many life episodes. How we have come to frame our understanding of self and others may suffer dramatic shifts. Feelings of humility, connectedness, love, and desire to repair damaged relationships can emerge. That

which has been lost or cannot be changed may need to be mourned—by decreasing experiential avoidance, grief can be processed and can lessen with psychedelics (González et al., 2020; Watts et al., 2017). Psychedelics have also been shown to foster a forgiving attitude toward past abusers (Khan, Bradley, O'Donovan, & Woolley, 2022). Forgiveness extends beyond the object—we also forgive the “flawed” self-representation that carried an immense weight on its shoulders and may have felt responsible for unwanted occurrences. We work through the guilt of damage we feel we may have done and acknowledge our inability to omnipotently repair past events. This is reflected in the statement made by a subject in an ayahuasca study by González et al., “I found true forgiveness for my brother for his suicide. I also found true forgiveness for myself for not being able to stop him” (González, Carvalho, Cantillo, Aixalá, & Farré, 2019) (p. 272).

Concluding remarks

“I’m not making objects. I’m involved in showing processes.” (Cage, 1963).

The depressive position is one of continued discovery, rejecting static models of reality and of self. When others shape us to fear what life has to offer, our ability to open ourselves to its teachings can suffer. When control is confused with mastery, attachment with love, and rigidity with strength, we may convince ourselves there is nothing further to learn. Surrendering this is the path to a much broader contact with what is true. The psychoanalytic and psychedelic methods give pride of place to the unconscious wisdom within. Creating the conditions to access this inner source is a process requiring ongoing discipline. It is a commitment to truth, to receiving the ever-present wisdom emanating from within and without, carried by those divine guides in search of a seeker. As Mirra Alfassa stated,

“Revelation is always present. It’s always here. We’re the ones who don’t let it in. Knowledge is always present. Enlightenment is always present, floating above everything, ready to be received. It’s only because we’re so completely blinded by everything we think we know and want to do that we can’t receive it. But at the moment we surrender, for whatever

reason, it makes us a bit passive and open, and that's when we receive it" (Malle, 1969).

References

- Aday, J. S., Davis, A.K., Mitzkovitz, C. M., Bloesch, E.K., & Davoli, C.C. (2021). Predicting Reactions to Psychedelic Drugs: A Systematic Review of States and Traits Related to Acute Drug Effects. *ACS Pharmacol Transl Sci*, 4(2): 424–435.
- Barrett, K. (2022). Psychedelic Psychodynamics: Relational Knowing and the Unthought Known. *Psychoanalytic Dialogues*, 32(5): 484–496.
- Bartlett, B. (2017). Time-Soaked: How Trauma Submerges In and Out of Time. *Psychoanalytic Dialogues* 27: 241–254.
- Bergstein, A. (2018). The Psychotic Part of the Personality: Bion's Expeditions into Unmapped Mental Life. *J Am Psychoanal Assoc*, 66(2): 193–220.
- (2019). The Ineffable. In *Bion and Meltzer's Expeditions into Unmapped Mental Life: Beyond the Spectrum in Psychoanalysis* (pp. 159–184). Abingdon, Oxon and New York, NY: Routledge.
- Bertsch, K., Buades-Rotger, M., Krauch, M., Ueltzhöffer, K., Kleindienst, N., Herpertz, S. C., et al. (2022). Abnormal processing of interpersonal cues during an aggressive encounter in women with borderline personality disorder: Neural and behavioral findings. *J Psychopathol Clin Sci*, 131(5): 493–506.
- Bick, E. (1968). The experience of the skin in early object-relations. *Int J Psychoanal*, 49(2): 484–486.
- Bion, W. (1957). Differentiation of the psychotic from the non-psychotic personalities. *Int J Psychoanal*, 38(3–4): 266–275.
- (1962). *Learning from Experience*. London: Karnac.
- (1963/2018). *Elements of Psychoanalysis*. Oxon & New York: Routledge.

——— (1967). *Second Thoughts: Selected Papers on Psycho-Analysis*. London: William Heineman Medical Books Ltd.

Blay, M., Benmakhlouf, I., & Speranza, M. (2025). Could psychedelics be useful in the treatment of patients with personality disorder? A case report of psychotherapy with concomitant use of psychedelics. *Psychiatry Research Case Reports*, 4(1): 100245.

Bollas, C. (1979). The transformational object. *Int J Psychoanal*, 60(1): 97–107.

Britton, R. (1992). The Oedipus situation and the depressive position. In R. Anderson (Ed.), *Clinical Lectures on Klein and Bion*. London: Routledge.

Cage, J. (1963). John Cage Interviewed by Jonathan Cott. from <https://www.youtube.com/watch?v=SLmkFKTpRO8&t=853s>

Calder, A.E., & Hasler, G. (2023). Towards an understanding of psychedelic-induced neuroplasticity. *Neuropsychopharmacology*, 48(1): 104–112.

Carhart-Harris, R. L., Chandaria, S., Erritzoe, D. E., Gazzaley, A., Girn, M., Kettner, H., et al. (2023). Canalization and plasticity in psychopathology. *Neuropharmacology*, 226: 109398.

——— & Friston, K. J. (2019). REBUS and the Anarchic Brain: Toward a Unified Model of the Brain Action of Psychedelics. *Pharmacological Reviews*, 71(3): 316–344.

——— Giribaldi, B., Watts, R., Baker-Jones, M., Murphy-Beiner, A., Murphy, R., et al. (2021). Trial of Psilocybin versus Escitalopram for Depression. *New England Journal of Medicine*, 384(15): 1402–1411.

Caulfield, A., Young, A. H., & Mehta, M. (2025). Learning as the unifying mechanism of psychedelic action. *J Psychopharmacol*: 2698811251405683.

Cohen, S. (1964/1972). *The Beyond Within: The L.S.D. Story*. New York: Atheneum.

Dass, R. (1978). *Be Here Now*. New York, NY: Harmony Books.

Davies, J. (2004). Whose Bad Objects Are We Anyway? *Psychoanal Dialogues*, 14: 711–732.

Dyck, M., Habel, U., Slodczyk, J., Schlummer, J., Backes, V., Schneider, F., et al. (2009). Negative bias in fast emotion discrimination in borderline personality disorder. *Psychol Med*, 39(5): 855–864.

Eveloff, H.H. (1968). The LSD syndrome. A review. *Calif Med*, 109(5): 368–373.

Evens, R., Uyar, A., & Majić, T. (2025). Managing Psychological Challenges in the Subacute (“Afterglow”) Window of Psychedelic Drug Effects. *Curr Top Behav Neurosci*. 77:355–373.

Ferenczi, S. (1949). Confusion of the Tongues Between the Adults and the Child—(The Language of Tenderness and of Passion). *Int J Psychoanal*, 30: 225–230.

Fischman, L. G. (2019). Seeing without self: Discovering new meaning with psychedelic-assisted psychotherapy. *Neuropsychoanalysis*, 21(2): 53–78.

Flückiger, C., Böhme, M., Schweizer, A. M., Gómez Penedo, J. M., & Wampold, B. E. (2025). In Psychedelic-Assisted Therapy, the Alliance in the Psychotherapy Component Is as Important as the Drug. *Psychother Psychosom*, 94(4): 304–305.

Gasser, P., Kirchner, K., & Passie, T. (2015). LSD-assisted psychotherapy for anxiety associated with a life-threatening disease: a qualitative study of acute and sustained subjective effects. *Journal of Psychopharmacology* (Oxford, England), 29(1): 57–68.

González, D., Cantillo, J., Pérez, I., Farré, M., Feilding, A., Obiols, J. E., et al. (2020). Therapeutic potential of ayahuasca in grief: a prospective, observational study. *Psychopharmacology*, 237(4): 1171–1182.

——— Carvalho, M., Cantillo, J., Aixalá, M., & Farré, M. (2019). Potential Use of Ayahuasca in Grief Therapy. *Omega*, 79(3): 260–285.

Guss, J. (2022). A Psychoanalytic Perspective on Psychedelic Experience. *Psychoanalytic Dialogues*, 32(5): 452–468.

Halpern, J. H. (2003). Hallucinogens: an update. *Curr Psychiatry Rep*, 5(5): 347–354.

Healy, C. J. (2021). The acute effects of classic psychedelics on memory in humans. *Psychopharmacology (Berl)*, 238(3): 639–653.

Hendricks, P. S., Clark, C. B., Johnson, M. W., Fontaine, K. R., & Cropsey, K. L. (2014). Hallucinogen use predicts reduced recidivism among substance-involved offenders under community corrections supervision. *J Psychopharmacol*, 28(1): 62–66.

Isham, A., Elf, P., & Jackson, T. (2022). Self-transcendent experiences as promoters of ecological well-being? Exploration of the evidence and hypotheses to be tested. *Front Psychol*, 13:1051478.

Joseph, B. (1982). Addiction to near-death. *Int J Psychoanal*, 63(Pt 4): 449–456.

Khan, A. J., Bradley, E., O'Donovan, A., & Woolley, J. (2022). Psilocybin for Trauma-Related Disorders. *Curr Top Behav Neurosci*, 56:319–332.

Klein, M. (1935/1975). A contribution to the psychogenesis of manic depressive states. In R. Money-Kyrle (Ed.), *Love, Guilt and Reparation: And Other Works 1921–1945* (Vol. 1, pp. 262–289). New York, U.S.A.: The Free Press.

——— (1946). Notes on some schizoid mechanisms. *Int J Psychoanal*, 27:99–110.

——— (1957/1975). Envy and Gratitude. In M. Khan (Ed.), *Envy and Gratitude and Other Works 1946–1963* (pp. 176–235). London: Hogarth Press.

——— (1963/1975). On the Sense of Loneliness. In *Envy and Gratitude and Other Works 1946–1963* (Vol. 3, pp. 368). New York, U.S.A.: The Free Press.

Kozak, Z., & Miller, C. W. T. (2024). Beyond psychedelics: set and setting in general psychiatric practice. *Int Rev Psychiatry*, 36(8): 833–840.

Kuc, J., Kettner, H., Rosas, F., Erritzoe, D., Haijen, E., Kaelen, M., et al. (2022). Psychedelic experience dose-dependently modulated by cannabis: results of a prospective online survey. *Psychopharmacology* (Berl), 239(5): 1425–1440.

Laertius, D. (ca. 3rd century CE / 1925 (tr.)). Book 6 (R. D. Hicks, Trans.). In *Lives of Eminent Philosophers, Volume II: Books 6–10* (Vol. II). Great Britain: Harvard University Press, Loeb Classical Library.

Lansky, M. (2009). Forgiveness as the Working Through of Splitting. *Psychoanalytic Inquiry*, 29: 374–385.

Laozi. (4th century BCE / 2021 (tr.)). *Tao Te Ching* (S. Torode, Trans.): Ancient Renewal.

Levin, A. W., Lancelotta, R., Sepeda, N. D., Gukasyan, N., Nayak, S., Wagener, T. L., et al. (2024). The therapeutic alliance between study participants and intervention facilitators is associated with acute effects and clinical outcomes in a psilocybin-assisted therapy trial for major depressive disorder. *PLoS One*, 19(3):e0300501.

MacLean, K. A., Johnson, M. W., & Griffiths, R. R. (2011). Mystical experiences occasioned by the hallucinogen psilocybin lead to increases in the personality domain of openness. *J Psychopharmacol*, 25(11): 1453–1461.

Malle, L. (Writer) (1969). Film: *L'Inde fantôme: Reflexions sur un voyage* (En: *Phantom India*). France.

Marrocu, A., Kettner, H., Weiss, B., Zeifman, R. J., Erritzoe, D., & Carhart-Harris, R. L. (2024). Psychiatric risks for worsened mental health after psychedelic use. *J Psychopharmacol*, 38(3):225–235.

Milad, M. R., Pitman, R. K., Ellis, C. B., Gold, A. L., Shin, L. M., Lasko, N. B., et al. (2009). Neurobiological basis of failure to recall extinction memory in posttraumatic stress disorder. *Biol Psychiatry*, 66(12): 1075–1082.

Miller, C. W. T. (2021a). The Impact of Stress Within and Across Generations: Neuroscientific and Epigenetic Considerations. *Harv Rev Psychiatry*, 29(4):303–317.

——— (2021b). Traumatic progression: psychoanalytic and neuroscientific dimensions. *The Scandinavian Psychoanalytic Review*, 44(1–2): 12–19.

——— & Kozak, Z. (2025). Therapeutic and Structural Dimensions in Psychiatric Prescribing: Bridging Psychedelics and Antidepressants. *Harv Rev Psychiatry*, 33(3):149–157.

Miller, L. (1975). A View of “King Lear”. *Journal of Child Psychotherapy*, 4: 93–124.

Mograbi, D. C., Rodrigues, R., Bienemann, B., & Huntley, J. (2024). Brain Networks, Neurotransmitters and Psychedelics: Towards a Neurochemistry of Self-Awareness. *Curr Neurol Neurosci Rep*, 24(8): 323–340.

Murphy, R., Kettner, H., Zeifman, R., Giribaldi, B., Kartner, L., Martell, J., et al. (2021). Therapeutic Alliance and Rapport Modulate Responses to Psilocybin Assisted Therapy for Depression. *Front Pharmacol*, 12: 788155.

Pokorny, T., Preller, K. H., Kometer, M., Dziobek, I., & Vollenweider, F. X. (2017). Effect of Psilocybin on Empathy and Moral Decision-Making. *Int J Neuropsychopharmacol*, 20(9):747–757.

Rosenblatt, J. (2019). *Why We Fight*. New York: Ecco.

Rundel, M. (2022). Psychedelic Psychoanalysis: Transformations of the Self. *Psychoanalytic Dialogues*, 32(5): 469–483.

Russ, S. L., Carhart-Harris, R. L., Maruyama, G., & Elliott, M. S. (2019). Replication and extension of a model predicting response to psilocybin. *Psychopharmacology (Berl)*, 236(11): 3221–3230.

Shao, L. X., Liao, C., Davoudian, P. A., Savalia, N. K., Jiang, Q., Wojtasiewicz, C., et al. (2025). Psilocybin’s lasting action requires pyramidal cell types and 5-HT(2A) receptors. *Nature*. 642(8067):411–420.

Shengold, L. (1991). *Soul Murder: The Effects of Childhood Abuse and Deprivation*. New York: Ballantine Books.

Singer, B., Meling, D., Hirsch-Hoffmann, M., Michels, L., Komater, M., Smigielski, L., et al. (2024). Psilocybin enhances insightfulness in meditation: a perspective on the global topology of brain imaging during meditation. *Sci Rep*, 14(1):7211.

Timmermann, C., Kettner, H., Letheby, C., Roseman, L., Rosas, F. E., & Carhart-Harris, R. L. (2021). Psychedelics alter metaphysical beliefs. *Sci Rep*, 11(1):22166.

Varia, R. (1986). *Brancusi* (M. Vaudoier, Trans.). New York: Universe Publishing.

Varnäs, K., Halldin, C., & Hall, H. (2004). Autoradiographic distribution of serotonin transporters and receptor subtypes in human brain. *Hum Brain Mapp*, 22(3):246–260.

Watts, R., Day, C., Krzanowski, J., Nutt, D., & Carhart-Harris, R. (2017). Patients' Accounts of Increased "Connectedness" and "Acceptance" After Psilocybin for Treatment-Resistant Depression. *Journal of Humanistic Psychology*, 57(5):520–564.

Yoder, J., Grady, M. D., & Precht, M. (2019). Relationships between Early Life Victimization, Antisocial Traits, and Sexual Violence: Executive Functioning as a Mediator. *J Child Sex Abus*, 28(6):667–689.

Zeifman, R. J., Kettner, H., Pagni, B. A., Mallard, A., Roberts, D. E., Erritzoe, D., et al. (2023). Co-use of MDMA with psilocybin/LSD may buffer against challenging experiences and enhance positive experiences. *Scientific Reports*, 13(1):13645.

——— Wagner, A. C., Monson, C. M., & Carhart-Harris, R. L. (2023). How does psilocybin therapy work? An exploration of experiential avoidance as a putative mechanism of change. *J Affect Disord*, 334:100–112.



Psychedelic Part-Objects: A Response to Christopher W.T. Miller's *The Surrendered Self: Psychedelic Phenomenology and Pathways to the Depressive Position*

Tracy Sidesinger

In *The Surrendered Self*, Miller (2026, this issue) sets out to use Kleinian Object Relations theory to describe the psychological action of psychedelics. Specifically, with reference to their connecting quality, he argues that psychedelics are beneficial in that they facilitate achievement of the Depressive Position. In contrast, I suggest that Kleinian Object Relations theory itself is inadequate in considering how people heal and grow because it doesn't consider trauma, external reality, or systems. I contend that the idea of the Depressive Position may yet be useful for our purposes if it is applied not to what psychedelics allow to happen in individuals, but to how we approach psychedelics themselves.

Miller's idea is interesting, but these other factors need to be considered and thus the way we think of psychedelics helping people needs to be expanded. To what extent are researchers, funders, legislators, practitioners, users, and others approaching psychedelics from a Paranoid-Schizoid position? How is this problematic? And how might these considerations inform and guide our use of psychedelics?

Splitting Psychedelics into Part-Objects

Miller makes a brief comment about addressing the potential pitfall of idealizing a medicine: An "*in medias res* approach may be important for patients who have a higher potential for splitting (e.g., individuals with borderline personality disorder); an overemphasis on the psychedelic session proper may shape the drug into an idealized rescue intervention" (p. 11). This is a legitimate concern as attitudes towards psychedelics warm, not only in patients but across many different sectors.

Legal, financial, and scientific perspectives are enmeshed in the modern re-awakening to psychedelic use, although such use has a centuries-long

history in Indigenous practices and first entered Western awareness in the late 1950's based on its therapeutic effect (Vintiadis, 2025). As such, there are many ways in which relating to psychedelics can be fragmented today by developmentally unprepared users or those with narrow agendas. Such attitudes toward psychedelics themselves parallel the Kleinian notion of the Paranoid-Schizoid position, a part-object manner of relating. What would it mean to relate to psychedelics as part- or whole-objects, and what's at stake either way?

To answer this question, it's first important to ask why psychedelics are presently coming into the public eye with such fervor. One take comes from the reported memoir *Trippy* in which Ernesto Londoño (2024) asked a leader of the ayahuasca-centered Santo Daime religion "how he saw the boom of ayahuasca." He was told that:

'By spreading well beyond the Amazon, picking up converts from a broad cross section of humanity, the plants may be signaling a sense of urgency and distress about the state of the earth and its most destructive inhabitants... They show us that there are things that are deeply wrong in our planet: everything from the climate crisis, social problems, environmental degradation, runaway capitalism,' he said. 'We're in a crisis of civilization... The way I see it, plants, especially ayahuasca, might be the only shortcut to reach an expansion of consciousness that will be required to change.' (pp. 87–88).

This perspective, informed by Indigenous practice, demonstrates the possibility that the resurgence of interest in psychedelics is related not just to any individual crisis but to the *poly*-crisis, the simultaneous occurrence of multiple interconnected crises (Mark, Holder, et al., 2025). What's at stake is likely much more profound than the rates of mental health disorders in humans. Similarly, addressing a polycrisis would in turn need to be met with systemic solutions over siloed ones. The above cited response envisages precisely that by centering ayahuasca as its own subject, whole but interconnected, and therefore able to be part of the conversation.

Although I suspect Miller may concur with me about the importance of not treating psychedelics as part-objects, I do believe that he has initially

fallen into some split conceptualizations. This is primarily due to the fact that his argument is overly optimistic and programmatic yet without specificity. At no point does he differentiate treatment considerations such as symptoms and history of individuals being treated, nor does he differentiate effects between different medicines, or indicate a different effect relative to the number of psychedelic sessions. The closest he gets to this is noting that “[a]chieving a surrendered, accepting mindset can be a long process in itself” (p. 11).

