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Psychedelic Experiential Pharmacology: Pioneering Clinical Explorations with Salvador Roquet (How I Came to All of This: Ketamine, Admixtures and Adjuvants, Don Juan and Carlos Castaneda Too)

An Interview with Richard Yensen

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Richard Yensen was a research fellow at the Maryland Psychiatric Research Center from 1972 to 1976. He studied psychedelic psychotherapy with Stanislav Grof, M.D. and other senior staff. During this time he treated patients with substance abuse disorders, cancer, neurosis, and other health professionals seeking a training experience. Dr. Yensen did his Ph.D. dissertation on the use of MDA in psychotherapy with neurotic outpatients and conducted his research at the MPRC. Through many years of experience in government-sanctioned psychedelic research, he has evolved a non-drug shamanistic psychotherapy called Perceptual Affective Therapy. In the 1990's Richard was co-holder of IND 3250, an investigational new drug permit issued by the U.S. Food and Drug Administration to study LSD and psychotherapy until 2006. He is currently a licensed psychologist in California and director of the Orenda Institute in Vancouver and Cortes Island, British Columbia, Canada and president of the Salvador Roquet Psychosynthesis Association. He has served on the faculties of Harvard Medical School, Johns Hopkins University and the University of Maryland Medical School in Baltimore.

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Phil Wolfson: *Please tell us about your background.*

Richard Yensen: I am a Latino at heart and by heritage. My mother was Panamanian, and I have deep roots in the soil of America Latina. A portion of my childhood was spent in the Panamanian isthmus, that bit of land that connects the two vast continents. There I learned Spanish and came to a certain sensitivity that would lead me to a lifelong embrace of Latin culture and people. This inspired me to bring northern and southern cultures into an inner amalgam of my own making.

PW: *When and where did you become interested in psychedelic therapy and plant medicine?*

RY: The desire to incorporate ancient healing practices with sacred plants into modern medicine has been a central passion of mine, as a clinician and psychedelic researcher, for over forty years. I was first ignited to study plant medicine during trips to Mexico, a country that offered me friendship, collegiality, and adventure. Mexico

has been blessed with a wide variety of psychedelic plants and ancient traditions that have a great deal of healing potential to contribute to modern psychotherapy. I have often felt, when visiting the first Nations of Mexico, as if I were stepping back into ancient times. The wonder and honor of knowing Maria Sabina, Don Ricardo, Niuweme, and other healers and shamans, has transformed my outlook on the practice of psychedelic medicine.

PW: *What role did your contact with indigenous communities play in unfolding your passion?*

RY: My experience among native peoples has taught me that human beings tend toward a meaning-seeking and meaning-making journey during their lives. As individuals, we feel best when we are in touch with our story, our purpose, our unique nature, and can envision with some clarity a meaningful path to guide us. It is truly remarkable that native peoples, from a wide variety

of indigenous nations within Mexico, are willing to share the precious keys that open doors to meaning and belonging, to spirit and wonder. The same people offering this forgotten wisdom are descendants of those who were conquered, decimated, and traumatically oppressed by invaders from Europe.

PW: *How do you think the use of plant and psychedelic medicines relates to healing trauma?*

RY: Used wisely, sacred plants and psychedelic drugs can offer an opportunity for a deep remedial healing experience, one that repairs despair and annihilates hopelessness with the most meaningful experiences possible. The effects of trauma can persist for up to seven generations after the original insult. Trauma injures the capacity to weave meaning into our lives, it decontextualizes us, injects a capricious or diabolical element into our consciousness. In the course of losing the ability to create meaning, the individual may well prepare to die of hopelessness, and in so doing, surrender their cultural and personal histories the very source of their precious vitality. I have come to believe that such trauma lies at the core of addiction, post-traumatic stress disorder and some depressions.