In large part, Miller’s proposal reads like a one-size-fits-all idealistic solution. He emphasizes “[f]eelings of humility, connectedness, love, and desire to repair damaged relationships” as the result of psychedelic use, as well as “forgiveness” including “toward past abusers” (p. 15). Where he does note challenging experiences, he advises that psychedelics should serve to manage and incorporate them.

Miller’s view is undoubtedly consistent with Klein (1946) in terms of seeing anxiety about the persecutory qualities of others as a less developed position than the Depressive Position, in which an individual comes to see the loved and hated object as one. It is not his interpretation but the use of Klein’s position itself that I take issue with. True, psychedelics generally have been found to “unbind... models of self-with-others,” (Fischman, 2024, p. 11) and may reduce the prediction of persecution by others. However, they may also lead to other novel understandings of others. The real goal may be to become more flexible and responsive to the environment, without any *a priori* assumptions about what the environment or another object actually is.

Adherence to a one-person Depressive Position model can even proffer danger, to the extent that it flattens how one should perceive all others. Gentile (2026) has suggested that “psychoanalysis has privileged ambivalence in relation to the Depressive Position too much,” and furthermore that love and hate don’t belong in the same relational field. Consideration for a person’s trauma history and presenting concerns can help to clarify this danger.

What's Trauma Got to Do with It, And What Kind of Oneness Are We Talking About?

Klein's theory of internalized Object Relations considers development in a universalizing way and similarly, trauma as a "universal and paradigmatic situation" that is produced by the individual as a fantasy and not as an external event (Barranger, Barranger, and Mom, 1988, p. 121). In this way, Klein's theory is incompatible with a conception of trauma as originating—and potentially ongoing—in the external world. The unequivocal Kleinian goal of "differentiat[ing] the past and the present from a future free (or relatively free) of persecutory anxiety" (Barranger & Barranger, 2008, p. 822) has not reckoned with the reality of continuous trauma (Eagle & Kaminer, 2013), such as can occur in domestic violence, protracted warfare, and pervasive community violence.

In contrast, some of the leading areas of study in psychedelic research are PTSD and trauma-related issues. By diagnostic criteria these depend not only on how events are internalized, but first and foremost on exposure to an external traumatic event(s). And these are not universal experiences.

In the initial statement of Miller's quoted above, he cites individuals with borderline personality disorder as exemplary of those who have a higher potential for splitting and therefore might be more prone to idealizing psychedelic interventions. At this point I would like to note the increasing evidence that BPD and C-PTSD exist as overlapping but distinct diagnoses (Simon, Spiegler, et. al., 2025). It is likely that many with C-PTSD have previously been misdiagnosed with BPD without adequate recognition of the external, traumatic underpinnings of their symptomatology. In the case of individuals with complex trauma, they may in fact be searching for a good-enough object or safer container that does not carry the same likelihood of recapitulating unconscious dynamics that human-to-human relationships do; a not insignificant relational element of treatment to which psychedelics offer a unique opening. As Fischman (2025) observed, "the [psychedelic-assisted psychotherapy] concept of inner healing intelligence implicitly recognizes that individuals who have experienced trauma are more likely to place trust in their own resources than in someone else's" (p. 3). Via this channel it is possible that psychedelics do hold a different—and sometimes

necessary—promise for availability and change for those who have suffered nonnormative traumatic experiences.

In dissociation and complex trauma, one may not experience hate feelings toward a depended on, trusted other for many years, owing to the fact that these feelings could be unsurvivable during development (see, for example, Ferenczi's (1933/1988) concept of the internalization of the aggressor, and Freyd's (1998) concept of betrayal blindness). Those seeking repair of early relational trauma through psychedelics might in fact come to experience *more* anger, hatred, and need to distance from others than they did prior to treatment.

Miller (2026) appears to concur with Lisa Miller (1975) whom he quotes as stating that “a real person cannot conceivably match the bottomless evil of a bad object” (p. 102). I disagree. One example in recent news is Shamar Elkins, the father who fatally shot seven of his own children, as well as shooting and injuring both his wife and the mother of three of his children (Sottile et al., 2026). Rather than suggesting that Elkins' evil was “bottomless,” I seek to highlight that the badness he was capable of was severely underestimated. His neighbor pointedly admitted that the first thought he had the morning of the massacre was to “hope the children are alright,” until later in the day when he realized “They are not.” This, despite Elkins' admission that he would kill his entire family if his wife proceeded with their divorce-in-process. Unfortunately, rather than being exaggerated, it is all too common that the badness individuals can and do commit is not taken seriously enough, especially in domestic violence situations.

In the model Miller put forward, “the more open we are to expanding our views of ourselves, the more we feel connected to others, as differences are bridged” (p. 12). I would be remiss to deny that there are cases that exemplify precisely this phenomenon, with generations of trauma as a singular story transcending what happened to any one individual. Yet, by my read, the data does not indicate that psychedelics lead to a singular, specific, or static way of relating to all others. There are myriad ways individuals experience an expansion of their connection to others through psychedelics, and to illustrate this multiplicity I will highlight a few.

The first type of expansion of relation to others may be the most compatible with Klein's Depressive Position, which is *oneness with the self*. This can be profound, especially for those who have experienced pathological dissociation. I reference again here those who have internalized and identified with an aggressor and thereby obscured relationship to their true self (Winnicott, 1960) or, differently conceptualized, other fragmented parts of self. Fischman (2019) noted that through psychedelics, people can undergo a temporary removal from experiencing themselves as subjects and instead view themselves momentarily as objects. It is, he suggested, this perceptual distance from oneself that pieces more together and fosters a sense of greater internal wholeness upon return from a trip.

Porscha described such an experience to me. She had significant body dysmorphia, a relentlessly negative self-concept, and significant early relational trauma. At the time we began working together, she was in the middle of gender transition, a process that had been initiated by a profound psychedelic experience. She described a psilocybin trip with their partner in which their partner commented that they loved Porscha's body. This type of comment would have normally been unmetabolizable and dysregulating, but in an altered state of consciousness, Porscha was able to take it in. They then gazed at their own body in the mirror filled with a sense of self-love. Truly looking at themselves, they saw that they were female and began to experience a flood of usually inaccessible bodily childhood memories. In their words, "the pieces fit together for the first time." In the years afterwards as they transitioned, the sense of a unified self continued to grow. However, at the same time, many external relationships came to an end due to non-acceptance of the patient and even increased recognition of danger toward them.

Similarly, in Londoño's (2024) personal account, some psychedelic journeys took him back to the war-ravaged Columbia of his youth and a deeper relationship to his own cultural traumas. He describes "a couple of words in Spanish that began cycling through my mind on a loop. *Patria ensangrentada*," and then he translates, "Blood-drenched homeland" (p. 215). He describes mostly forgetting about the war-torn aspects of his homeland after he emigrated. However, this altered state of consciousness brought him back to these memories, as well as to his seemingly

spontaneous offering to be a war correspondent later in life. Through psychedelic work, he entered into a more systemic view of his life, specifically by seeing his war journalism as a response to his early dodging of war service. In a systemic view of one's own life it is more possible to consider how later choices relate to earlier, even dissociated experiences.

Taking a systemic view by definition is not limited to how one perceives one's own life. In Londoño's case, he credits psychedelics with enabling him to see these events of his life in relation to nation, class, sexual orientation, and other complex, interrelated systems. Viewing *self in relation to multiple, complex systems* is another way in which psychedelics impact one's sense of relation to otherness.

Adam's multiple MDMA experiences had the effect of revealing systemic racism and cultural trauma that impacted his life, as well as discrete forces of collective repair that were helping to sustain him. Raised in America by parents who immigrated and sought asylum from their homeland, Adam had assimilated to much of American culture including normalization of the nuclear family as the main source of attachment and distress. He did not speak his mother tongue, as it had been made fun of and sometimes punished through physical violence in their public-school primary education. In a multi-year psychotherapy, he came to see this as a cultural trauma that did not originate in his parents, but by and large connection to his family's asylee status was disavowed. Seeking more personal meaning, he began to engage independently in explorations with MDMA that he then sought to integrate through psychotherapy.

On one such trip he saw an image of himself as a child, dead, wrapped in an American flag, and being buried. He alone wept for this child, while those surrounding him were indifferent to his life as a casualty. In a later altered psychedelic state, he experienced multiple hands bathing and cleansing his child-like body.

These psychedelic experiences opened Adam up to feel the forces of systemic power and violence in his life, including how both his parent's homeland and the country where he acquired citizenship wanted him dead in different ways. Owing to its terror, this relation to otherness was routinely disavowed during Adam's normative states of consciousness

but were brought to his awareness through psychedelic work. The experience of collective generativity, albeit anonymous and ambiguous, was also present. Adam's experiences were challenging but also deepened his relation to collective systems of power. Importantly, although he felt these as both generative and harmful, he was only able to make sense of them by seeing them as coming from discrete sources. It was as if to say, if from the outset the hand that bathes you is the hand that kills you, you're as good as dead.

Lastly, psychedelics can impact one's relation to otherness through *the address of moral injury*, where those who have caused harm to others reckon with their actions and values. Litz et al. (2009) define moral injury as the result of "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations [that] may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially" (p. 695). This is most commonly applied to combat situations where widespread brutality occurs, is normalized, and yet high incidence rates of PTSD are also found.

In their qualitative study of "veteran [Israeli] combatants who have taken it upon themselves to expose the public to the reality of everyday life in the Occupied Territories" (p. 296), Amir and HaCohen (2020) proposed that language can be deployed to defensively alter the meaning of perpetrator's actions. Importantly, they discuss this as a means of avoiding one's own awareness of their moral injury that also keeps a person from being able to re-engage in the collective, the moral community. They refer to one type of testimony as "screen confessions" in which perpetrators use such language to distance themselves from their actions and from others. "Distortion or error, here, does not inhere in the concrete details but in the syntax which interferes in different ways with the original utterance, removing its deep meaning even if all of its components are accurate and correct" (*ibid*, p. 298). In contrast, "transformative confessions" linguistically demonstrate nearness, and they "create a vital emotional link between the perpetrator and the meaning and implications of his or her deeds" (*ibid*, p. 299).

While Amir and HaCohen do not discuss psychedelic interventions, their conceptualization of how individuals narrate their experiences relative to moral injury is a helpful frame for understanding why many

have begun to consider using psychedelics for its treatment. One reason they may assist in this process is the relative activation of the salience network (SN) and deactivation of the default mode network. As Guss (2022) describes their effect on the SN, psychedelics act “as agents that reliably perturb the mechanism by which conventional identity and self-recognition are maintained” (p. 457). In moral injury it can feel necessary to attempt to erase the other (the one harmed) in order to avoid extreme dissonance, but in the process one has to erase their own reflective inner moral subject. However, both may be reconstituted in the right circumstances. An overview by Kurkova et al. (2025) suggests that it may be the mystical or spiritual elements engendered by psychedelics that aid in this immensely difficult work. Through psychedelic reactivation of the salience network, it is not necessarily that new memories appear, but that what is salient among memories shifts, and this may be particularly impactful to one’s relation to otherness when difficult meanings are able to be contained in profound mystical experiences.

As psychedelic states evince a permeating oneness, individual experiences likely continue to differ; what is highlighted are these various relations to oneness.

Psychedelic Part-Objects

Having named some of the diverse ways in which psychedelics may impact a person’s relation to otherness and oneness that the Depressive Position alone cannot account for, I now turn to consider ways of relating to psychedelics themselves. Particular attention needs given to how various actors in the psychedelic renaissance may be prone to splitting these medicines into part-objects, and where this may be problematic. Despite the modern sense that science and medicine derive their validity from isolating processes and particles in order to be objective, there are limits to such methods. And, in the case of psychedelics—whose use by humans originated with Indigenous peoples in holistic practices to include ritualized settings and reverence for plant medicines as entities—a part-object approach represents a significant and not inconsequential departure from prior ways of relating. Leary (2025) addressed what can sometimes be a split between synthetic and plant medicines, arguing that ceremonial intentionality can be applied to synthetic psychedelics and in fact has been for many years. It is just as relevant to

consider the relationships we have to psychedelic medicines being chemically developed today as to those being used for centuries.

Legal policy is one arena in which psychedelics are perceived as a split bad or good object, bringing only harm or healing, one extreme or the other. The U.S. government has alternately outlawed psychedelics to the point of stating they have “no medical use”—as in the Controlled Substances Act of 1970—and moved to recognize them as breakthrough treatments whose administration should be accelerated—as in Trump’s Accelerating Medical Treatments for Serious Mental Illness 2026 executive order.

In different ways, as the beneficial qualities of psychedelics are increasingly apprehended, science, medicine, and the financial sector show attempts to break them into pieces to extract the most benefit. The semantics of whether psychedelics are referred to as medicine, drug, or molecule give some indication.

Most notable are the pharmaceutically led initiatives to remove hallucinogenic, imagistic, and narrative aspects of medicines. One of the leading pharmacologists in this endeavor is Bryan Roth, who now runs a lab funded by the Defense Advanced Research Projects Agency (DARPA, part of the Department of Defense) to focus on efficiency in so-called “battlefield medicine.” One of the explicit aims he has stated for the lab is “to discover a compound that elicits therapeutic effects without the patient having a psychedelic experience” (Ketwitz, 2022). A news brief from DARPA’s official site describes the aims of “Focused Pharma” using pejorative language around psychedelic effects, even while setting out to harness their benefits, via a literal splitting mechanism:

Certain Schedule 1 controlled drugs that engage serotonin receptors show promise of rapid and long-lasting therapeutic effect in treating neuropsychiatric conditions such as chronic alcohol dependence, post-traumatic stress, and treatment-resistant depression following only limited doses. However, because such drugs act on many neurotransmitter receptors and receptor subtypes in the brain without specificity and indiscriminately activate numerous signaling pathways, they produce significant side

effects, including hallucination. These effects, coupled with their unpredictable consequences, render the drugs unusable in a military healthcare setting (DARPA, 2019).

As a result of viewing hallucinations in only negative terms, DARPA reports seeking “a therapeutic effect that is *uncoupled from deleterious neurological effects*” (italics mine). Noting that this is not only treatment for discharged veterans but medicine for those in active battle, the motivation to reduce the duration, cost, and complexity of treatment may also be joined by a motivation to defend against personal narrative and consciousness about symptoms. Londoño (2024) expressed concerns that this is a significant danger of a molecular solution. Reducing the symptoms of PTSD without reckoning with the specific traumas, contexts, or moral injuries in which they are situated equates to “opt[ing] out of the grieving process” (p. 267).

Pharmaceutical companies aligned with the financial sector also seek a similar result, ostensibly to make groundbreaking treatments more accessible and affordable. However, these developments coincide with a growing disregard for the narrative and therapeutic dimensions of treatment and, in contrast, clear profit motives in view. Drug developers certainly also have their eyes on the global financial psychedelic market—which is currently valued at over \$3 Billion and projected to reach a valuation of \$13 Billion in the next ten years as new products are developed and legislation changes to support their use (Roots Analysis, 2026). As these profit motives move to narrate the development of psychedelics, they are also increasingly severed from psychotherapy. The landscape of legal ketamine treatment already available is instructive, where the “supervision of a healthcare provider” requirement can be interpreted in vastly different ways by those administering ketamine. At one end of the spectrum of care there is dedicated attention within ongoing psychoanalytic treatment, complete with exploration of emergent psychedelic imagery and its integration into the patient’s personal story. At the other we find people getting treatment without psychotherapy or even dedicated physical presence for the duration of the administration, a treatment that lacks connection to personal narrative, history, or subjectivity.

In his paper, Miller (2026) refers to psychedelics assuming they occur in the context of ongoing psychotherapy: “the psychedelic is but an instrument to augment what is already being done, as opposed to being the culmination or center of orbit of therapeutic work” (p. 11). With increasing proponents of psychedelics who suggest that their effect can occur entirely without psychotherapy, the issue of whether and to what extent therapy is part of the effect warrants more direct and focused attention.

To this end, a distinction has been made between researchers who see psychotherapy and psychedelic properties as separate from or related to outcomes. “Researchers who adopt the *drug-centered view* argue that the therapeutic potential of psychedelics is best explained by their pharmacological properties alone; the subjective or hallucinogenic experience they induce is considered incidental, or even unnecessary,” write Yan & Ni, et. al. (2025, p. 4, italics mine). In this drug view, psychotherapy is also seen as unnecessary or background. In contrast, “*Drug assisted psychotherapy* rests on the assumption that therapeutic change emerges from the *interaction* between drug effects and psychotherapeutic engagement” (*ibid.*). These two views represent stark differences shaping the future of psychedelics. As the daughter of Ann Shulgin reminded listeners at a recent Psychedelic Science conference, chemical developments do not have to be separated from psychotherapeutic ones (Tucker, 2025). Sasha was wary of the effects of commercialization in his early work in the 1970s, and although these concerns have only deepened, they can be addressed with careful attention to our treatment of psychedelics.

Such considerations should not be left to chemists and lawmakers as a top-down process. Those of us working as treaters and theorists also have a significant role to play. Kudler (2024)—a psychoanalytic psychiatrist whose projects include co-leading development of joint VA/Department of Defense clinical practice guidelines for PTSD—described his concern that psychiatry’s hyperfocus on biology in the 1990s has interfered with the education of psychiatrists about the importance of subjectivity. By extension, there may be a complicity in the contemporary reduction of psychedelics to part-objects:

While attending a presentation by psychiatry fellows on psychedelic-assisted psychotherapy, I noted that, although they described each

agent's chemical structure, putative sites of action, and potential adverse effects in detail, they gave short shrift to the 'assisted psychotherapy' component of treatment. Thirty years after the onset of the 'Decade of the Brain,' newly minted psychiatrists may have trouble seeing beyond the biomedical reductionism of our time" (p. 60).

Relating to Psychedelics as Whole Objects for Greater Systemic Change

Returning now to Object Relations theory, I am reminded not only of Klein but also Winnicott, who distinguished between relating to an object and "the use of an object." For Winnicott (1969), the latter was the more sophisticated development but required relating to the other *qua* other and not only as an internalized object. "Usage cannot be described except in terms of acceptance of the object's independent existence," "not as a projection, but as a thing in itself" (p. 712). Miller (2026) veers in this direction temporarily, stating that: "In the Depressive Position, we also concern ourselves with the state of the object, not only with ourselves" (p. 5). However, in my view, when discussing the psychedelic other, he makes too many quick assumptions about what will come of our encounters with it.

For Winnicott (1969), "the word 'destruction' is needed, not because of the baby's impulse to destroy, but because of the object's liability to not survive" (p. 715). The object "(if it survives) contributes into the subject, according to its own properties" (p. 713). To assume what these properties would be is itself a projection. Fischman (2024) applies this directly to the effects of psychedelics: "In psychedelic ego dissolution and psychosis, meaning is felt to inhere *in the object*; one feels as if in touch with the object's "Is-ness" (Huxley, 1954, p. 5)" (p. 11, *italics mine*). I suggest that we can also apply this logic to psychedelics directly, not just the things they allow us to see when under their influence.

What is most complicated is that no entity can be fully and finally separated out into their own distinct nature; we remain phenomenologically related. Subsequent to both Klein and Winnicott, and based in infant observation, relationalists propose that phenomenological *experience* gets closer to the point. "Current concepts from development studies suggest that what the infant internalizes is the process of mutual

regulation, not the object itself or part objects” (Stern, Sander, et. al 1998, p. 907). Such considerations may help us continue to develop psychedelics that are uniquely suited to modern needs while also respecting their autonomous role in creating change. An inter-subjective model allows us to consider the wholeness of the user, the wholeness of the medicine, and the larger Oneness that includes all subjects that are yet limited in their individual experiences of one another.

This matches the fact that many scientists on the frontlines of pharmaceutical psychedelics feel skeptical about the ability to separate the psychedelic experience from the change agents in these medicines. Some even cite the emotional and mystical experiences as inextricably linked to the experience of change, in a way that is different from the treatment of more exclusively physical ailments like migraines (Halford, 2022). Psychedelics show their greatest potential to psychoanalysis and the human psychological experience when we relate to them as whole objects themselves within a systems perspective. They can disrupt in ways we are not in control of – even as scientists, prescribers, or facilitators—which may ultimately be more beneficial than if we tried to retain full control over them.

Conclusion: Returning to Surrender

Hiding in Miller’s (2026) paper—titled “The Surrendered Self: Psychedelic Phenomenology and Pathways to the Depressive Position”—is the notion of surrender. I return us to this notion and wonder, what is the nature of surrender, and to what do we surrender to?

Ghent (1990) famously distinguished between submission and surrender. His work is not mentioned by Miller, but I think it brings important correctives and considerations for future use of psychedelics. Ghent’s surrender is outside the duality of domination and submission. In relating to psychedelics as split part-objects, there is instead much domination and submission, attempting to either fully control or fully submit to their control. Alternately in surrender, there is choice about object use, so that when one is given over to, it happens willfully. With discernment.

This discerning attitude is also necessary for the future treatment of psychedelics, carefully choosing which medicines to engage with and how,

yet maintaining a sense of reverence for their ability to change us in the ways we actually need. This will require a degree of surrender, not to foregone conclusions about our attitudes to others, but to the impact these medicines can have on the future of humanity and the world. The words of Ghent (1990) are a fitting end:

“Surrender... rather than carrying a connotation of defeat, convey[s] a quality of liberation and expansion of the self as a corollary to the letting down of defensive barriers” (p. 108).

In this spirit of liberation, to address the crises in our patients and in our world, let us willfully surrender to wherever the future of psychedelics may take us.

References

- Amir, D. & HaCohen, N. (2020). Screen confessions: The test case of “Breaking the Silence.” *International Journal of Applied Psychoanalytic Studies*, 17: 296–312.
- Baranger, M. & Baranger, W. (2008). The analytic situation as a dynamic field. *International Journal of Psychoanalysis*, 89: 795–826.
- & Mom, J.M. (1988). The infantile psychic trauma from us to Freud: Pure trauma, retroactivity and reconstruction. *International Journal of Psychoanalysis* 69:113–128
- DARPA. (2019, September 11). *Structure-guided drug design could yield fast-acting remedies for complex neuropsychiatric conditions*. <https://www.darpa.mil/news/2019/complex-neuropsychiatric-conditions>
- Eagle, G., & Kaminer, D. (2013). Continuous traumatic stress: Expanding the lexicon of traumatic stress. *Peace and Conflict: Journal of Peace Psychology*, 19(2), 85–99. <https://doi.org/10.1037/a0032485>
- Ferenczi, S. (1933/1988). Confusion of tongues between adults and the child: The language of tenderness and of passion. *Contemporary Psychoanalysis*, 24: 196–206.
- Fischman, L. (2019). Seeing without self: Discovering new meaning with psychedelic-assisted psychotherapy. *Neuropsychanalysis*, 21(2): 53–78.

——— (2024). Meaningfulness and attachment: What dreams, psychosis and psychedelic states tell us about our need for connection. *Frontiers in Psychology*, 15: 1413111. doi: 10.3389/fpsyg.2024.1413111

——— (2025). My bad, you got this: Witnessing, therapist attitude and the synergy between psychedelics and inner healing intelligence in the treatment of trauma. *Frontiers in Psychology*, 16: 1469559. doi:10.3389/fpsyg.2025.1469559

Freyd, J. (1998). *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard Univ Press.

Gentile, J. (2026, May 8). *Hate and the feminine* [Conference Presentation]. IARPP Conference 2026, Toronto, Canada.

Guss, J. (2022). A psychoanalytic perspective on psychedelic experience. *Psychoanalytic Dialogues*, 32: 452–468.

Halford, B. (2022, March 6). Drug companies are investing big in psychedelics, but can they engineer out the trip? <https://cen.acs.org/pharmaceuticals/drug-development/Drug-companies-investing-big-psychedelics/100/i9>

Ketwitz, L. (2022). UNC: Seeking psychedelic treatment for mental illness <https://mediahub.unc.edu/unc-seeking-psychedelic-treatment-for-mental-illness/>

Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psychoanalysis* 27: 99–110.

Kudler, H. (2023). Trance and trauma: From shamanism to psychedelic-assisted psychotherapy. *The American Psychoanalyst*, 57(3): 56–61.

Kurkova, V., Winkler, O., Greenshaw, A., Jetly, R., Swainson, J., Lodewyk, J., Saghafi, P., Dennett, E., & Burbach, L. (2025). Exploring the potential of psychedelic-assisted psychotherapy for moral injury: A scoping review. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 138: 111333. <https://doi.org/10.1016/j.pnpbp.2025.111333>.

Leary, Z. (2025). *Your extraordinary mind: Psychedelics in the 21st century and how to use them*. Sounds True.

Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8): 695-706. <https://doi.org/10.1016/j.cpr.2009.07.003>.

Londoño, E. (2024). *Trippy: The peril and promise of medicinal psychedelics*. Celadon Books.

Mark, S., Holder, S., Hoyer, D., Schoonover, R., & Aldrich, D. P. (2025). Understanding polycrisis: Definitions, applications, and responses. *Global Sustainability*, 8, e35. doi:10.1017/sus.2025.10018

Miller, C.W.T. (in press). The surrendered self: Psychedelic phenomenology and pathways to the depressive position. *The International Journal of Controversial Discussions*, p. 62.

Miller, L. (1975). A view of “King Lear.” *Journal of Child Psychotherapy*, 4: 93–124.

Roots Analysis. (2026, April). *Global psychedelic therapeutics market*. <https://www.rootsanalysis.com/reports/global-psychedelic-therapeutics-market.html>

Sottile, Z., Mascarenhas, L., Rosales, I., Campinoti, M.S., & Romine, T. (2026, April 22). A Louisiana man killed 8 children, 7 of his own: His family said warning signs preceded the tragedy. *CNN*. <https://www.cnn.com/2026/04/20/us/shreveport-louisiana-shooting-what-we-know-hnk>

Simon, J.J., Spiegler, K., Coulibaly, K., Stopyra, M.A., Friederich, H.-C., Gruber, O., & Nikendei, C. (2025). Beyond diagnosis: Symptom patterns across complex PTSD and borderline personality disorder. *Frontiers in Psychiatry*, 16:1668821. doi: 10.3389/fpsy.2025.1668821

Stern, D.N., Sander, L.W., Nahum, J. P., Harrison, A.M., Lyons-Ruth, K., Morgan, A.C., Bruschweiler-Stern, N. & Tronick, E.Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The ‘something more’ than interpretation. *International Journal of Psychoanalysis* 79: 903–921.

The White House (2026, April 18). *Fact sheet: President Donald J. Trump is accelerating medical treatments for serious mental illness*. <https://www.whitehouse.gov/fact-sheets/2026/04/fact-sheet-president-donald-j-trump-is-accelerating-medical-treatments-for-serious-mental-illness/>

Tucker, W. (2025, September 12). The living legacy of Sasha Shulgin. *MAPS Bulletin XXXIV*. <https://maps.org/news/bulletin/legacy-sasha-shulgin-denver/>

Vintiadis, E. (2025). The promises and perils of the psychedelic turn in psychiatry. *Philosophical Psychology*, 38(7): 3003–3010. <https://doi.org/10.1080/09515089.2025.2532286>

Winnicott, D.W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis*, 41: 585–595.

——— (1969). The use of an object. *International Journal of Psychoanalysis*, 50: 711–716.

Yan, K., Ni, C., Kuo, Y.Y., & Chen, M.-H. (2025). Drug-centered or drug-assisted? Epistemic perspectives and methodological tensions in psychedelic psychotherapy. *European Journal for Philosophy of Science*, 15: 58. <https://doi.org/10.1007/s13194-025-00679-9>



Response to Sidesinger Comments

Christopher W.T. Miller

I am grateful to Tracy Sidesinger for the commentary on my manuscript. It does seem clear that our interpretations of the Kleinian model are not aligned, as I will explore in this brief response. Perhaps there is something of a parallel process at play with the “split” and “programmatic” view of my arguments, these being adjectives Sidesinger utilized to characterize my own perspective. I feel at times that we may approach one another’s scholarly contributions as a “wilfully misunderstanding object” (Bion, 1962) (p. 309), making perspectival convergence not only difficult, but unwelcome. An example of this is when Sidesinger openly disagrees with the viewpoint that no actual external object contains the bottomless evil of the fantasized all-bad object; but then, after providing a brief backstory on Shamar Elkins, goes on to say, “Rather than suggesting that Elkins’ evil was ‘bottomless,’ I seek to highlight that the badness he was capable of was severely underestimated,” in essence agreeing that an external object *does not* possess bottomless evil, even when terrible acts are committed.

Despite frequently pushing back against the Kleinian model, Sidesinger oftentimes reinforces its relevance. In the discussion of moral injury, Sidesinger essentially encapsulates a movement from a paranoid-schizoid (marked by splitting, part-object viewpoints, omniscience, egocentrism) to a depressive (marked by nuance, whole-object relating, concern for the object) position framework: “In moral injury it can feel necessary to attempt to erase the other (the one harmed) in order to avoid extreme dissonance, but in the process one has to erase their own reflective inner moral subject. However, both may be reconstituted in the right circumstances.” Similarly, progression toward depressive position functioning is punctuated in Sidesinger’s comment, “The real goal may be to become more flexible and responsive to the environment, without any *a priori* assumptions about what the environment or another object actually is.”

Sidesinger stated, “I suggest that Kleinian Object Relations theory itself is inadequate in considering how people heal and grow because it doesn’t consider trauma, external reality, or systems.” By representing the Kleinian lens as one that views trauma as something “produced by the individual as a fantasy and not as an external event” (as Sidesinger claims), a woefully distorting vertex is adopted, one that is far from the viewpoint I developed in my paper. The perspective put forth by Sidesinger terribly underestimates the immense applications of Kleinian theory and practice to the landscape of trauma, as well as how Kleinian work has become inextricable from external objects and one’s environment. (One need only learn of the evolution of the term *projective identification* to have a salient example of this progression.) Wilfred Bion, who served in World War I and wrote extensively on the topic of trauma, referred to himself as a Kleinian (Bion, 1970/2004) (p. 86), showing the undeniable relevance of her theories to his clinical work.

Sidesinger’s argument of whether psychedelics are to be viewed as part-objects or whole objects has layers of relevance that could be looked at. Sidesinger stated, “Psychedelics show their greatest potential to psychoanalysis and the human psychological experience when we relate to them as whole objects themselves within a systems perspective.” I found this an intriguing take, particularly as one does not tend to speak of non-human objects in part- and whole-object terminology. Yet, reflecting on the brilliant quote Sidesinger cited from Londoño’s memoir (in reference to the spread of ayahuasca), one may infer a “communicative” function from psychedelics. Certainly, much is projected onto what psychedelics will provide for the individual, and expectation can have a profound impact on the therapeutic outcome. Humility and groundedness can be instrumental in benefiting from what psychedelics can reveal to us. This very much aligns with the surrendered, open stance of the depressive position, one that acknowledges the always incomplete, evolving, and kinetic state of knowledge. As Bergstein stated, “The element that the patient internalizes is this function of seeking meaning, and not an object that knows the meaning” (Bergstein, 2009) (p. 617).

References

Bergstein, A. (2009). On boredom: a close encounter with encapsulated parts of the psyche. *Int J Psychoanal*, 90(3), 613–631. <https://doi.org/10.1111/j.1745-8315.2009.00150.x>

Bion, W.R. (1962). The Psycho-Analytic Study of Thinking. *Int J Psychoanal*, 43, 306–310.

——— (1970/2004). *Attention and Interpretation*. Rowman & Littlefield Publishers, Inc.



Response To Miller Paper

Thomas Brod

To ground his review, Dr. Miller frames psychedelic therapeutics within the Kleinian PS→D filter. Unfortunately, that metapsychological perspective seems to limit him to clinical splitting between primitive (or immature) mental function and more evolved (or emotionally complex) “depressive” function/achievement. He strikes me as overly careful in avoiding actual clinical experience with psychedelic medicine. Nonetheless, it is stimulating to consider psychedelic developmental relaunching of the self from the lowest shelf, the Paranoid-Schizoid position. He writes, “When there is lack of attunement... [the] caregiver pushes distress [as projections] back into the child... . Self-discovery is jettisoned in favor of attachment-oriented [False Self] behaviors.” Understanding the dynamics of primitive splitting, Miller prepares us to look at the self-fragmenting and persecutory aspects of “bad trips” in psychedelic experience as deriving from a paranoid-schizoid entanglement with maternal function derangement. That connection to adverse psychedelic experience is more indicated than fleshed out.

Like Mrs. Klein, Miller is interested in the internal experience, not causation; it is nonessential whether the child’s actual experiences, or disordered internal processing has brought about that derangement. Distanced from psychedelic experience itself, Miller’s paper suffers perhaps from a clinician’s pathologizing point of view. By quoting Mrs. Klein, “Excessive idealization denotes that persecution is the main driving force,” Miller shoulders aside the psychedelic encounter with LOVE. One more particular area that could be expanded is Attachment. Miller brushes on attachment issues but could use clearer delineation of psychedelic effects on the categorical imprints of disorganized, insecure, and secure-attached parenting. The paper does offer a scaffolding that arranges continued observations of psychedelic drugs on many of the serious limited individuals that present for analytic treatment.

My own perspective is that the psychedelic experience is metapsychologically complex drawing into regressive crevasses and pulling out again, growing and pulled by chaotic Attractors at the highest spiritual level.

Earlier on the afternoon of this writing, I offered a ketamine-assisted psychotherapy (KAP) session to a middle-aged man. I'll skip the biographical details and bring on the available "data" for our consideration. The data here consists of the verbal productions of the patient, as I sat silently with him and transcribed what he said. (We had talked together for an hour prior to the double ketamine injection and for nearly as long after). This excerpt is from the apparent peak of his ketamine session, minutes 40–55. Note, each patient has their own style of reacting to the medicine. This man, who has had a number of prior sessions, tends to try to dictate his experience to me, often expressing his frustration that he cannot capture the fullness (most certainly, I understand such difficulty).

I suggest that in the following excerpt, it would be most difficult to parse the Paranoid-Schizoid from Depressive moments. Similarly, it would be difficult to deny the efflorescent aspect of LOVE penetrating his experience. And we note the generative impact of a discontinuous DEATH experience.

Pt: "Be like the Monks. I've not been the best monk. I'm just a man struggling. Something's coming, it feels familiar. [Speaking slowly with great effort to communicate]. The whole universal, love. [brief silence] This is love. I'm wide open. My heart is wide open. So many people haven't experienced this. It's so precious and sacred. People got to have this experience of being held—unconditionally loved. Look at the people hugging each other. The trees lean into each other—helping each other to grow. Dr. Brod, I wish you could see this!" [and then 5 minutes of silence followed by]: "Are we definitely dead, Dr Brod? What in the fuck?" [After a very brief, momentary, silence, he reported he was in the Rocky Mountains, where he always seemed to find an accessible edge of God]. "The Rocky Mountains with trees shooting their leaves up to God. . . . I see the trees (laugh) and snow. I can feel the cold and shivering on my body. Wow. Like God's laughing at us: 'Try to be a hero—see how that works!' Wow Dr. Brod, what a ride!"



Response to Brod Comments

Christopher W.T. Miller

I am grateful to Thomas Brod for the perspective on my manuscript. There is likely more in common between our views than meets the eye, but often in these exchanges differences are magnified in lieu of common ground being emphasized. For instance, Brod states (prior to sharing a case), “I suggest that in the following excerpt, it would be most difficult to parse the Paranoid-Schizoid from Depressive moments.” However, I think a bit differently. Klein’s frameworks derive from close work with patients, including young children, as she gave scope and meaning to their inchoate associations, often brought forth under the distorting impact of affect and overstimulation, an idea that would be well at home with the short vignette provided at the end of Brod’s comments. Modern Kleinians have emphasized observing the micro-movements within sessions and between associations to note the to and fro between paranoid-schizoid and depressive position functioning.

A topic of this complexity invites many different takes, and one often brings one’s own internal models to bear when interpreting phenomenology taking place within other minds. As with countertransference, we must always cultivate awareness of when we are shaping other people’s experiences in accordance with our own constructs. There is an immense degree of subjectivity involved in how one frames the effects of psychedelic use, effects that are shaped by expectancy and personal meaning (the “set” element of “set and setting”). Aberrant salience (i.e., excessive meaning attribution to stimuli) has been shown to be heightened by psychedelic use (Wießner et al., 2023), suggesting that what one assigns importance to can be imbued with greater significance than is warranted. As such, reports of how psychedelics work (or *should* work), when derived from personal experience, need to be rigorously checked for biases and generalizations, lest everyone’s subjective journey with these drugs be collapsed into a common mold, based on projection. As Freud stated, “internal objects are less unknowable than the external world” (Freud, 1915) (p. 171). Brian Muraresku (author of *The Immortality*

Key) famously commented that he had never used psychedelics (Illing, 2021), which invites the question of what place personal experience has in these discussions.

Brod comments on Klein's focus on the intrapsychic, which is certainly a component of her theories, though she expanded well beyond that (and her concepts were further developed by modern Kleinians, whose writings clearly emphasize the interplay between internal and external realms). But even if one were to consider solely the intrapsychic, this would emphasize an interesting aspect of psychedelic use. While one can experience strong feelings of unity and connectedness with others, external stimuli are limited (or highly controlled) during psychedelic sessions; doing psychotherapeutic work whilst one is under the influence of a serotonin psychedelic is *not* advisable, and processing with the therapist should take place in subsequent sessions. (I recognize the experience with ketamine may be different, depending on the dose.) A neuroscientific corollary can be drawn from studies revealing that portions of the medial prefrontal cortex (mPFC), an area involved in empathic responses and in dampening emotional arousal, may show *decreased activity* during psilocybin use, while amygdala activity (involved in affective arousal) is *increased* (Carhart-Harris et al., 2012; Mertens et al., 2020). This underlines that the largely *intrapsychic* processing element is essential to psychedelic action.

Brod also stated, "My own perspective is that the psychedelic experience is metapsychologically complex drawing into regressive crevasses and pulling out again, growing and pulled by chaotic Attractors at the highest spiritual level." Brod (and the reader) may be interested in the concept of the *transcendent position*, put forth by James Grotstein (Grotstein, 2007) and characterized in some ways as a "post-depressive position" position, one that has evolved from contact with intuitive wisdom or ultimate reality (what Bion has termed *O*). The positions are present as psychic constructs, which are interwoven with factors within and beyond them. They invite addition and elaboration, as opposed to attempting to constrict something as elusive and protean as the unconscious.

References

- Carhart-Harris, R.L., Erritzoe, D., Williams, T., Stone, J.M., Reed, L.J., Colasanti, A., Tyacke, R.J., Leech, R., Malizia, A.L., Murphy, K., Hobden, P., Evans, J., Feilding, A., Wise, R.G., & Nutt, D.J. (2012). Neural correlates of the psychedelic state as determined by fMRI studies with psilocybin. *Proc Natl Acad Sci U S A*, 109(6), 2138–2143. <https://doi.org/10.1073/pnas.1119598109>
- Freud, S. (1915). The Unconscious. In J. Strachey (Ed.), *Standard Edition* 14: 159–215).
- Grotstein, J. (2007). The concept of the “transcendent position”. In *A Beam of Intense Darkness: Wilfred Bion’s Legacy to Psychoanalysis* (pp. 121–134). Karnac.
- Illing, S. (2021, March 4). The psychedelic roots of Christianity. Vox; Section: The Gray Area podcast.
- Mertens, L.J., Wall, M. B., Roseman, L., Demetriou, L., Nutt, D.J., & Carhart-Harris, R.L. (2020). Therapeutic mechanisms of psilocybin: Changes in amygdala and prefrontal functional connectivity during emotional processing after psilocybin for treatment-resistant depression. *J Psychopharmacol*, 34(2), 167–180. <https://doi.org/10.1177/0269881119895520>
- Wießner, I., Falchi, M., Palhano-Fontes, F., Feilding, A., Ribeiro, S., & Tófoli, L. F. (2023). LSD, madness and healing: Mystical experiences as possible link between psychosis model and therapy model. *Psychol Med*, 53(4), 1151–1165. <https://doi.org/10.1017/s0033291721002531>



I Am... Gone? Paradoxical Presence of the “Lost Self”

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Abstract

Psychedelic states present a persistent phenomenological paradox: subjectivity endures even as the ego appears to dissolve. Published accounts across a half-century of psychedelic literature—and the author’s own clinical and personal experience—reveal that something always remains as witness to the dissolution. This paper takes that paradox seriously as a theoretical problem.