PW: *Do you think native wisdom can help us adapt to our current planetary challenges?*

RY: Absolutely. We live in a world with excessive environmental stress, collapsing ecosystems, diminishing cultural diversity, loss of languages and ways of being, and the dangerous creation of a global monoculture. At this point in history, it is essential for us to pursue an awareness of, and openness to, prior successful adaptations. In order to gain the perspective necessary to adopt new treatments for trauma, we need to carefully examine the organization of cultures and societies that are able to integrate the effects, insights, and experiences of sacred plants. Indigenous cultures are sophisticated and elegant in their adaptation to the environment: their adaptation is, in my opinion, more complete than our own. The consequences of our poor adaptation are catching up with us. The pressures of expanding populations threaten humanity, as we face the same end story as a colony of bacteria that blindly consumes all available resources on a petri dish until it collapses.

PW: *What are your thoughts on Ayahuasca?*

RY: Ayahuasca is an ancient example of the power of an admixture: in pre-Columbian times the Amerindian

peoples of the Amazon were, perhaps the first to develop an admixture strategy in relation to psychedelic substances. Their exotic two-plant mixture, called Ayahuasca, was developed without benefit of any modern psychopharmacology or laboratory instruments to monitor purity and without modern understandings of the nervous system. These pioneers were working through visionary intuition, guided by the effects of the different plants they were experimenting with. They came to the idea that one must take the leaves of a bush (*Psychotria viridis*) and combine these leaves with large chunks of a jungle liana (*Banisteriopsis caapi*) and boil them for hours. *Banisteriopsis caapi*, the vine or liana contains a monoamine oxidase (primarily MAO-A) inhibitor. The properly prepared combination makes this otherwise inactive combination of plants blossom into a psychedelic. Ayahuasca has been used for centuries as an aide to healing (Yensen, 1988). Since the mixture is key to the presence of the desired effects, rather than a modifier of already on-going psychedelic effects, this example is embryonic or prototypical in relation to the subsequent uses of admixtures in psychedelic psychotherapy.

PW: *You met Carlos Castaneda while he was still a student. What do you remember about his debuts as a best-selling author?*

RY: Yes—I met Carlos early on my path, as he was still “unknown” as a graduate student at UCLA. He had just published a remarkable little book, *Teachings of Don Juan: A Yaqui Way of Knowledge*. My first psychedelic enchantment was with that little rogue. To me, he always insisted that his name was pronounced and spelled Castaneda, not Castañeda.

His subsequent fame and fortune were followed by academic attack and denouncement. The details of sacred plant use in Carlos’ books were inaccurate at best. Perhaps the Yaqui Indian sorcerer/shaman Don Juan may have been a figment of his imagination. Amidst cries of academic fraud, Castaneda’s books persisted on the bestseller lists; his bank accounts grew past the bursting point. This phenomenal success was all the more remarkable because with one notable exception (for *Time* magazine), Carlos Castaneda did not give interviews to the press, did not permit portraits, did not make television appearances, and over all laughed at the antics of journalists and influence peddlers who pretended to know what was going on in the world. Efforts to bury the popularity of Carlos Castaneda and his books remain unsuccessful to this day.

PW: *How do you perceive Carlos Castaneda's influence in the West?*

RY: Academics focusing on errors and guessing at the location and tribal identity of the sage in Castaneda's accounts ignore the most important aspect of his books, which is his consummate shamanic act. The details of sacred plant use in Carlos's books were inaccurate, and whether Don Juan actually existed or was a product of Castaneda's extraordinary imagination is not even the point. In his books, Castaneda addressed the children of those who won World War II and struggled with Korea. He addressed young men who were being asked to give their lives in a meaningless war in Southeast Asia. He captivated the imagination of a generation that grew up watching cowboys and Indians in movies and television. He took the well-established sense of cultural superiority, the illusion of progress and the notion that material plenty would address all human ills and turned them on their ear. Through his captivating portrayals of dialogues with Don Juan, he craftily suggested that this old Yaqui gentleman knew something about how to live a meaningful life, about the inner struggles of being human. He intimated that overlooked shamanic wisdom could only be had if one gained membership in another culture. In these accounts, Carlos himself appears an utter fool and thus portrays for us the foibles of a person confronting an entirely new and different worldview. What was most important and improbable, coming from the cultural darkness of the fifties, was the worldwide arousal of an entire generation's hunger to know these secrets!