Drawing on Millière’s Self-Awareness Principle and the clinical literature on ego dissolution, the author proposes a multidimensional sliding tile puzzle as a model for psychedelic structural reorganization. Ego is understood as a set of “solved” configurations of psychic tiles; psychedelic states introduce space into that configuration, loosening rigid tessellations without destroying the tiles themselves. Subjectivity, distributed holographically across the fragments, persists through reconfiguration. The spaces between tiles—generative rather than empty—are theorized as the domain of Winnicottian/Bionian potential space and the transference-countertransference matrix.

The paper then orients toward a theory of consciousness. Drawing on Abbott’s *Flatland*, Chater’s flat mind hypothesis, and Fields-Friston (2025) free-energy architecture of inner screens, it proposes that consciousness manifests as a flat-world projection surface onto which the directed activity of countless need-weighted and perception-awakened internal lenses is inscribed. Whether psychedelic experience reflects a genuinely wider, externally-dimensional consciousness of “beyond”—or a reconfigured focal weighting of those internal lenses—cannot yet be determined by present-day science. We know that AWE is a state of mind that presses us to ever-more exploration of the further unknown.

Prologue: I am... gone?

“There existed no one, not even me... so would it be proper to still speak of “I”, even as the notion of “I” seemed so palpably illusory?”¹

Starting clinically, that is beginning with the subjectivity of the subject, and that subject being the self in psychedelic states, I will move into some more abstract concepts of psychedelic subjectivity and before too long conclude by pointing toward deep mind theory and some theory of consciousness.

Psychedelic experiences² are as unique as dreams, and yet... like fingerprints or the music of great composers, each bears a recognizable imprint of its producer... And yet... there is a commonality.³ Like each of my many patients,⁴ none of my personal psychedelic experiences⁵ has been a repetition... And yet... the deepest experiences present me with recurrent “sense” that makes no sense in my usual (“me”) state of being an evanescent sense of participating in a reality much vaster and God-near⁶ than the striving, pumping, agnostic, cyber-wrangling life we invest as our human/mortal-selves. Investigating those experiences found this paper.

¹From an *erowid.org* self-reported Psilocybin experience quoted by Millièrè R. (2017)

²I follow Jones (2019) in using “psychedelic—literally, ‘mind-opening’ or ‘soul-revealing’—for the states created by the class of psychotropic chemicals, whether found in nature or artificially created, that allegedly enable mystical and religious experiences”. Thus defined, we set our focus on subjectivity of such experiences, bypassing questions of authenticity, origin (revelation), and brain-based physiology of mystical-type experiences. See Letheby et al (2024)

³We must consider the template effect of “set and setting.”

⁴Since 2017 I’ve offered clinical use of ketamine-assisted psychotherapy in my practice, accumulating far more than 1000 clinical hours

⁵My personal experiences over the past 50 years of getting into a psychedelic “high” are relatively rare and therefore precious.

⁶In a survey of over 4000 participants published in 2019, Griffiths et al found that psychedelic users preferred to use “Ultimate Reality” over “God” for their entheic encounters; however, tagged, the experience is affectively suffused with resurgent awe. Later, we will consider (*continued*)

We'll start as close to experience as possible, with published, personal reports fleshing out the two abstractions commonly marked with psychedelic states, “*ego dissolution*” and “*unitary consciousness*”. Note how these two markers of psychedelic state intersect when the Ego (the I whom I know myself to be) melts into recognition of being a part of everything and everyone.

Shanon (2002) offers a beautiful example of unitive vision from Herman Hesse's *Magister Ludi*:

For a moment it seemed to him that the mind could grasp everything—the sure, soft course of the planets above, the life of man and animals, their bonds and hostilities, meetings and struggles, everything great and small along with the death locked within each living being.

He saw or felt all this as a whole in a first shudder of premonition, and himself fitted into it, included within it as a part of the orderliness, governed by laws accessible to the mind.

Aldous Huxley invested much of his lifetime to sharing his explorations of “Perennial Philosophy”, which contemplates a higher order consciousness filtered out from that we can ordinarily perceive. Dana Sawyer (2024) offers a quotation of marvelous concision from Aldous Huxley's 1962 novel, *Island*. Huxley draws on his own experience on mescaline through the protagonist, newspaper reporter Will Farnaby. Will had ingested a psychedelic substance and was quiet at first but then addresses his companion:

“Light,” he whispered at last.

“And you're there, looking at the light?”

“Not looking at it,” he answered, after a long reflective pause.

“*Being* it. *Being* it,” he repeated emphatically... . *Its* presence was his absence.... Ultimately and essentially, there was only a luminous bliss, only a knowledgeable understanding, only union with unity in a limitless, undifferentiated awareness... . Light here,

“sacred” as a particular context. Despite my theological roots being of deeply bred atheistic stock, I do like the terms “entheic” and “entheogenic” as abstractions for numinous illumination and allusion to spiritual encounters.

light now. And because it was infinitely here and timelessly now, there was nobody outside the light to look at the light. The fact was the awareness, the awareness the fact.

Sidney Cohen in *The Beyond Within* offers us an example of a patient's post-LSD journal entry. It serves to illustrate the subjective sense of discovery and transformation coming out of a psychedelic "ego dissolution" experience:

I met myself and found that I'm really not me after all. Or perhaps I should say that I have found out what it is like to exist. For that's all there was left that instant, at that instant when feeling, thinking, being, all were caught up into one ebbing unity; a unity which was me, but not me, too. A me-not me which stood there nakedly and pointed back at itself in a sorrowful joy, and asked "Why?" That's all, just "Why?" But then the "why" didn't matter and it just *was*! I have now the strangest feeling that I'm so alone and yet so crowded. Have you ever felt like all that existed was you, and that suddenly the reason for your "you-ness" was knocked out from underneath you? For today that me-watcher became the watched and the watcher became un-me.⁷

In that excerpt, we have been offered a Zen koan about "the fullness of emptiness".

It reminds me of my own LSD experience in medical school now more than 50 years ago. I was left (solitary, it seemed) in a forest by a buddy who had gone away (it seemed), after driving us into the local mountains and proffering that potent blotter paper. I settled on the ground and smelled the forest, listening to the buzzing activity of LIFE. Here is the key recollection: my meaning as a separate being had none. I kept

⁷Cohen, Sidney. (1965), *The Beyond Within: The LSD Story*. New York: Atheneum. Quoted by Merkur in Michael J. Winkelman and Thomas Roberts (Eds.). *Psychedelic Medicine: new evidence for hallucinogenic substances as treatments*. 2007 Praeger.

repeating, “My name is Tom Brod and I’m a medical student.” I wanted to ground myself, but that meaningless semiotics meant nothing.⁸

Thus, the theme and variation of this paper: there is a subject (person) present and retained, a subject of consciousness in an “ego dissolved” consciousness, indeterminant and virtual, yet discretely known and vital to that subject.

An enchanting example from psychedelic literature, by Michael Pollan might fix your orientation in that meditative mystery. This is from his *How to Change Your Mind*:

WHEN I PUT MY EYESHADES back on and lay down, I was disappointed to find myself back in computer world, but something had changed... . Whereas before I navigated this landscape as myself, taking in the scene from a perspective recognizable as my own, with my attitudes intact (highly critical of the music, for instance, and anxious about what demons might appear), now I watched as that familiar self began to fall apart before my eyes, gradually at first and then all at once.

“I” now turned into a sheaf of little papers, no bigger than Post-its, and they were being scattered to the wind. But the “I” taking in this seeming catastrophe had no desire to chase after the slips and pile my old self back together. No desires of any kind, in fact. Whoever I now was fine with whatever happened. No more ego? That was okay, in fact the most natural thing in the world. And then I looked and saw myself out there again, but this time spread over the landscape like paint, or butter, thinly coating a wide expanse of the world with a substance I recognized as me.

But who was this “I” that was able to take in the scene of its own dissolution? Good question. It wasn’t me, exactly. Here, the limits of our language become a problem: in order to completely make sense of the divide that had opened up in my perspective, I would need a whole new first-person pronoun. For what was observing

⁸Ultimately, my friend materialized and drove us back to a gathering of unsatisfiable friends who wanted to know “all about it” when what there was to bring back was “nothing’s all”.

the scene was a vantage and mode of awareness entirely distinct from my accustomed self; in fact, I hesitate to use the “I” to denote the presiding awareness, it was so different from my usual first person. Where that self had always been a subject encapsulated in this body, this one seemed unbounded by any body, even though I now had access to its perspective. That perspective was supremely indifferent, neutral on all questions of interpretation, and unperturbed even in the face of what should by all rights have been an unmitigated personal disaster.

Yet the “personal” had been obliterated. Everything I once was and called me, this self six decades in the making, had been liquefied and dispersed over the scene. What had always been a thinking, feeling, perceiving subject based in here was now an object out there. I was paint!

The sovereign ego, with all its armaments and fears, its backward-looking resentments and forward-looking worries, was simply no more, and there was no one left to mourn its passing. Yet something had succeeded it: this bare disembodied awareness, which gazed upon the scene of the self’s dissolution with benign indifference... . There was life after the death of the ego. This was big news. Pollan M, *How to Change Your Mind*, 2018, Penguin Books p. 263–4.

Pollan’s oneiric imagery is allegorical. Even as he illustrates “ego dissolution”, we have subtextual narrative of a writer expressing wish and fulfillment to know and be known. We note the miraculous development of the receptive object (paper) transforming into the vehicle for the fulfillment of his ambitious wishes, “coating a wide expanse of the world with a substance I recognized as me”. All the more remarkable is that the experience Michael Pollan writes about presaged his launch from being a widely-respected journalist to a beacon in the modern psychedelic renaissance.

The Paradox of Witnessing One’s Own Dissolution

The phenomenology of psychedelic ego dissolution presents a puzzle: subjectivity persists even as the organizing structure of self undergoes

radical revision. There remains, always, a *witness* to the dissolution—a “presence” that continues even as the familiar architecture of selfhood fragments and reforms.

This paradox suggests that what dissolves in “ego dissolution” is not subjectivity itself but rather a particular configuration of subjective experience. The ego, in its defensive and organizing functions, may temporarily surrender its structuring authority, but the capacity for subjective presence remains, now organized according to different principles or temporarily freed from habitual organizational constraints.

Understanding the “I AM/gone” paradox matters clinically. Foundational therapeutic potential begins in the continuity of the subjective stream—that identity is embedded beyond defensive rigidity in a structure deep, vital, flexible, and knowing, “me.”

A further paradox is that in the “experienced” psychedelic user, Self is ratified, and often reified, even as conjunction in a larger, non-solipsistic existence is revered.

We begin at the core, the elusive, evanescent *self*. Ahead, we will also be considering “revelation”, penetration of new information into and about the self.

Subjectivity, the Essential Self

In a forceful 2017 paper, philosophers Chris Letheby and Philip Gerrans characterize “self” with concision⁹... then, applying logic and neurophysiology, make a strong, but misguided, argument that “self” does not exist!¹⁰ In apparent disregard of the foundational concept of *emergence*

⁹“The self-model is a hypothesis of a unitary and persisting entity—a bare particular—which owns and inhabits the body, which thinks the thoughts, which feels the feelings, and which was present in past experience and will be present in future experience.”

¹⁰It is shockingly true, if unintuitive, that there is no specific location for one’s “self” in the brain. Self seems to be an emergent property and, as to be considered, holographic. But that doesn’t mean there is no “self.” Letheby and Gerrans treat “self” as if it were a bygone scientific fiction of yore, like *phlogiston*, a historic placeholder that allowed continuing scientific development on (*continued*)

in Systems Theory¹¹, they turn blind to the subjectivity of Selfhood with its own unique vibrance. Even in a psychedelic state, shorn of the attributes of self (e.g. [name], [social position]) and referents ([time], [geolocators]), the subjective, narrative self knows its presence.¹²

In a contrasting 2017 paper, Raphaël Millière discussed “Drug-Induced Ego Dissolution (DIED)”. Chock full of ideas and deeply referenced, Millière addresses what makes a self believe it has disappeared (or, yes, has *died*) even as that self is contemplating that disappearance.¹³ Full analysis of those phenomena is beyond the scope of this paper. Briefly, Millière lays out the “*Self-Awareness Principle (SAP): Necessarily, whenever one is in a conscious state, one is minimally self-aware.*”

oxidation-reduction until the function of Oxygen and Nitrogen was elucidated. Additionally, as Jones (2024, p 16) says, Letheby’s theory that “a ‘self’ does not exist but is only a mental construct” need not extinguish a spirituality in which “feeling connected to others and the world, heightened emotions and awareness, and in which psychedelic-enabled experiences have a transformative impact.”

¹¹See Lightman (2023).

¹²Although “myself” and “my” attributes of self-consciousness must be idealized and recognized subjectively through a neural “Markov blanket” (Fields 2025, Solms 2021), we must recognize that all subjective psychedelic experience is configured with “Me, My, I or Mine”. Each example in this paper particularizes that general truth. Self has a source, even if it can’t be located. I imagine an echo distinctly heard repeating, “Hello! I’m still here!” And I am reminded of Samuel Johnson’s kicking a stone, saying “Thus I refute Berkeley” as his response to the philosopher-bishop’s subjective idealism.

¹³Here are a selections of examples of DIED measurement endorsements that Millière’s quotes: “positively felt depersonalization, derealization and feelings of unity (e.g., ‘It seemed to me that my environment and I were one’) . . . measures distressing experiences of depersonalization, thought disorder, and loss of thought and body control (e.g., ‘I observed myself as though I were a stranger’). . . ‘I experienced a disintegration of my “self”. ‘I looked at myself in the mirror, only to see a person I could not even recognize’”).

The Multidimensional Sliding Puzzle: A Model for Structural Reorganization

Consider now a toy from the past, the sliding tile puzzle. We are presented with a disarranged image (or pithy written message) on movable tiles on a flat surface with a single empty space, allowing us to rearrange the tiles. Unlike the Rubik's Cube, where pieces rotate around a fixed center, the flat sliding puzzle allows radical rearrangement—tiles can occupy entirely different positions relative to one another, creating countless configurations from the same constituent elements. Note an odd dimensional feature: The Rubik's Cube is a three-dimensional object and the sliding tile puzzle two dimensional; yet the flat sliding tile board has geometrically more possible “solutions”/configurations than the Cube.

Now extend this puzzle across multiple dimensions—not merely the flat 15-puzzle surface, but a tessellated structure in which tiles can move through many planes of organization. Imagine the configurations of *mind*. Our habitual ego is one “solved” configuration of these tiles, a stable arrangement producing a coherent self-image. But this is simply the arrangement that developmental history, defensive necessity, and social reinforcement have made familiar and automatic, not the only viable configuration. The possibilities are infinite.

In psychedelic states (Altered States of Consciousness, ASC) the organizing constraints temporarily loosen. The tiles begin to move. The subjective “me” is flushed into the flow. The tiles themselves remain intact, and subjectivity, the capacity to “witness” the flow, persists. Each tile contains the complete information necessary to maintain subjective continuity, distributed holographically across the fragments.

Holographic Presence and Fractal Subjectivity

This holographic quality of subjective presence deserves emphasis. In optical holography, each fragment of a holographic plate contains information about the whole image, though with decreasing resolution as the fragment gets smaller. Similarly, in ego dissolution, subjectivity is not lost but rather distributed differently across the field of experience. Now we can imagine that each “tile” of consciousness—each moment

of awareness, each fragment of the temporarily de-integrated self—contains enough information to maintain the thread of subjective continuity, even as the organizing gestalt dissolves.¹⁴

This is fractal subjectivity: the self-revealing itself as composed of semi-autonomous elements, each containing a version of the whole, capable of existing in multiple simultaneous configurations. The emergent experience of unity or “ego dissolution”, is not an escape from subjectivity but a manifestation of its more fundamental, less defended organizational possibilities (see discussion below of Peoples & Rundel and Brenner).

In order to keep my line of reasoning as clean as possible, I will avoid drawing into specific known brain modalities. Neurophysiology is perpetually revised under scientific exploration. Others toil in those fields.¹⁵

Tessellation and the Reorganizing Space

The tessellation metaphor illuminates another crucial feature: the spaces between tiles. In geometric tessellation, the pattern emerges not only from the tiles themselves but from how they fit together—the boundaries and adjacencies that create coherence. Ego dissolution involves a temporary widening of these spaces, creating what Winnicott called potential space and Bion described as the capacity for not-knowing—the

¹⁴Perhaps practitioners of Richard Schwartz’s IFS might prefer to conceive of Self units segregated by function (egoic identity). However, Schwartz (2020) has consecrated a vital sentient Self allowing the potential for resolution and amalgamation of the various Parts. These considerations anticipate the “hypnotic” filtering of “set and setting.”

¹⁵For those interested in brain processing, I enthusiastically recommend working through the paper by Nishiyama *et al* (2024), on holographic brain theory, quantum super-radiance, and how binary holograms can manipulate the optical informational wave function of water. I cannot claim to have understood the paper fully, but through it I can see a future where our present models of knowledge “known” are as uninteresting and clumsy as “phlogiston” is to us in our era.

necessary emptiness that permits reconfiguration and reorganization¹⁶ [Grotstein (2007, 2009); Reiner (2017)].

Consider: The habitual ego maintains tight tessellation; tiles locked into familiar sets and patterns with minimal space for movement within each habitual configuration. Defensive structures function precisely to prevent tiles from sliding, to maintain the solved configuration against the anxiety of alternative arrangements. The psychedelic state introduces space—not void, but possibility. The tiles remain; subjectivity persists; but rigid adjacencies loosen, permitting configurations that foster the contingent nature of a maturing, vitality-embracing self.

In contemporary neuropsychanalytic language, this corresponds to what Carhart-Harris and Friston (2019) describe as relaxed priors—the temporary suspension of the brain’s rigid self-referential narratives and predictive models¹⁷. When hierarchical predictive coding loosens, bottom-up information from body and emotional centers offer consciousness [Solms (2021)] without primary filtering through habitual defensive schemas.

The sliding tile model helps us begin to “see” a particular aspect of therapeutic psychedelic “integration”: tolerating temporary disorganization and later reassembling self-as-previously-known and self-refurbished.

¹⁶I do not wish to be facile. Two minds are always in play. We analysts know that “negative space” allows the analytic juices of the transference-countertransference matrix to simmer and flavor the maturing identity of the analysand.

¹⁷As stated, I avoid specific neurospecific referents (such as the Default Mode Network) which parse brain function powerfully but within its own heuristic dynamic tool, thereby distracting us from our psychodynamic frame. As RH Jones (2019) says, “Neuroscience at present remains a matter of studying the states of the brain, not the accompanying states of mind or their relation to states of the brain... studying the brain states existing during any experience tells us virtually nothing about the nature of that experience—the subjectivity of any experience remains a distinct matter... Most basically, current neuroscience cannot establish whether the chemicals merely enable these experiences or substantively create them.” He added in 2024: “All neuroimaging can show is what the brain is doing or not doing while an experience is occurring but cannot examine the ASC [alternate state of consciousness] experiences themselves and thus cannot tell us anything of their role or nature.”

To solve a sliding puzzle, one must first make it “worse”—scramble the partially coherent image to create space for fundamental rearrangement. Post-psychedelic integration becomes possible through tolerating temporary disorganization plus reassembling self-as-previously-known and self-refurbished. The ego’s habitual configuration, however symptomatic or constricting, reliably provides coherent predictability.

The sliding puzzle also models a rudimentary version of the multidimensionality psychedelic altered states of consciousness. Tiles remain intact while their arrangement becomes radically mutable. Orientation markers of time and space are dislocated—simply *being* arranges a gorgeous tessellation pattern of unity, often suffused with an indomitable sense of love.¹⁸ See final section of this paper for an integrated notion of consciousness manifest.

Reorganization requires bearing the anxiety of incoherence, trust, and recognition that subjectivity (selfhood) has persisted through the transition back to the returning/reconstituted self.¹⁹

Distinguishing Expansion from Regression

It is important to note that contemporary thinking has modulated Freud’s observations on oceanic/unitive experiences.

Following Freud’s *Illusion* and *Civilization* papers (1927, 1929), psychoanalysts have traditionally interpreted oceanic experiences as regression to infantile symbiosis. His papers are brilliant contributions to the understanding of religious fantasy and moral identification, but the assumption that religious experience is limited by its familial

¹⁸A material representation of this heavenly state may be found in Spain’s Alhambra fortress. A good pictorial assembly is found <https://www.forbes.com/sites/geoffreymorrison/2015/10/15/exploring-the-alhambra-palace-granada-spain/>. It is certainly true that not all psychedelic experiences are heavenly. I find Jules Evans’ Substack blog, *Ecstatic Integration*, a valuable resource in its warnings and offerings challenging psychedelic enthusiasms.

¹⁹This schema of psychedelic recovery and integration may be considered an abstract summary of long-term transference working through in a psychoanalytic treatment. Comparison to psychoanalytic therapeutics deserves its own paper.

roots²⁰ forecloses maturity (Meisner 1984, Merkur 1999). The unitive or oceanic mystical experiences created under psychedelic influence are “drug effects” of enormous power. Consciousness naturally fluctuates along a continuum from highly differentiated awareness through liminal states to ineffable union throughout the lifespan (Recent examples of such thinking are Rundel (2022), Peoples & Rundel (2025), and Brenner (2025).

How do we evaluate the subjective transformations when “me” re-forms as *part of all else*, the “more-than-me”? One option is to follow a reductionistic psychoanalytic tradition.—Within the rationalist-materialist stance, the psychedelic experience is a biological event, historically/traumatically shaped, a palimpsest, a particular solution to the layered puzzle of being a self, shaped by attachment history, defensive impetus, and cultural context. Seen that way, psychedelic imagery and thought forms are dreamlike (oneiric), but neither divinely illuminated nor neurologically inevitable. Traditional psychoanalysts don’t need mysticism to “understand” transient identities of the self-bent *otherwise*. I am setting our task to consider what that might disregard.

The key question of this paper—and it is a question—is whether non-ordinary processing allows super-ordinary thinking. Are there dimensions beyond ordinary experience that can be inhabited through psychedelic states?²¹

When Jimmy Hendrix asked, “Are you experienced?” was he lauding ordeal survival, a mature-ready Self rewarded for mastering the challenge of DIED and reconstitution of self? Or did he refer to traveling to another realm of experience opened into through psychedelic space?

We cannot know if he and other psychonauts traveled to another realm—a bit more on that later—but we have little doubt he believed he had.

²⁰Schematically, maternal merger and paternal protective (internally, “the law of the father”, externally for social constraint) functions.

²¹I am not a trained philosopher. This clash between the groundings of ego-psychologists and Bionians (avowed Platonists) looks to me like a perspectivist duel between the groundings of materialist-rationalists vs. idealists.

Science, Mysticism, and Ground of Being

“[Mystical experiences are] those peculiar states of consciousness in which the individual discovers himself to be one continuous process with God, with the Universe, with the Ground of Being, or whatever name he may use by cultural conditioning or personal preference for the ultimate and eternal reality” Alan Watts, quoted in Barrett and Griffiths (2018).

Thoughtful literature presently offers us both materialist (“what’s so is what’s here and potentially measurable” and idealist (“we only know shades of what’s real”) positions.^{22, 23}

Sanders & Zijlmans (2021) lay out an unadorned materialist view that mystical research is holding back the science of psychedelics:

We contend that the mysticism framework, along with its associated theories and terminology, should be actively superseded... . psychedelic science has not made a concerted effort to supersede Stace’s mystical consciousness concept with an alternative rooted in empirical data and an unambiguously secular framework... . Demystified psychedelic research has the potential to enlighten subjective experiences of the psychedelic state.

A middle-ground viewing psychedelic mysticism as a science problem has been beautifully bracketed by the papers of Letheby *et al* (2024) and Barrett & (2017).

Although both papers are built around the scientific need for measurable data, each fields a different orientation toward mysticism. Letheby *et al* philosophically focus on **measurability** and **classification** of *reported* subjectivity of mystical experience; they are scrupulously precise about

²²The penetration of Mind beyond one individual’s mind is a concept gaining acceptance in the psychoanalytic mainstream. As of mid-January 2026, the PEP web lists 12188 articles on Projective Identification; 542 articles referencing “telepathy”. There is a large and growing literature (now, 250 papers since 2010) on the oneiric (dream-like) interpersonal communication between analyst and analysand with the generative leadership of Civitarese and Ferro.

²³In my literature review, the most helpful papers grappling with mystical subjectivity are two by retired attorney (originally trained as a philosopher), Richard H Jones (2017), (2022).

whether mystical experiences are offered to receptive humans;²⁴ they make no effort to define how science might study (and measure) mystical experience in itself which is considered *noetic* (“known” through revelation rather than observation) and *ineffable* (far beyond the capacity of language to capture and reproduce). Studying psychedelics from the perspective of ordinary, consensual, measurable “reality”, Letheby, et al, are on solid, if narrow, ground.

In contrast, Barrett & Griffiths explore a different domain. Assuming that the “beyond” is potentially accessible with psychedelic drugs, they carefully examine the brain’s neural capacity to register such phenomena once activated in a psychedelic state.

The Science problem of the data from “beyond” remains unsolved: we are left unable to tally the unmeasurable. How do we follow the noetic path to the unknowable? How do we reproduce the ineffable?

It is foundational to theory of consciousness that we cannot measure experience directly.²⁵ We can study reports by folks of happenings in their mental space. The residual question is how (and whether) to deal with non-ordinary information transfer, psychedelic revelation.

The capacity to receive from beyond the individual self seems to be a particular talent which some people have and have learned to develop.²⁶ Perhaps that gift of hyper empathic sensibility may be enhanced by psychedelic experience. Or perhaps the sensed revelations may be illusory

²⁴Yet, their conclusion is explicitly open: “...the construct of mystical-type experience as actually used in psychedelic science carries no commitment to the existence of mystical realities. Discourse about mystical realities can safely be omitted from psychedelic science as it plays no indispensable role there; discourse about mystical (type) experiences can safely be retained, as there currently are no serious grounds for doubt that such experiences really occur.

²⁵Later, we will touch again on the work of Chris Fields and Karl Friston related to the perceptual boundary of consciousness. We will tie together the “flat mind” concept of Chater with the dimensional concept in Abbott’s *Flatland* and, speculatively, with the quantum holonomics of Pribram-Nishiyama.

²⁶Impressive modern documentation can be found in Mayer (2001), Eshel (2019), and Peoples (2026).

experiences amplified by the psychological state of excited (re)discovery. Reason will never definitively answer which belief should we hold.

Approaching the Unitive Experience

“... To say that shared experience always involves both one-ness and separateness merely dodges the question of what is distinctive about the dimension of psychical life where we are truly *at one* with everything, and not separate at all, and yet very much engaged in being a person and being human. How we understand this psychoanalytically would seem to be a pressing question” Goldberg (2019).

Peter Goldberg expresses the particle/wave paradox of individual particularity and Gaian connectedness.

By adopting the language of mysticism,²⁷ psychedelic science with the late Roland Griffiths in the lead, has investigated how self discovers itself connected in a vast totality, a miraculous *for-now* being in a diverse life-supporting universe; and still, we each are a unique manifestation of *the possible*. And then there is the knock-your-socks-off residue of having encountered a realized (reified) experience of LOVE.

Daniel A. Brenner (2025) reminds us that the transition from oceanic experience to durable psychological change depends on an observing function—the capacity to witness, metabolize, and integrate what unfolds. Without this observing capacity, patients may return from oceanic states with fading memories of cosmic significance and bountiful love layered over reconstituting familiar defensive organizations.

Psychedelic states are emotional fixatives, generating affects associated with adventure (danger, high attention and novelty) in the subject’s mind. The intensity of the internal experience highlights it. Boosting intensity is the paradoxical role of the psychedelic sitter, unique for their active presence and non-interference (anti-egoic responsiveness).²⁸

²⁷See Stace (1960).

²⁸As a further note, music offers a benign object of safe reference for the psychedelic subject. It can soothe without lowering the intensity of the experience.

Schematically, we can consider five steps through which psychedelic experience is maturational not regressive:

1. Reassembly;
2. Enhanced fluidity;
3. Affect intensity;
4. Recontextualization of LOVE²⁹ (which merges with);
5. Spirituality. The last, as lucidly elaborated by Giuseppe Civitarese (2019) is what Bion was teaching with his concept of “O.”

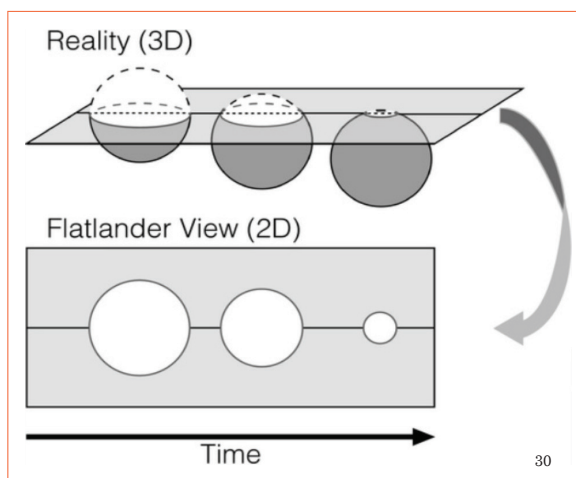
Restated, psychedelic experience allows the self to discover its tessellated nature: unique but connected to all, unitary but multiple, bounded but perpetually defined by and interpenetrated with its relational matrix.

Sacred is not measured with time or space

“God in the Godhead is spiritual substance, so elemental that we can say nothing about it” Bion, W. R. (1965). *Transformations: Change from learning to growth*. London, UK: Heinemann, p. 139.

James Grotstein was fascinated with the relationship of the sacred and the offerings of a beyond-consciousness that some call The Unconscious, some call “O”. In personal communication and his writing, he recalled Edwin Abbott’s “Flatland” (1884), the classic mathematical fiction where 2D beings

(“Flatlanders”) experience a 3D sphere passing through their plane as a mysterious circle that appears, grows, shrinks, and disappears. The



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²⁹Love is the subject of the next paper I am working on...

³⁰This diagram from Jolly, E. and Chang, L.J. (2019)

Flatlanders can only perceive the 2D cross-section of the 3D object at each moment. In Flatland, the sphere tries to convince the protagonist (named, A. Square) that there's a third dimension. But A. Square can only infer this from the sequence of 2D cross-sections he observes. He cannot directly perceive 3D-ness—he must infer it.

Abbott's math figure illustrates that we 3D beings (or 4D, if you consider time frames) beings will misperceive higher dimensional objects than our biology allows as shadows at best.

Many of us have had the shocking psychedelic experience—it feels like a revelation—of opening into a new world or life-form in which our former “ordinary” being is like a shadow of *real* experience, dimensionally beyond the ordinary. Yes, Jimmy Hendricks we are experienced... but how to come back and talk about (or *study*) it when, from the back-in-reality perspective, it seems to have been illusory.

Massive collective human effort to KNOW MORE has given us such assemblages as the Large Hadron Collider, The James Webb Space Telescope, and the Giant Magellan Telescope in Chile. Any of-the-instant product of one of these screens is a feat of staggering human technological integration, a blip of ready-to-be-known.

Mind projecting consciousness relies on a bio-wetware of incomparable complexity. We have our models of mathematical transform and operation that give us integration but not insight. We know that LIFE rides biological functions in order to defy entropic pressure to go cold (death),³¹ yet unsolved is the puzzle how inside actually connects to outside.

Consciousness at the Boundary: Inner Screens and the Limits of Self-Knowledge

Fields et al. (2025) offer a formal architecture that illuminates what we have been circling throughout this paper. They propose that systems “experience whatever is ‘written’ on their boundaries”—not spatial boundaries like skin or skull, but informational boundaries separating a system's internal states from its environment. In complex organisms capable of imagination, memory, and inner speech, a further internal

³¹See Schrödinger, E. (1944). *What Is Life?* Cambridge University Press.

boundary mediates that experience and the outer boundary through which the world is met. Consciousness, on this account, is always boundary-encoded: a flat-world projection surface onto which the activity of hundreds of thousands (or more) of need-weighted, shifting-focus internal lenses is inscribed.

This architecture resonates deeply with the phenomenology of ego dissolution described throughout this paper. The “snapshots”—each encoding categories, concepts, and meanings, each allocated thermodynamic resources according to priority and need—constitute something close to what we have called the tiles of the sliding puzzle. In ordinary consciousness, their gating is stable, their tessellation familiar, their projection onto the inner screen coherent and continuous. In psychedelic states, the gating mechanism through which imagination and perception are ordinarily separated becomes permeable. The tiles begin to move. Subjectivity, distributed holographically across the fragments, persists as witness to its own reconfiguration.

And yet the flat screen remains. However vast the experience—however suffused with unity, love, or the sensation of dimensional expansion—what is registered is registered on a boundary. The Flatlander does not escape Flatland; she receives a new cross-section. Chater’s flat mind, Fields’ inner screen, and Abbott’s two-dimensional beings converge on a single epistemological constraint: experience of all sentient beings is necessarily boundary-encoded, while the processes generating that experience remain inaccessible from within.

This leaves the central question of psychedelic revelation precisely where intellectual honesty requires it to remain open. We lack the instruments to determine whether the altered gating of psychedelic states permits the inner screen to receive signals from a genuinely wider, externally-dimensional consciousness—a real sphere passing through the Flatlander’s plane—or whether it reconfigures the focal weighting of those internal lenses, generating an experience of the extraordinary entirely from within. That we cannot resolve this question is not a failure of theory. It is the Flatlander’s condition: irreducible, structurally imposed, and perhaps constitutive of what it means to be a bounded subject encountering what presents itself as the unbounded.

For all the massive knowledge and instruments available now to us, we are as in the image of Stanley Kubrick's *2001: A Space Odyssey*, primitive hominids discovering something offered to us. We are ignorant in awe:

“Beauty behind the beauty I perceived, and that mind was both in here and out there” Roshi Joan Halifax (quoted in Pollan M (2026), *The World Appears*, Penguin books).

References

- Barrett, F & Griffiths RR. (2018). Classic Hallucinogens and Mystical Experiences: Phenomenology and Neural Correlates. *Curr Top Behav Neurosci*, 36:393–430. doi: 10.1007/7854_2017474
- Bion, W. R. (1965). *Transformations: Change from learning to growth*. London, UK: Heinemann, p. 139.
- (1970). *Attention and interpretation*. Karnac.
- Brenner, D. A. (2025). Expansion without Erasure: A Psychoanalytic Response to Peoples and Rundel. *Psychoanalytic Dialogues*, 35(6), 831–845. <https://doi.org/10.1080/10481885.2025.2574581>
- Buchborn T, Kettner HS, Kärtner L and Meinhardt MW (2023). The ego in psychedelic drug action—ego defenses, ego boundaries, and the therapeutic role of regression. *Front. Neurosci.*, 17:1232459. doi: 10.3389/fnins.2023.1232459
- Cameron T. Alldredge, Meredith Vagner, Chris Corlett & Gary R. Elkins (21 Jul 2025). Clinical Utility of Mystical Experiences: An Overview and Conceptual Framework, *International Journal of Clinical and Experimental Hypnosis*, DOI: 10.1080/00207144.2025.2526351
- Carhart-Harris, R. & Friston, K.J. (2019). REBUS and the anarchic brain: Toward a unified model of the brain action of psychedelics. *Pharmacological Review*, 71(3), 316–344.
- Roseman L, Haijen E, Erritzoe D, Watts R, Branchi I, Kaelen M. Psychedelics and the essential importance of context. *J Psychopharmacol.*, 2018 Jul;32(7):725–731. doi: 10.1177/0269881118754710. Epub 2018 Feb 15. PMID: 29446697.

Civitarese, G., & Ferro, A. (2013). The meaning and use of metaphor in analytic field theory. *Psychoanalytic Inquiry*, 33(3), 190–209. doi:10.1080/07351690.2013.779887

——— (2019). Bion's O and His Pseudo-Mystical Path, *Psychoanalytic Dialogues*, 29:4, 388–403, DOI: [10.1080/10481885.2019.1632649](https://doi.org/10.1080/10481885.2019.1632649)

Chater N. (2018). *The Mind is Flat*. Allen Lane, London.

Cohen, S. (1964). *The Beyond Within: the LSD story* [1st ed.]. Atheneum.

Eshel O (2019). *The Emergence of Analytic Oneness*, Routledge.

Fields C (2021). What is a Theory of Consciousness For? *Journal of Consciousness Studies*, 28, 104–15, DOI: 10.53765/20512201.28.9.104

——— Albarracin M, Friston K, *et al*, (2025). How do inner screens enable imaginative experience? Applying the free-energy principle directly to the study of conscious experience, *Neuroscience of Consciousness*, Volume 2025, Issue 1, niaf009, <https://doi.org/10.1093/nc/niaf009>

Fischman, L. (2025). Discussion of “Expansion and Regression in Oceanic Experience.” *Psychoanalytic Dialogues*, 35(6), 846–859. <https://doi.org/10.1080/10481885.2025.2574580>

Freud, S. (1927). The Future of an Illusion. *Standard Edition* 21, 1–56.

Goldberg P (2019). Where are We When We are At-One? Discussion of Bion's O and His Pseudo-Mystical Path, *Psychoanalytic Dialogues*, 29(4), 404–417, DOI: [10.1080/10481885.2019.1632652](https://doi.org/10.1080/10481885.2019.1632652)

Griffiths, R.R., Richards, W.A., McCann, U., & Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology*, 187(3), 268–292. <https://doi.org/10.1007/s00213-006-0457-5>

——— (2008). Mystical-type experiences occasioned by psilocybin mediate the attribution of personal meaning and spiritual significance 14 months later. *Journal of Psychopharmacology*, 22(6):621–632. doi:[10.1177/0269881108094300](https://doi.org/10.1177/0269881108094300)

——— Hurwitz ES, Davis AK, Johnson MW, Jesse R (2019). Survey of subjective “God encounter experiences”: Comparisons among naturally occurring experiences and those occasioned by the classic psychedelics psilocybin, LSD, ayahuasca, or DMT. *PLoS ONE*, 14(4): e0214377. <https://doi.org/10.1371/journal.pone.0214377>

Grotstein, J.S. (2004). The seventh servant: The implications of a truth drive in Bion’s theory of ‘O’. *The International Journal of Psychoanalysis*, 85(5), 1081–1101.

——— (2007). *A beam of intense darkness: Wilfred Bion’s legacy to psychoanalysis*. London, UK: Karnac.

——— (2009). “... But At the Same Time on Another Level...”, Vol 2, Karnac.

Guss, J. (2022). *A Psychoanalytic Perspective on Psychedelic Experience*. *Psychoanalytic Dialogues*, 32:452–468

Jolly, E. and Chang, L.J. (2019). *The Flatland Fallacy: Moving Beyond Low-dimensional Thinking*. *Top Cogn Sci*, 11: 433–454. <https://doi.org/10.1111/tops.12404>

Jones R.H. (2019). “Limitations on the Scientific Study of Drug-Enabled Mystical Experiences.” *Zygon: Journal of Science and Religion* 54 (September): 756–92.

——— (2023). “On the Role of Mystical Experiences in Psychedelic Therapy and Research” *Journal of Psychedelic Psychiatry*, 5 no. 2: 26–47.