In Don Juan's own terms, Carlos shifted our assemblage point, the place in our mind where we construct reality: he shifted his readers out of a semi-conscious, culturally self-centered stance. The view that native people are primitive, dimwitted, helpless and violent was transformed by Carlos, and replaced by a sense of mystery, curiosity and wonder. Now, the natives were suddenly folks who might have the secret of how to live a life of meaning and profound purpose.

After reading Castaneda's accounts, I and many others were influenced to pursue careers in anthropology, in psychology, in medicine, in literature—often in pursuit of this hidden knowledge and depth held by romantic and inaccessible Amerindians. Mexico was invaded by readers looking for Don Juan, searching for the Mazatecs, the Huichols and the Tarahumara, trying to find the lost meaning of their lives. Later, the search spread to South America.

The effects of the hunger and passion elicited by Castaneda have been mixed. Ethno-tourism has become a major industry and is tending to undermine the very societies it seeks to appreciate. Yet, can we imagine a greater shamanic success than the complete rending asunder of the blind conquest of the native peoples of America? In place of the Conquest, there came to be an extraordinary, successful restoration of a sense of wonder and esteem for native people's nobility, as well as their botanical, philosophical, and pharmacological knowledge. He transformed the contemporary children of the conquerors into determined seekers of native wisdom. This was his stroke of true mastery, his great contribution!

PW: *How would you describe the psychedelic therapy methods that were developed at the Maryland Psychiatric Research Center in the 1970s?*

RY: Experiential psychedelic pharmacology is informed and guided by the subjective experience of the drug recipient rather than relying solely on an objective understanding of drug action. Our psychedelic therapy technique involved creating the safest, most home-like atmosphere: unthreatening, peaceful and kind, a completely supportive field within which to administer a psychedelic drug. Our clinical emphasis was on encouraging the patient/subject to let go into whatever experience arose in the drug induced altered state. Since our patients were utterly safe, unthreatened in the therapy milieu and relationship, they could be conveyed toward transcendence with the aide of carefully selected music (Bonny & Pahnke, 1972). Art was just beginning to be used as well, to facilitate integration (Kellogg, Mac Rae, Bonny, & di Leo, 1977). We felt that our approach would enhance the possibility for the occurrence of a peak or mystical experience!

It was also likely that patient/subjects might experience events that could repair emotional wounding from past life trauma. In our most advanced study we were involved with a combined psychedelic and psycholytic technique: cleaning out early emotional conflicts and difficulty using one to three, sometimes up to five drug experiences and aiming for a mystical experience to reintegrate the personality. We were working with LSD, DPT¹, and MDA as adjuncts to psychotherapy in separate studies. Our ultimate goal was to create an integrative, healing, and mystical experience for our patients and subjects.

Our subjects included inpatient alcoholics, professionals in training, outpatient neurotics, and terminal cancer patients. We also had a referral program to which local therapists could refer patients they were having difficulty treating. The program offered an opportunity for the referring therapist to become part of the treatment team, joining with our psychedelic intervention (Bonny & Pahnke, 1972; Grof, Pahnke, Kurland, & Goodman, 1971; Kurland, Pahnke, Unger, Savage, & Goodman, 1968; Kurland, Savage Pahnke, Grof, & Olsson, 1971; Pahnke, 1963; Pahnke & Richards, 1966; Pahnke, Kurland, Goodman, & Richards, 1969a, 1969b; Pahnke, Kurland, Unger, & Savage, 1970; Pahnke, Kurland, Unger, Savage, & Grof, 1970, 1971; Pahnke et al., 1970; Tijo, Pahnke, & Kurland, 1969).

PW: *Were drug admixtures commonly used in psychedelic psychotherapy at the time?*

RY: The dawn of psychedelic mixtures in the West took place in the late 1950s, after clinicians were already successfully using LSD in psychotherapy (Ling & Buckman, 1960). Ling and Buckman, in the UK, observed interesting interactions when they combined a new drug, labeled as a psychic energizer, with LSD. Ritalin® or methylphenidate, was the name of this compound and, at the time, it was available in injectable form. They administered the drug intravenously to patients receiving low doses of LSD. They observed that Ritalin® created a valuable sense of wellbeing in their patients, similar to the effect of amphetamines.