Letheby C. & Gerrans P, (2017). Self unbound: ego dissolution in psychedelic experience, *Neuroscience of Consciousness*, Issue 1, 2017, nix016, <https://doi.org/10.1093/nc/nix016>

Letheby, C., Mattu, J., Hochstein, E. (2024). How to End the Mysticism Wars in Psychedelic Science. In: Lovering, R. (eds) *The Palgrave Handbook of Philosophy and Psychoactive Drug Use*. Palgrave Macmillan, Cham. <https://doi.org/10.1007/978-3-031-65790-0-8>

Lightman A (2023). *The Transcendent Brain*. Pantheon Books.

McCulloch D.E., *et al*, (2022). Psilocybin-Induced Mystical-Type Experiences are Related to Persisting Positive Effects: A Quantitative and Qualitative Report, *Front. Pharmacol.*, 08 March 2022 Sec. Neuropharmacology Volume 1, <https://doi.org/10.3389/fphar.2022.841648>

Meissner, S.J.W.W. (1984). *Psychoanalysis and religious experience*. Yale University Press.

Merkur, D. (1999). *Mystical Moments and Unitive Thinking*, State University of NY Press.

Mayer, E.L. (2001). On “Telepathic Dreams?”: An Unpublished Paper by Robert J. Stoller. *Journal of the American Psychoanalytic Association* 49:629–657.

Millière. R(2017). Looking for the Self: Phenomenology, Neurophysiology and Philosophical Significance of Drug-induced Ego Dissolution. *Front. Hum. Neurosci.*, 11:245. doi: 10.3389/fnhum.2017.00245

Nishiyama A, Tanaka S, Tuszynski JA, Tsenkova R. (2024). Holographic Brain Theory: Super-Radiance, Memory Capacity and Control Theory. *Int J Mol Sci.* Feb 18;25(4):2399. doi: 10.3390/ijms25042399.

Pahnke, W.N., (1966). Drugs and Mysticism, *International Journal of Parapsychology*, Vol VIII (No. 2) Spring 1966; 295–313

Peoples, K. (2023). The mystery of the unconscious: Non-ordinary states in psychedelic-assisted therapy. In J.A. Butler, G. Herzberg, & R.L. Miller (Eds.), *Integral psychedelic therapy: The non-ordinary art of psychospiritual healing*. Routledge. <https://doi.org/10.4324/9781003167976>

——— & Rundel, M. (2025). Expansion and Regression in Oceanic Experience: A Model of Psychedelic Consciousness for Psychoanalysis. *Psychoanalytic Dialogues*, 35(6), 808–830. <https://doi.org/10.1080/10481885.2025.2574574>

——— & ——— (2025). Expansion and Regression: Reply to Discussions. *Psychoanalytic Dialogues*, 35(6), 870–876. <https://doi.org/10.1080/10481885.2025.2576400>

——— (2026, in press). When Our Hair Stands on End: Encounters with Non-Ordinary States. In Reichbart, R. (Ed.) *A Century of Psychoanalytic Mystery: Telepathy in the Clinical Process*. Routledge.

Pollan, M. (2018). *How to Change Your Mind*. Penguin Books, p. 263–264.

——— (2026). *The World Appears*. Penguin Books.

Raniere, D. (2025). Looking Up at the Stars from the Middle of the Lake: Dare We Speak of Spirit? A Model of Psychedelic Consciousness for Psychoanalysis. *Psychoanalytic Dialogues*, 35(6), 860–869. <https://doi.org/10.1080/10481885.2025.2574584>

Reiner, A (2017). “Ferencz’s ‘astra’ and Bion’s ‘O’: a clinical perspective”, chapter in Reiner, A, *Of Things Invisible to Mortal Sight: celebrating the work of James S Grotstein*, Karnac Books.

Rundel, M. (2022). Psychedelic Psychoanalysis: Transformations of the Self. *Psychoanalytic Dialogues*, 32(5), 469–483. <https://doi.org/10.1080/10481885.2022.2106139>

Sanders, J.W., & Zijlmans, J. (2021). Moving Past Mysticism in Psychedelic Science. *ACS Pharmacology & Translational Science*, 4(3), 1253–1255. <https://doi.org/10.1021/acsptsci.1c00097>

Sawyer, D (2022). What Is the ‘Unitive Mystical Experience’ Triggered by Psychedelic Medicines an Experience of? An Exploration of Aldous Huxley’s Viewpoint in Light of Current Data. *Religions*, 13, 1061. <https://doi.org/10.3390/rel13111061>

Sawyer, D.W. (2024). Redressing a Straw Man: Correcting Critical Misunderstandings of Aldous Huxley’s Perennial Philosophy. *Journal of Humanistic Psychology*, 64(4), 535–563. <https://doi.org/10.1177/00221678211024399>

Schrödinger, E. (1944). *What Is Life?* Cambridge University Press.

Schwartz, R.C., & Falconer, R. (2017). *Many minds, oneself*. Center for Self-Leadership.

——— & Sweezy, M. (2020). *Internal family systems therapy* (2nd ed.). Guilford Publications.

Solms, M. (2021). In *The Hidden Spring: A Journey to the Source of Consciousness*, WW Norton.

Stace, W.T. (1960). *Mysticism and Philosophy*. MacMillan Press: New York.

Tennes, M. (2007). Beyond intersubjectivity: The transpersonal dimension of the psychoanalytic encounter. *Contemporary Psychoanalysis*, 43(4):505–525.

Tennes, M. (2024). Tell All the Truth but Tell it Slant: Psychoanalysis and the Uncanny. *Contemporary Psychoanalysis*, 60:146–166

Watts, A. (1970). Psychedelics and Religious Experience in Aaronson B & Osmond H (Eds.), *Psychedelics: The Uses and Implications of Hallucinogenic Drugs* (pp. 131–144). New York: Anchor Books.

Winnicott, D.W. (1965). *The maturational processes and the facilitating environment*. International Universities Press.



Commentary on Manuscript by Thomas Brod

Christopher W.T. Miller

The paper by Thomas Brod, titled “I AM... *gone?* Paradoxical presence of the lost Self,” seeks to draw from a vast range of conceptual and theoretical models to outline the impact of psychedelics on subjectivity, with a particular focus on ego dissolution. The author frequently inserts aspects of his own experiences with these drugs as scaffolding reference points to substantiate the literature from which he draws. The author also chooses to provide personal opinion on particular topics, sometimes in rather sweeping manners, without elaborating further (e.g., referring to Bionians as “avowed Platonists”). As with any paper espousing a scientific lens, such a framework threatens to eclipse objectivity, which unfortunately occurs frequently in this work. On the whole, there is little in terms of integration of rigorously explicated psychoanalytic theory with the psychedelic experience. Brod only occasionally drew from psychoanalytic writers (and often indirectly, at times citing secondary sources as opposed to the original works).

A quantum physics model is preferred by the author, presenting holography and tessellation as anchors to frame a discussion on the nature of consciousness. It is certainly an interesting approach, and I believe such interdisciplinary dialogue is mutually enriching for the respective areas of inquiry. The so-called “filter model” supports the notion that the brain has a permissive or transmissive function, modulating access to an otherwise expanded consciousness (Lin, 2024). This indeed has evolutionary value, as the brain will need to create a “working map” of the world during early childhood, a period during which neuroplasticity is heightened, allowing for one to sample from the environment and gain a sense of the “if-then” contingencies of reality. The shorter the lifespan, the shorter the window for neural encoding to occur (Berardi, Pizzorusso, & Maffei, 2000; Takesian & Hensch, 2013). If the brain remains too plastic for too long, this can increase vulnerability to excitotoxic damage and/or neurodegeneration. Indeed, medial temporal areas, portions of

which display neurogenesis into adulthood, are often affected early in Alzheimer's disease (Jalalian & Weickenmeier, 2026).

The “sensitive” period of neural development can be shortened when there is significant environmental adversity, and the brain may shut down plasticity as a self-protective mechanism, as continued neuronal exposure to stress hormones can be problematic (Miller, 2021a, 2021b). In other words, maintaining overly open-ended and diffuse awareness may be incompatible with adaptation to this world. To this effect, in *The Doors of Perception*, Aldous Huxley quotes Cambridge philosopher C. D. Broad:

“The function of the brain and nervous system is to protect us from being overwhelmed and confused by this mass of largely useless and irrelevant knowledge, by shutting out most of what we should otherwise perceive or remember at any moment, and leaving only that very small and special selection which is likely to be practically useful” (Huxley, 1954) (pp. 22–23).

Indeed, part of how we maintain contact with reality is by shaping it into something we can assimilate and learn from. Otherwise, the risk of being overwhelmed may be too great; as Bion would state, one has “the impression that the patient is incapable of discrimination. He cannot be unaware of any single sensory stimulus: yet such hypersensitivity is not contact with reality” (Bion, 1962) (p. 8). Just as neural scaffolding allows the brain to safely “play,” the frame in psychoanalysis is crucial for free association to enjoy its freedom (Furlong, 1992). Similarly, being in a proper mindset and ensuring a safe setting are crucial considerations to allow for psychedelic action to promote healing (Chmiel & Rybakowski, 2026).

There are certainly those who argue in favor of a holographic model of reality (Laszlo & Currivan, 2008), and it has been posited that conscious awareness collapses a multidimensional reality into a quite reduced, yet better comprehensible, channel. As van Lommel stated:

“As soon as an observation takes place, this multidimensional nonlocal space is once again reduced to our three-dimensional physical world, space-time. An observation reduces the countless

possibilities (probability waves) to a single fact” (van Lommel, 2010) (p. 229).

The appeals and pitfalls of bridging quantum theory with the study of consciousness have been areas of active scholarly discussion (Geraci, Viirre, Qorri, & Pani, 2026; Mroczkowski & Malozemoff, 2019). The extent to which such models fit into a neuropsychanalytical framework of psychedelic action is far from clear, and Brod might have opted in the manuscript to select fewer ideas and ground them firmly in the extant literature; as posed, the arguments do little to sustain themselves based on empirical evidence.

It was equally unfortunate that Brod did not choose to draw from the exciting neuroscientific literature on psychedelics to enrich the arguments presented. There was a brief mention of the work of Carhart-Harris and colleagues, as well as indirect reference to the REBUS model (RElaxed Beliefs Under pSychedelics), but the overall direction was one that veered away from the evolving evidence base linking neural pathways with psychedelic phenomenology. It was somewhat puzzling to read: “I will avoid drawing into specific known brain modalities. Neurophysiology is perpetually revised under scientific exploration. Others toil in those fields” and “I avoid specific neurospecific referents (such as the Default Mode Network) which parse brain function powerfully but within its own heuristic dynamic tool, thereby distracting us from our psychodynamic frame.”

Indeed, given the author’s interest in oceanic states of consciousness, opting to include the neuroscientific literature may have provided insights into how the default mode network (DMN) is mechanistically implicated in such oceanic experiences with psychedelic use (Unterrainer, 2025). Disruption of the DMN is quite key, given its proposed involvement with how we construct a sense of selfhood. As Stoliker and colleagues stated:

“The DMN’s role in directing attention inward—that manifests as self-oriented thoughts—also suggests its relationship to personal identity and the construct of narrative self, which is closely related to the Freudian concept of ego” (Stoliker, Egan, Friston, & Razi, 2022) (p. 891).

Disruption of the DMN may inform a breakdown in egocentric thinking, allowing for greater connection between the narrative self and one's sense of others, contributing to feelings of unity and oneness, as well as facilitating the experiences of "hyper empathic sensibility" and "love" underlined by Brod. Of course, and perhaps philosophically aligned with Brod's arguments, one must be wary of the seductiveness of neuromania—we are not (and likely never will be) in a place to explain subjective phenomena entirely through a neuroscientific lens.

Notably, Brod mentions Bion's concept of "O," which would certainly merit inclusion in a psychoanalytically-informed paper discussing expanded awareness under psychedelics. Indeed, this has been the focus of a recent manuscript (Miller, 2024). Brod gives a brief nod to the concept in a couple of sections in the manuscript, before shifting the argument elsewhere. O is one of Bion's most elusive concepts—yet, when speaking of making contact with the divine and with transcendental realms of reality, it is inescapable. Bion wrote:

"I shall use the sign O to denote that which is the ultimate reality represented by such terms as ultimate reality, absolute truth, the godhead, the infinite, the thing-in-itself. O does not fall in the domain of knowledge or learning save incidentally; it can be 'become,' but it cannot be 'known'" (Bion, 1970/2004) (p. 26).

In *Transformations*, Bion muses on how allowing for intuitive wisdom to be accessed can heighten one's contact with what is true (Bion, 1965/1984). This requires a surrendering to the ways of the mind and lessening reliance on a sensory-bound understanding of reality. Bion stated plainly, "If the mind is preoccupied with elements perceptible to sense it will be that much less able to perceive elements that cannot be sensed" (Bion, 1970/2004) (p. 41). Of course, this is easier said than done; a disciplined and concurrently playful and curious search for inner truths can facilitate transformations from O to the domain of K (Knowledge), bringing intuitive understanding into the realm of conscious thought.

Cultivating a surrendered state can allow for deeper insights to be achieved, including with psychedelics (Russ, Carhart-Harris, Maruyama, & Elliott, 2019). This also resonates with Brod's arguments about the

psychic shift fostered by these drugs: “The psychedelic state introduces space—not void, but possibility.” Indeed, a connection can be drawn with Bion’s discussion on the need to maintain an *unsaturated* mindset in order for us to learn anything beyond what we think we already know (Bion, 1965/1984). Importantly, Bion stated, “The exercises in discarding memory and desire must be seen as preparatory to a state of mind in which O can evolve” (Bion, 1970/2004) (p. 33).

From a neuroscientific perspective, psychedelics can promote plasticity—this introduces a heightened sensitivity to environmental input, both during the psychedelic session and in the afterglow period following it. These are crucial therapeutic windows to optimize the potential benefits offered by the drugs, allowing for flexible cognitions and relief in psychiatric symptoms to occur. Increasing plasticity does not in itself ensure positive outcomes; rather, it renders the brain more sensitive to its surroundings, amplifying both positive and negative input (Kozak & Miller, 2024). As we aspire to higher planes of understanding, it is critical not to neglect the space in which our mortal selves dwell. As such, a foot in this earthly realm needs to be maintained even as the mind travels to the beyond, lest we ignore the reality of our human condition, which demands both body and soul be acknowledged.

References

- Berardi, N., Pizzorusso, T., & Maffei, L. (2000). Critical periods during sensory development. *Curr Opin Neurobiol*, 10(1): 138–145.
- Bion, W. (1962). *Learning from Experience*. London: Karnac.
- (1965/1984). *Transformations*. New York & Oxon: Routledge.
- (1970/2004). *Attention and Interpretation*. Oxford, UK: Rowman & Littlefield Publishers, Inc.
- Chmiel, J., & Rybakowski, F. (2026). Predictors of the Effectiveness of Psychedelics in Treating Depression—A Scoping Review. *Int J Mol Sci*, 27(5).
- Furlong, A. (1992). Some technical and theoretical considerations regarding the missed session. *Int J Psychoanal*, 73 (Pt 4): 701–718.

Geraci, J., Viirre, E., Qorri, B., & Pani, L. (2026). Psychedelics and the quantum brain: a falsifiable hypothesis on Posner molecules and spin-dependent pharmacology. *Frontiers in Pharmacology*, Volume 17, 2026. doi: 10.3389/fphar.2026.1777613

Huxley, A. (1954). *The Doors of Perception and Heaven and Hell*. New York: Harper Perennial Modern Classics.

Jalalian, S., & Weickenmeier, J. (2026). Alzheimer's Disease Accelerates Cerebral Atrophy by Over a Decade Compared to Healthy Aging. *Ann Biomed Eng.* <https://doi.org/10.1007/s10439-026-04059-z>

Kozak, Z., & Miller, C. W. T. (2024). Beyond psychedelics: set and setting in general psychiatric practice. *Int Rev Psychiatry*, 36(8): 833–840.

Laszlo, E., & Currivan, J. (2008). *CosMos: A Co-Creator's Guide To The Whole World*. Carlsbad, California: Hay House Inc.

Lin, Z. (2024). Filter Theory. In Z. Kan (Ed.), *The ECPH Encyclopedia of Psychology* (pp. 533–534). Singapore: Springer Nature Singapore.

Miller, C. W. T. (2021a). The Impact of Stress Within and Across Generations: Neuroscientific and Epigenetic Considerations. *Harv Rev Psychiatry*, 29(4): 303–317.

Miller, C. W. T. (2021b). Traumatic progression: psychoanalytic and neuroscientific dimensions. *The Scandinavian Psychoanalytic Review*, 44(1–2): 12–19.

Miller, C. W. T. (2024). The way of O: phenomenology of psychedelic use and the path to ultimate reality. *Psychodynamic Practice*, 31(1): 6–25.

Mroczkowski, J. A., & Malozemoff, A. P. (2019). *Psychic Misuse in Quantum Literature*. *Journal of Near-Death Studies*, 37(3).

Russ, S. L., Carhart-Harris, R. L., Maruyama, G., & Elliott, M. S. (2019). Replication and extension of a model predicting response to psilocybin. *Psychopharmacology (Berl)*, 236(11): 3221–3230.

Stoliker, D., Egan, G. F., Friston, K. J., & Razi, A. (2022). Neural Mechanisms and Psychology of Psychedelic Ego Dissolution. *Pharmacol Rev*, 74(4): 876–917.

Takesian, A. E., & Hensch, T. K. (2013). Balancing plasticity/stability across brain development. *Prog Brain Res*, 207: 3–34.

Unterrainer, H. F. (2025). Oceanic states of consciousness-an existential-neuroscience perspective. *Front Hum Neurosci*, 19: 1653801.

van Lommel, P. (2010). *Consciousness Beyond Life: The Science of the Near-Death Experience*. New York: HarperOne.



Brod Response to Miller Commentary

Thomas Brod

I am as honored by Chris Miller's deeply erudite attention as I am bruised by his dismissal of two my central concepts. As science advances beyond its current predictive capacity, we cannot know how brain/mind science of the future will be oriented, understood and conceptualized. We currently have the unanswered problem of subjectivity's dimensional space as our best pointer toward the vaster problem of whether consciousness is internally created from bio-cellular stuff vs received and transmuted by that stuff. ...And by-the-way, Bion *was* a Platonist (Jim Grotstein must be my authority, I am not a philosopher) and that allowed him to leapfrog (with highest elegance) these issues into the *O* pond.



Another Perspective on Psychedelics and Psychoanalysis

Robert M. Galatzer-Levy

When Neal Spira invited me to comment on the papers about psychedelics and psychoanalysis, I turned to my own experiences as a starting point. Those experiences date back to the 1960s. I believe I learned a great deal from them, much of it of great value to my psychoanalytic and psychiatric career, so my thinking began there.

About a year later, I received copies of the papers that appear in this volume. Despite their diversity, they share two common themes. Each paper explains how psychoanalytic and related ideas can help us understand psychedelic experiences. Each also asks what we analysts can contribute to understanding psychedelic experiences and whether psychedelic experiences support or disconfirm psychoanalytic theories. I realized that my own experience pointed in a different direction, to the question of what we analysts can learn from psychedelic experience.

The papers seek to understand psychedelic experiences through abstract ideas from psychoanalysis, as extended by recent developments in those theories. Taken together, they do this extraordinarily well. But, in large measure, they do not address the movement in the opposite direction, namely, how psychedelic experiences might reshape these same theories and practices. This strikes me as typical of psychoanalytic thinking, which has a strong tendency to formulate high-level theories and use them to interpret experiences, rather than using experiences to shape theory.

So here is what I will do in this discussion. I'll begin by discussing what I learned from experiences with psychedelics, then turn to the question of how we might learn more by using a research conceptualization that has proven enormously successful in other disciplines that study complex dynamic systems. Then I'll return to what all this might mean for the opportunity to grow psychoanalytic thought in relation to psychedelics. In doing this, it may seem that I am unappreciative of the extraordinary

contributions elsewhere in this volume. This would be a misunderstanding. What I am trying to do in this discussion is to suggest that by looking at psychedelics through an additional lens, we can learn much of value for psychoanalytic thought and practice.

So here goes:

Rob's Psychedelic Experiences

Between 1963 and 1967, I was a graduate student in mathematics at NYU's Courant Institute, located in the heart of Greenwich Village. I lived in very cheap apartments in the East Village (rent dropped from \$43 per month to \$38 when the landlord abandoned the building and the city took it over). Bob Dylan was performing at a venue across the street from the Institute, touting the marvels of marijuana (Hey Mr. Tambourine Man, Rainy Day Woman 31). Although I was "too busy" to go hear him, his early albums were constantly playing on my phonograph. Allen Ginsberg lived two blocks from my apartment, and his world was embodied in Will Inman, publisher of the poetry-political magazine *Kauri*, who worked as the Courant Institute's librarian. Will's invitations to "join him" were never clear, and to this day I don't know whether I was to join in drugs, sex, or both. But being a good analytic patient, which I was at the time, I declined these invitations to "act out." And there was the Fillmore East, also a few blocks from my apartment, where people like Jimi Hendrix and Janis Joplin were performing regularly, accompanied by light shows and a strong skunk-like smell, which I later came to recognize as marijuana. All of this was integrated with my mathematics studies, which demonstrated with enormous clarity that the world one sees is deeply contingent on how one looks at it, an insight I was also gaining from my first analysis, although in somewhat obscure form. During this period, I was actively engaged with psychedelics by avoiding them. One insight from my analysis was that it was okay to go to medical school even though my mother wanted me to. And so, I left the mathematical psychedelic East Village for the staid Midwestern world of Washington University in St. Louis, where, of course, now far from my analyst's watchful gaze, I had my first experiences with psychedelics (Galatzer-Levy, 2024).

Psychedelics from the Inside and the Outside

In St. Louis, I had overlapping experiences with these drugs as a user and as a volunteer for Acid Rescue, a hotline designed to help people on “bad trips” (Levy & Brown, 1971) (Levy, 1974). Three of these experiences left a deep impression.

Using something touted as LSD (Lord knows what it actually was), I had two experiences that continue to inform my life and professional work.

The first was looking at a table and seeing it covered in an astonishingly beautiful mosaic of shining blue stones. I pointed it out to a friend, who was kind enough not to say what he saw. But a few hours later, when the trip was over, I looked at the same table and saw only a marked-up wood finish that in no way resembled what I had seen earlier. As a psychiatrist, I have found this an invaluable experience, teaching me the possibility of the absolute subjective reality of hallucinations, an idea that has proven invaluable not only for understanding patients who tell me about their hallucinations but also for questioning the extent to which the clearest, seemingly sane perceptions reflect “reality.”

The second experience was walking in Forest Park, a large, wooded park on the border of St. Louis. There were details to the experience—each tree seemed beautifully crafted, and the afternoon light shimmered—but the central experience was simply one of extreme beauty. Once awakened to this possibility, I came to recognize the feeling in many contexts—when listening to music, when looking at plant life and creative art, and when learning about mathematical concepts. It remains one of the greatest joys of my life. As time went on, like so many others, I found that William Blake’s poetry captures it, particularly in his line “If the doors of perception were cleansed everything would appear to man as it is, infinite.”

Finally, here is a typical Acid Rescue interaction. It took place on Chuck Berry’s farm, where we set up a tent at an outdoor concert. Friends brought in a 19-year-old boy. He said, “I’m having a bad trip, I’m seeing...” Before he could elaborate, I said, “You’re too beautiful to be having a bad trip.” He looked puzzled for a moment, smiled, and said, “Okay!” He rejoined his friends. A large proportion of the “cases” we saw took a similar form. Almost all of the “bad trips” could be turned around

by rapidly reframing the tripper's experience. The experiences with Acid Rescue also underscored the centrality and transience of subjectivity. The drugs often made those who took them highly suggestible.

These simple experiences changed the way I think about important aspects of my practice of psychiatry and psychoanalysis and continue to lead me to wonder about a different approach to relating psychoanalysis to psychedelic experience. How about a relationship between psychoanalysis and psychedelics, one that asks how psychoanalysts can best learn from psychedelics rather than how psychoanalysis can understand psychedelic experiences?

Anyone, psychoanalyst or not, who experiences psychedelics or even hears about them is immediately moved to wonder what is going on. The question is almost instantly framed by the conceptual frameworks available to the questioner and their concerns. "Is this a good way to get high?" "Is this part of a Commie conspiracy to destroy our minds?" "Is this a valuable therapeutic tool?" "How does this fit with existing psychoanalytic thinking?" "Are all my perceptions illusions?" and on and on. But the starting point remains that something very interesting is going on here, and I want to understand and possibly make use of it.

We psychoanalysts, of course, approach psychedelics through an ever-expanding psychoanalytic conceptual framework. As reflected in the papers in this volume, the nature and extent of that framework are far from settled within our community. Nonetheless, each author implicitly uses their version of this framework, or more precisely, their vision of what they hope it will be, to explain psychedelics.

Starting with Freud in *Studies on Hysteria*, analysts have been quick to move from observation to theories explaining the meaning of those observations. Freud moved from Breuer's noting that when Berta Pappenheim (Anna O.) remembered the onset of a symptom with affect to the postulation of a dynamic unconscious. Often, we analysts have good ideas and are delighted to find experiences that seem to confirm them. Analytic investigation has largely continued in this mode to this day. While theories have changed radically, from the dynamic unconscious to quantum mechanics, the tendency to move very quickly to broad conceptualization persists in our discipline. We tend, in other

words, to take a *top-down* approach, searching for broad theories that explain the observed phenomena. In doing this, we ape the spectacularly successful physical sciences, where all-encompassing theories like Newton's mechanics proved so successful. I say "aped" because the vision of young Newton seeing the apple fall and recognizing that a universal law of gravity could not be further from the truth.

A bottom-up approach contrasts starkly with top-down approaches. A bottom-up approach is characterized by collecting data without focusing on the generalizations that might come from it. In the same arena as Newton's studies was Tycho Brahe, who cataloged the movements of the heavenly bodies at the end of the 16th century.

The process of massive data collection that characterized the physical sciences and biology has proven exceedingly difficult in the human sciences, including psychoanalysis, where the very richness of the data makes collecting in many instances overwhelmingly challenging.

Physical sciences have consistently advanced using both approaches, often in long-term dialogue with one another, as accumulated data (bottom-up research) suggested general theories (top-down) and general theories pointed to data in need of collection. With regard to some important topics, for example, Darwin's theory of evolution, biology thrived in a similar way. However, both the top-down and bottom-up approaches seemed less effective as the objects of study grew more complex.

Ecology and embryology, for example, progressed much more slowly than biochemistry and molecular biology. In molecular biology, the top-down approach found expression in its "central dogma."

**DNA Base Sequence Amino Acid Sequence
3D Protein Structure Unique Biological Function.**

However, each step in this sequence proved to be mistaken because, even at the molecular level, biological systems function in a much more complex way.

The situation in the human sciences, including psychoanalysis, is even worse. Every attempt to propose general theories ends up being inadequate to explain much beyond the data from which the theory is derived

(and even then, not very convincingly), and the collection of data in the human sciences repeatedly falls prey to the problem that collecting data that covers even the most obvious factor in human situations requires overwhelming effort.

In the 1970s, Sydney Brenner, who had discovered the function of messenger RNA, contributed to breaking the genetic code (for which he shared a Nobel Prize) and introduced the study of the tiny roundworm *C. elegans*, the first animal to have its nervous system fully described, suggested a third approach to science, which he called “*from the middle out*.” In retrospect, he believed that this approach had contributed most to his success as a researcher (Brenner, 1999, 2000, 2002, 2010) (Noble, 2006).

The middle-out approach is this. Pick something you wish to study and describe what you already know about it and what you would like to know, in plain language. Then ask whether more examples of that subject would likely answer your question and whether trying to formulate a theory about it might be helpful. Try it out and see where the approach gets you. This is a dynamic process. If you have too little empirical data to detect a pattern, gather more data and continue looking for patterns—go bottom-up. If you have sufficient data to guess at a pattern, try to formulate a general principle, a small-scale theory, that explains it, and see if it works—go top-down.

While popular accounts of the history of science often describe momentous theories and the heroic scientists who formulated them, closer study of the actual scientific developments shows that they are better described as emerging from the middle out.

How might this apply to the study of psychedelics? The middle from which the study begins is the set of personal experiences like the ones described at the beginning of the discussion, combined with the numerous similar accounts that have emerged from various contexts. These descriptions point to an interesting group of phenomena, worthy of investigation.

They point to a startling generalization:

For many people, taking a psychedelic profoundly, if temporarily, changes many perceptions. These changes vary markedly from person to person. They often include a sense of something qualitatively different that does not fit with their ordinary ways of perceiving. They are often associated with intense, sometimes unfamiliar, emotional states. The altered perceptions often involve novel or unusual experiences of self and time. The altered perceptions depend strongly on the presence or absence of interactions with other people, groups and ideas about what is happening. And all of this occurs by virtue of ingesting a tiny quantity of a drug.

Moving out from the “in the middle” observations like these involve some relatively simple but important generalization about mental function, including that the mind is far more subject to change than we customarily think, that slight alterations in neurotransmitters can have profound effects, that changes may depend on seemingly minor variations in context, and that these changes are highly susceptible to modification when the individual interacts with other people or groups or ideas. Taken seriously, each of these observations has profound implications for psychoanalytic practice and theory.

Going slightly further in the top-down direction many of the phenomena observed in psychedelic experiences fit nicely with conceptualizations from complex dynamic systems theory—the sudden transitions in state fit with nonlinearity; the movement into different overall perceptual states fit with the idea of attractors; the shaping of the experiences by environments with the idea of emergence (Galatzer-Levy, 2018).

For psychedelics, expansion from the middle-out, from the bottom up, means collecting more relevant data. More than any other factor, the defining feature of psychoanalysis is carefully listening to and describing what people say (and, to a lesser extent, do) in the analytic situation. Applying these methods of data collection to psychedelic situations, especially those intended to be therapeutic, will not only provide a richer data set about psychedelics but will also expand analysts’ listening capacities, as we learn to better hear and understand what is being said, and, in the process, expand our listening in every context. Much of the current

research into the therapeutic use of psychedelics involves the presence of a mental health professional throughout the acute effects of the drugs and extensive descriptions by patients of their experiences. The resulting conversations could usefully be explored by analysts attuned to examining and learning from the therapeutic process that may be involved. Reviewing descriptions of psychedelic psychotherapies, as well as gaining experience in doing them, could serve a similar function by expanding analysts' capacity to expand the means of psychoanalytic listening and exploration.

My suggestion is that analysts devote considerable time and energy to exploring psychedelics from the middle out, with the aim of learning from them rather than focusing exclusively on what psychoanalysis, especially psychoanalytic theories, can bring to the study of psychedelics. I realize that this idea is inconsistent with the long psychoanalytic tradition, starting with Freud, in which we have been quick to apply theories to data at the expense of learning from the data.

References

- Brenner, S. (1999). *Theoretical biology in the third millennium*. Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences, 354(1392). 1963–1965. <https://doi.org/10.1098/rstb.1999.0535>
- (2000). The End of the Beginning. *Science*, 287(5461), 2173–2174. <https://doi.org/10.1126/science.287.5461.2173>
- (2002). In silico simulation of biological processes B2—'In Silico' *Simulation of Biological Systems: Novartis Foundation Symposium* 247. In G. Bock & J. Goode (Eds.), (pp. 91–103). John Wiley & Sons, Ltd. <https://doi.org/10.1002/0470846673.ch7>
- (2010). Sequences and consequences. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 365(1537), 207–212. <https://doi.org/10.1098/rstb.2009.0221>
- Galatzer-Levy, I. (2018). *Nonlinear Psychoanalysis: Notes from forty years of chaos and complexity*. Routledge.

Galatzer-Levy, R.M. (2024). How I Learned to Become Nonlinear: The Prequel. *The Psychoanalytic study of the child*, 77(1), 88–100. <https://doi.org/10.1080/00797308.2023.2242231>

Levy, R., & Brown, A.R. (1971). A drug crisis intervention unit: analysis of the first year of operation (abst.). *Clin.research*, 19, 502. (Not in File)

Levy, R. M. (1974). Analysis of calls to a drug-crisis intervention service. *J.of psychedelic drugs*, 6, 143–152.

Noble, D. (2006). *The Music of Life: Biology Beyond the Genome*. Oxford University Press. <https://global.oup.com/academic/product/the-music-of-life-9780199295739>

Part Two: History of Psychoanalysis



Balint, the Mystic

C.J. Healy

Abstract

In this paper, I present a close reading of Michael Balint's 1968 book, *The Basic Fault*, focusing especially on his theses regarding the metapsychology of mystical or oceanic states of consciousness and the nature of their curative potential in the clinical situation. This paper serves as a companion to and reference for the other paper of mine published in this journal issue, "New Beginning": A Balintian Account of Psychedelic Healing."

Keywords: psychedelics, regression, trauma, Michael Balint, basic fault, primary narcissism

Balint, the Mystic

This paper serves as a companion to and reference for the other paper of mine published in this journal issue, "New Beginning": A Balintian Account of Psychedelic Healing." In this paper, I present a close reading of Michael Balint's 1968 book, *The Basic Fault*, focusing especially on his theses regarding the metapsychology of mystical or oceanic states of consciousness and the nature of their curative potential in the clinical situation. In the companion paper in this journal issue, I apply the theories detailed here toward an elucidation of psychedelic mystical states and of intrapsychic and interpsychic¹ processes in psychedelic therapy.

¹The term "interpsychic" is used in preference to the term "interpersonal" in order to highlight the unconscious and intersubjective, rather than strictly "actual," processes being referred to.

Michael Balint: Intellectual Heritage and Contemporary Milieu

Reading and interpreting the work of Michael Balint requires contextualizing his thought in terms of both his psychoanalytic lineage and the theoretical currents that were emerging at the time that he was writing and practicing as an analyst. Balint situated himself as a member of the “Middle Group” during the controversial discussions that took place in the British Psychoanalytical Society between the followers of Anna Freud and Melanie Klein from 1942–1944. Though he diverged from Klein in important respects (such as by denying the presence of hatred, anxiety, or aggression in early infancy), like Klein, he devoted much of his work to describing early, pregenital states and processes while attempting to maintain fundamental allegiance to classical Freudian metapsychology, including Freud’s economic and structural theories, when doing so (King & Steiner, 1991).

Despite his significant departures from orthodox classical theory, Balint was nevertheless, in many respects, a Freudian, and he, like Klein, seems implicitly to frame his work as an extension and progression of, rather than a rupture with, the Freudian project—that is, as well within the Freudian tradition, even when stretching it considerably. But as much as he was a Freudian, Balint must be equally understood as a Ferenczian. Shortly after completing his medical training, Balint attended Ferenczi’s inaugural lectures as the first Chair of Psychoanalysis in Hungary in 1919 and later entered analysis with Ferenczi in 1924 (Sklar, 2015). After Ferenczi’s death, Balint was also one of the main collectors of Ferenczi’s papers and letters, including his correspondence with Freud and his clinical diary, the latter of which Balint would later contribute to translating into English (Ferenczi, 1932/1995). Balint’s loyalty to Ferenczi and his legacy, therefore, was likely as personal as it was professional. A significant, implicit thrust and pervasive undercurrent of *The Basic Fault* is Balint’s earnest effort to reconcile—perhaps to heal—the profound rift that emerged between the ideas of Freud and those of the late Ferenczi, especially as they concern the questions of trauma in early childhood, the effects of the actual analyst (e.g., her personality, her behavior, her interpretations) on the patient and on the transference-countertransference, and the appropriate role of regression and the analyst’s responses to it in psychoanalytic treatment; Balint directly

addresses the disagreement between Freud and Ferenczi on the latter question in chapter 23 of the book.

In addition to the essential influences of Freud and Ferenczi, Balint was also critically influenced by (as well as an important contributor to) the emerging focus on the role of the ego in psychic life. In the work of Anna Freud, Heinz Hartmann, D. W. Winnicott, and others, there is increased attention to reality-oriented ego functions, processes of adaptation to reality, and the effects of the real environment, including objects such as the mother or the analyst, on development, psychic structure, and psychoanalytic process. Balint cites Anna Freud's notion of "the need-satisfying object," Hartmann's notion of the "average expectable environment," and Winnicott's notions of the "holding function" of the mother and of the "facilitating environment" in his discussion of the primitive, harmonious object relationship that may emerge between the patient and analyst when the analyst responds appropriately to the patient's regression (Balint, 1968, p. 168). Thus, a prominent current of psychoanalytic thought at the time that Balint was developing his ideas concerned the role of the real environment and the objects it comprises in both development and the psychoanalytic situation, a current within which Balint was thoroughly steeped and from which his theoretical interventions emerged.

A Close Reading of *The Basic Fault*

I turn now to the close reading of Balint's *The Basic Fault*. Balint proposes two primary theses in the book: first, that certain symptoms and other phenomena that arise in psychoanalytic treatment, especially those that seem to be uniquely intractable or that give rise to exceptional difficulties in the treatment, result not from oedipal conflict but from a non-conflictual *basic fault* in the patient's psyche; and second, that the factor of the psychoanalytic situation by which this basic fault is amenable to change is not interpretation but the object relationship between the patient and the analyst. Over the course of the book, Balint carefully details his arguments for each of these two theses.

Discovering the Level of the Basic Fault

Balint begins the book by tracing the clinical observations that led him to the discovery of the level of the basic fault. All analysts, he notes, encounter so-called “difficult patients” who reliably fail to respond to treatment even with the most experienced and skilled analysts, which gives rise to the questions of why some patients seem to be more difficult to treat than others and what distinguishes them from patients who see more successful results. Classical technique, he notes, relies on Freud’s assumption that adult language is adequate for describing childhood experiences and presupposes that patients experience verbal interpretations as interpretations and not as something else, which allows them to “take in” interpretations and perform the process of “working-through.” Some so-called “deeply disturbed” patients, however, seem to have trouble understanding interpretations or even experiencing them as interpretations. If interpretations cannot be experienced as such—if words do not have shared meaning between patient and analyst—then no working-through can take place and classical technique proves ineffective. (Regarding the observation of words lacking shared meaning between patient and analyst and the ensuing, problematic “gulf” that this lack of shared meaning creates between patient and analyst, Balint cites Ferenczi’s [1932/1988] 1932 paper, “Confusion of Tongues between Adults and the Child.”).

The language commonly used to describe these so-called “deeply disturbed” patients, such as “seriously schizoid” or “highly narcissistic,” already implies that the root of their illness is deeper or more primitive than the Oedipus conflict.

Balint therefore posits two levels of the psyche and of therapeutic process. There is the oedipal level,² which is characterized by: a *triangular relationship* between the subject and at least two objects; *conflict* caused by ambivalence in the relationship between the subject and the two objects; and the adequacy and reliability of *adult language* as a means of

²Balint emphasizes that though the two levels are distinct in terms of their degree of psychic sophistication/maturity or simplicity/primitiveness, they do not necessarily correspond to chronological, developmental phases; conflicts at the oedipal level, for instance, may relate to genital or pregenital experiences.

communication. Then there is the level of the basic fault,³ which is characterized by: an exclusively *two-person relationship*; a dynamic force that is *non-conflictual*; and the *uselessness of adult language* in describing events or experiences that take place at this level. (Balint later posits a third level of the psyche—the area of creation—but since in this area the subject is on his own and no external object is present, no transference relationship can develop, and thus psychoanalytic treatment at this level is foreclosed; this third level, therefore, will not be further discussed in this paper.)

Describing the Basic Fault

Balint chose the word *fault* to describe the dynamic, non-conflictual feature of the patient's psyche that gives rise to the unique difficulties in the psychoanalytic situation described above first because, he writes, that is the word that patients use to describe what is causing their problems: a fault that was caused by someone who failed them. The patient feels that something is basically wrong with her and that it must be put right, and she anxiously and desperately demands that the analyst who endeavors to do so should not and must not fail her. In geology, the word fault refers to a break that profoundly disrupts the overall structure. Although highly dynamic, the basic fault, in contrast to the dynamic nature of oedipal conflict, is not something dammed up that must be discharged, but something *missing*; it is not an impulse that can be satisfied or a conflict that can be solved but a *deficiency* that can perhaps be healed with the necessary provision of what is lacking, but healed with a defect, like a scar. The basic fault, Balint suggests, is only partly reversible.

Balint argues that the basic fault is the result of a *lack of fit* between the child and the objects who constitute the child's environment. This lack of fit represents a pathogenic discrepancy between the child's needs and the material and psychological care, attention, and affection the child receives; Balint notes that the discrepancy may be due to congenital/biological/constitutional factors of child (that is, constitutional factors

³As above, Balint clarifies that though the level of the basic fault is definitely simpler and more primitive than the oedipal level, the two can coexist in the psychoanalytic situation.

that may cause the child's needs to be excessive or unrealistic) or due to environmental factors (such as caregivers who are indifferent, careless, negligent, or even hostile). Later, in a lengthy footnote, Balint expands on the developmental origins and pathological sequelae of the basic fault. It is here that the word *trauma* is introduced as the essential pathogenic factor in the development of the basic fault (Balint, 1968, p. 82). This pathogenic trauma, he notes, is not necessarily a single event, but rather is usually a situation of some duration of a painful lack of fit between the child and her environment (i.e., the world of the child's adult objects).

As a result of prolonged, traumatic experiences with indifferent, careless, negligent, or hostile objects, the child's development is fundamentally influenced, or "imprinted," by the method she develops for coping with the effects of the trauma. These *maladaptive coping methods* are precisely what the basic fault comprises. These coping methods are, Balint notes, invariably costly and, above all, *alien* to the child, and they are incorporated into her ego structure as her basic fault; anything beyond or contrary to these coping methods strike her as frightening and more or less impossible.

Analytic treatment consists in dealing with the fears and fixations obstructing the way to re-adaptation to current reality and "enabling the patient to broaden her potentialities and develop new methods for coping with her difficulties" (Balint, 1968, p. 82). In some cases, Balint suggests, it is necessary for the patient to regress to the pre-traumatic period and to relive the trauma in order to mobilize her fixated libido and "find new possibilities for dealing with the problems involved" (Balint, 1968, p. 82; cf. Ferenczi 1932/1995).

Primary Love: An Alternative to the Theory of Primary Narcissism

Balint spends the next few chapters painstakingly reviewing and critiquing Freud's theories of primary object relationship, auto-erotism, and primary narcissism and the inherent contradictions between these three theories regarding the child's earliest and most primitive libidinal relationship with the environment. I will not review these chapters in detail, as the discussions they contain are peripheral to the topic of this paper. Suffice to say that through close readings of Freud as well as

through clinical observations of a variety of narcissistic conditions and states such as deep sleep, schizophrenia, alcoholism and other addiction, so-called disorders of narcissism, and prenatal and post-natal states, Balint concludes that all psychological and clinical phenomena that have been cited as evidence of a state primary narcissism (i.e., in which all libido is cathected/concentrated in the ego or some other self-structure, and the environment or external objects are entirely uncathected) are more accurately understood as instances of secondary narcissism (i.e., a withdrawal of libido toward the ego or some other self-structure in the face of environmental frustration).

Having thus rigorously refuted the theory of primary narcissism, Balint proceeds to posit his alternative theory of a primary relationship to the environment that he calls *primary love*. He argues that in prenatal states (i.e., in the womb), the fetus and the mother-environment exist in a state of undifferentiated, interpenetrating, “harmonious mix-up,” a relationship of exactly the same nature as “our relationship to the air surrounding us” (Balint, 1968, p. 66). There are not yet objects in this environment, and there are no boundaries, including between self and environment; the environment of the womb is “a kind of unstructured ‘ocean’” (Balint, 1968, p. 61). The relationship between fetus and mother-environment is marked by an intense libidinal cathexis: “the individual is born in a state of intense relatedness to his environment, both biologically and libidinally” (p. 67).

I will briefly pause in my close reading of *The Basic Fault* to address some presently relevant and broader implications of the theory of primary love as well as of Balint’s descriptions of the phenomenology of the phase or state of primary love. In “On Narcissism,” Freud writes, “A unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed” (1914, p. 77). It follows logically (though Freud never says so explicitly) that the phase of primary narcissism must be chronologically later than this earliest period in which the ego has not yet begun to develop. Later, in *Civilization and its Discontents*, Freud suggests this earliest, most primitive, “unbounded” period of “limitlessness,” in which there is not yet a differentiation of subject and object or of internal and external, is characterized by an “oceanic feeling,” a feeling of “being one with the external world as a whole” and of a “bond with the universe” (1930, p. 64–68). Freud’s descriptions of this “oceanic” and

“unbounded” state are indistinguishable both from Balint’s descriptions of the state of primary love and, crucially for the present paper, descriptions of psychedelic mystical states as related above. It might be the case that in positing a phase of primary love, Balint is not in fact offering a corrective to the theory of primary narcissism but rather is elaborating the psychical and libidinal conditions of the individual *prior to* the development of the unity of the ego. It follows, then, that psychedelic mystical experiences, which mechanistically involve a total disintegration or dissolution of the ego, would regress the individual to this primitive state of oceanic boundlessness, of “harmonious mix-up” with the universe.

To return to *The Basic Fault*: for Balint, birth—which he calls a trauma—sets off and accelerates processes of separation and differentiation between the baby and her environment and enforces a new form of adaptation. Objects, including the ego, begin to emerge, and their boundaries quickly begin to congeal; libido, formerly in a state of homogeneous flux, begins to concentrate. Narcissistic withdrawal of libido to the ego is an effort to recover the harmony of the womb in the face of painful contrasts with that prior state of harmony; narcissistic cathexis of the ego, therefore, is secondary to the original, primary cathexis of the environment, the feeling of “oneness” of the fetus with her mother-environment. Gratifying objects in the post-natal environment retain some of the original, primary cathexis of the environment and thereby become *primary objects*, with whom the baby exists in a primitive, two-person relationship. Prototypical primary objects, Balint argues, include the baby’s mother as well as the four elements of water, earth, fire, and water. (During analytic treatment, the analyst at times assumes in the transference-countertransference the qualities of a primary object, whether mother or element; the emergence of this primary object relationship between patient and analyst during treatment and its curative potential will be further elaborated upon below.)

Balint later asserts that the “ultimate aim of all libidinal striving,” “the desire of all humanity,” is “the preservation or restoration of the original harmony,” “the re-establishment of the harmonious interpenetrating mix-up, between the individual and the most important parts of his environment, his love objects” (Balint, 1968, p. 74). He quotes Annie Reich’s description of an ecstatic state of *unio mystica*, which she compares to Freud’s oceanic feeling: “the flowing together of self and world of self and

primary object, it has to do with a temporary relinquishment of the separating boundaries” (qtd. in Balint, 1968, p. 74). Balint then names three possibilities in adult life for achieving this ultimate aim of the state of *unio mystica*: religious ecstasy, sublime moments of artistic creation, and certain regressive periods during analytic treatment. (As further elaborated in my other paper in this journal issue, we may now add a fourth: the psychedelic mystical experience.) Implications regarding Balint’s contention that the restoration of the mystical, oceanic, primary state of harmonious, interpenetrating, undifferentiated mix-up between self and environment is the “ultimate aim of all libidinal striving” will be further discussed in the following section.

In addition to the harmonious, interpenetrating mix-up, Balint describes two further, malignant forms of primitive, primary, two-person object relationships. In the first—what he calls *ocnophilia*—the object inherits so much primary cathexis that it is clung to, taken for granted, and overvalued without concern or consideration for its separate interests, with the result that the development of the individual’s independence from her objects is seriously disrupted. In the second—what he calls *philobatism*—objects are considered indifferent, deceitful, and untrustworthy; they are hazards to be avoided. Instead, objectless expanses, such as mountains, deserts, the sea, or the air, become primary objects/primary substances, and object relationships are thwarted. In both these malignant forms of primitive object relationships, the object is automatically assumed to have the same wishes, interests, and expectations as the individual; this assumption, however, reflects not a hallucinatory state of omnipotence but rather the individual’s experience of all things as in harmony. Any disharmony between the individual and her primary object, therefore, results in “loud and vehement symptoms” that suggest processes that are either highly aggressive and destructive or profoundly disintegrated, just like the symptoms that would emerge if our ongoing supply of air were to be interrupted: any interference in the primary relationship with the environment cannot be tolerated and is met with desperation (Balint, 1968, p. 70). Balint asserts that regression in psychoanalytic treatment inevitably gives rise in the transference-countertransference to at least one of these three types of primary object relationships.

Regression in the Psychoanalytic Situation

While some patients see satisfactory therapeutic results without regression beyond the oedipal level, others, as has been described, require primitive regression to the level of the basic fault. The psychoanalytic situation, Balint notes, is already set up to encourage regression and facilitate communication of a primitive intensity through acting-out, e.g. through screaming, muscular and other motor activity, or unregulated affective expression. Another, less intense example of regressive acting-out is requesting to prolong the session.

In response to these forms of primitive, non-verbal communication, the analyst must communicate her understanding; indeed, how the analyst responds to the patient's acting-out critically affects the "atmosphere" of the consulting room, whether to welcome, promote, and encourage further regression or to forestall, reverse, prevent, or prohibit it. The implication of this observation is that regression is not a strictly intrapsychic phenomenon: in the two-person psychoanalytic situation, the analyst and the patient each contributes to the emergence of regressive processes.

The analyst presented with primitive regressive processes in a patient faces many potential hazards, such as the hazard of attempting to translate primitive, non-verbal acting-out behavior into adult language in the form of verbal interpretations and "raise" them to the oedipal level, as in classical technique, or the hazard, when being confronted with exacting demands by the regressed patient, of engaging in efforts to "manage" the regression, as in the techniques prescribed by Winnicott and those used by Ferenczi while conducting his various therapeutic experiments, which might include attempts to nurse the patient, protect her, look out for her, and mediate the demands of the world on her; in short, to assume responsibility, with the best of intentions, for structuring the world in order to protect the patient from all harm, suffering, and disharmony with the environment-analyst.

Because patients regressed to the level of the basic fault cannot speak the language of adults (as explained above), the first hazard risks causing a "confusion of tongues" between the patient and the analyst, serving only to widen the gulf between them. The second hazard, on the other hand, risks the patient coming to greedily expect the perfect harmony of

primary love that she existed in before the trauma that established the basic fault, an expectation that the analyst inevitably and necessarily will fail to meet as the instinctual needs of an adult, no matter how regressed, are inevitably more complex than those of an infant, and even the most sensitive, sympathetic, and committed analyst cannot achieve a faultless identification with all of them. It is therefore doubtful whether the analyst can function as (i.e., be) a primary object for the patient long enough to enable her to discover new ways of development that avoid repetition of the original trauma and heal-off the basic fault. Balint continues to describe at length Ferenczi's radical experiments with trying to provide total, perfectly harmonious gratification to patients and his inevitable failures.

The New Beginning: Technique at the Level of the Basic Fault

If the analyst can avoid these hazards and find ways to respond appropriately to the patient's regression, however, an opportunity is opened for the healing of the patient's basic fault. Balint calls this process "regression for the sake of progression" (Balint, 1968, p. 132). In short, regressing to a primitive state before the development of the basic fault may allow for the discovery of new, better-suited methods of coping with the traumatic difficulties that caused the basic fault: a "new beginning" (Balint, 1968, p. 131). Balint emphasizes that new beginnings occur within the transference-countertransference, that is, in the object relationship between the patient and the analyst.

Balint shares a now well-known case example of a girl in her late 20s who initially complained of an inability to achieve anything; it became clear later in the treatment that this inability was related to an immobilizing fear of uncertainty whenever she had to make a decision or take a risk. Balint (1968) reports:

It took us about two years before these connections made some sense to her. At about this time, she was given the interpretation that apparently the most important thing for her was to keep her head safely up, with both feet firmly planted on the ground. In response, she mentioned that ever since her earliest childhood she could never do a somersault, although at various periods she

tried desperately to do one. I then said: “What about it now?”—whereupon she got up from the couch and, to her great amazement, did a perfect somersault without any difficulty.

This proved to be a real breakthrough. Many changes followed, in her emotional, social, and professional life, all towards greater freedom and elasticity. Moreover, she managed to get permission to sit for, and passed, a most difficult post-graduate professional examination, became engaged, and was married (p. 129).

Balint interprets that it was because the somersault—which he characterizes (technically and without value judgment) as a form of primitive, regressed, childlike acting-out—took place in the object relationship with him, her analyst, that it “opened up new ways of loving and hating,” leading her relationships to become “freer and more realistic,” a development that amounted to a new beginning for her that had myriad and pervasive transformative effects on her psychosocial functioning (Balint, 1968, p. 131).

He argues that in order to create an atmosphere in the transference-countertransference conducive to the development of new beginnings, analysts need to provide for the patient a simple, yielding relationship to their analyst-environment by responding to longings and cravings positively and, when clinically indicated, satisfying them. In the case of the somersault, Balint gently invited his patient to behave freely and playfully with him and offered the safe space in the context of a primary object relationship in which to take a risk and explore a new way of being. Later, he shares the example of a patient whom he allowed to hold one of his fingers during a period of her analysis. He makes clear, however, that satisfaction of longings in the transference-countertransference is not the critical factor; rather, through the simple, yielding, primary object relationship the patient is helped to free herself of complex, rigid, and oppressive forms of relationships to her objects that are etiologically related to her basic fault and to start, or discover, simpler, less oppressive forms. For instance, with the girl who did a somersault in his office, Balint created the conditions and the atmosphere in which “at the crucial moment the analyst was not felt as a stimulating, exciting, or forbidding adult object, in whose presence no proper young lady would think of doing somersaults, but as a safe object in whose presence

the patient could and might indulge in childish pleasures” (Balint, 1968, p. 134). In the harmonious transference-countertransference of the primary object relationship, patients become “able to shed all sorts of character and defensive armors and to feel that life had become simpler and truer” (Balint, 1968, p. 135).

Balint uses the Greek adjective *arglos* to describe the special atmosphere that obtains during periods of the new beginning: “a constellation in which an individual feels that nothing harmful in the environment is directed towards him and, at the same time, nothing harmful in him is directed towards the environment” (Balint, 1968, p. 135). It is a pre-ambivalent, pre-persecutory, pre-paranoid intersubjective atmosphere: simple, trusting, unsuspecting, and safe. Periods of the new beginning, marked by an atmosphere of *arglos*, are periods of tranquil, quiet contentment in which expectations of being loved coincide with an active seeking out of contact with the environment.

At times in periods of the new beginning, the primary object relationship takes the form of a harmonious, interpenetrating mix-up with a substance, not a person, and the analyst assumes the role of a primary substance, such as earth or water, in the transference-countertransference, becoming pliable, offering little resistance, and, most importantly, proving indestructible. During these times, the environment-analyst:

accepts and consents to sustain and carry the patient like the earth or the water sustains and carries a man who entrusts his weight to them. In contrast to ordinary objects, especially ordinary human objects, no action is expected from these primary objects or substances; yet they must be there and must—tacitly or explicitly – consent to be used, otherwise the patient cannot achieve any change: without water it is impossible to swim, without earth impossible to move on. The substance, the analyst, must not resist, must consent, must not give rise to too much friction, must accept and carry the patient for a while, must prove more or less indestructible, must not insist on maintaining harsh boundaries, but must allow the development of a kind of mix-up between the patient and himself (Balint, 1968, p. 145).

This kind of primary *arglos* object relationship between the patient and the analyst, Balint notes, is often symbolically expressed through relaxed physical contact with the analyst, such as holding the analyst's hand or finger or touching her chair. Balint also shares another case example in which he contributed to an *arglos* atmosphere by consenting to be used as a yielding and pliable but sustaining and indestructible primary substance. After thirty minutes of silence in the session, the patient began to sob, and then, relieved, told Balint, "at long last he was able to reach himself; ever since childhood he had never been left alone, there had always been someone telling him what to do" (Balint, 1968, p. 142). This therapeutic enactment in the regressed transference-countertransference of a primary object relationship represented a new beginning for the patient. It is shortly later that Balint explicitly refers to "the healing power of relationship" (Balint, 1968, p. 159).

In order to avoid regression to malignant forms of primary object relationship in the transference-countertransference, Balint emphasizes the importance of reducing inequality in the relationship and mitigating at all costs the analyst's appearance of omnipotence. The analyst ought to strive to remain unobtrusive and ordinary; her chief functions in the role of a primary object are recognizing and being with her patient. It is the analyst's presence, rather than her activity, that is most critical; most important is that the patient feels her to be present, and present at the right distance: not so far that the patient feels lost or abandoned, and not so close that she feels encumbered and unfree. He also suggests that it may be safer for the patient to use the analytic situation in toto as a transferential primary object to which they can cathect their primary love, rather than the person of analyst, which may give rise to malignant, gratification-seeking forms of primary object relationship.

Analysts, like mothers, Balint notes, do not *give* primary love; rather, they behave like primary objects by *offering themselves* to be cathected by primary love. It is in this primary object relationship that patients have the chance to heal-off their basic fault by enacting their maladaptive coping methods in the transference-countertransference until they can "discover the possibility of new forms of object relationship, experience them, and experiment with them," just like the woman who did the somersault or the man who sobbed in silence (Balint, 1968, p. 166). As in these cases, the new forms of object relationship, when the new

beginning is successfully achieved, will inevitably be less defensive, less compulsive, more adaptive, and more flexible.

The precondition for the establishment of benign regression to a primary object relationship of harmonious, interpenetrating mix-up between self and environment is the provision of an object-environment (i.e., analyst-environment) that is felt to be in no way demanding, interfering, or intruding. More than care, love, attention, gratification, or protection, the analyst ought to aim to offer time and space that is free from extrinsic temptations, stimuli, and demands. Finally, the analyst must be both yielding and consistent, both flexible and stable, both present and unobtrusive: “Over and above all this, he must be there, must always be there, and must be indestructible—as are water and earth” (Balint, 1968, p. 167).

References

- Balint, Michael. (1968). *The Basic Fault: Therapeutic Aspects of Regression*. Evanston: Northwestern University Press.
- Ferenczi, S. (1932/1988). Confusion of tongues between adults and the child: The language of tenderness and of passion. *Contemporary Psychoanalysis*, 24(2):196–206. <https://doi.org/10.1080/00107530.1988.10746234>
- (1932/1995). *The clinical diary of Sándor Ferenczi*, ed. J. Dupont, trans. M. Balint and N. Z. Jackson. Cambridge: Harvard University Press.
- Freud, S. (1914). On narcissism: an introduction. *SE*, 14.
- (1930). *Civilization and its Discontents*. *SE*, 21.
- King, P., & Steiner, S., eds. (1991). *The Freud-Klein Controversies 1941–45*. London: Routledge.
- Sklar, J. (2015). *Michael Balint*. The Institute of Psychoanalysis. <https://psychoanalysis.org.uk/authors-and-theorists/michael-balint>



Afterthoughts

Neal Spira

I'd like to close by thanking all those who contributed to this volume. Their openness, deep thinking, and powers of integration are pointing the way to further explorations of a very promising territory. The psychedelic experience is one that begs to be described, while being notoriously hard to put into words. Hats off to these colleagues who have risen to the challenge of making sense out of expanded states of consciousness and overcoming the obstacles that have long stood in the way.

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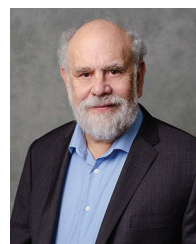
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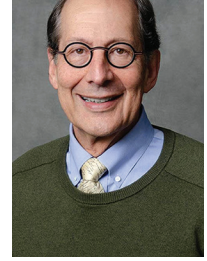


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