In the LSD sessions, their patients often regressed and entered a process that could uncover traumatic events from childhood. For example, a difficult memory or one that had been intentionally forgotten or unconsciously repressed might emerge, such as a memory of being beaten. In this process the patient might become frightened and disoriented. They noted that often patients would project elements of a scene from the past onto their therapists and/or the immediate setting. Far too often, their patients became too frightened to face this emotional flooding. The panic thus ignited would block the evocative effects of LSD. As a result, the therapeutic alliance could be diminished or threatened. But if the therapist administered Ritalin® at this time, the admixture could foster a sense of well-being and the patient might realize: "I'm really okay, even though I feel awful and I'm crying and I'm

frightened and I'm running away from something. Whatever it is that I'm avoiding, it's okay to face it now. I am safe and in the presence of my doctor who wants to help me to understand what happened." The example of LSD and Ritalin demonstrates the value of a synergetic mixture: the ability of a drug combination to modify the emotional experiential quality of an ongoing psychedelic journey and to facilitate psychotherapy.

In Ling & Buckman's clinic, an effective strategy emerged for administering an additional drug that facilitated their patients feeling sufficiently safe, thus pharmacologically inducing sufficient safety to face their most frightening emotions. This ability to bring insight, catharsis and resolution was a tremendously valuable innovation in psychotherapy. Ling and Buckman deemed the discovery worthy of a book (Ling & Buckman, 1963). Betty Eisner and Hanscarl Leuner among quite a few other clinicians later incorporated stimulants as mixtures in their psychotherapy research and treatment with LSD.

PW: *What was your experience with MDA?*

RY: In 1967, Claudio Naranjo reported using MDA as an adjunct to psychotherapy (Naranjo, Shulgin, & Sargent, 1967; Naranjo, 1973). MDA is a substituted methylenedioxy-phenethylamine. MDA has some structural resemblances to both mescaline and amphetamine, and its subjective properties also seem to be a blend of the effects of these long-known and long-studied drugs.

Our team at Maryland Psychiatric Research Center (MPRC) studied the subjective effects of MDA by administering the drug, in our carefully prepared psychedelic treatment suites using the techniques we had perfected for safely conducting LSD sessions. At that time, the MPRC was the last federal and state government funded research group doing clinical studies of the efficacy of psychedelic drugs in psychotherapy.

First we administered MDA to the clinical staff as a training experience. We found that where LSD demands internal exploration, MDA seemed to suggest or invite it. It also tended to foster a sense of well-being that was subjectively pleasant and quite useful in psychotherapy (Turek, Soskin, & Kurland, 1974).

At the Institute, in my own personal MDA training session, I started out frightened. It was, after all, my first official psychedelic experience. Then I became elated as the drug took hold and I transformed

with it. I noticed that my left hand became freezing cold, yet my right hand remained warm. I began to warm my left hand with my right and as I was doing this self-soothing, I started to recount the story of my life to the therapists that accompanied me. I recounted many traumas of my childhood. As I narrated the memories I felt I was reliving them with only modest intensity—this included my parents verbal fights and their subsequent noxious parental events. I continued comforting myself with my right hand. It occurred to me that in a sense my hands were illustrating the effect of the two aspects of the drug action. One side was the psychedelic—bringing up all this stuff regardless of its emotional valence without regard for how undesirable some of the emotions were—the psychedelic brought forth the traumas and fostered regression. The other side, the euphoric warm side, brought forward the soothing sensations. When the experience ended, I felt gratified at having successfully run a difficult gauntlet to arrive at my goal—to be on the road to becoming a psychedelic therapist.

Our research team's efforts were a molecular evolution. What began as a clinical technique that used a 2-drug mixture (LSD & methylphenidate), with fine control over the exact timing of the second drug administration and consequently the euphoric effect it created, was transformed into to a single drug. MDA was, at that time, the one drug that incorporated two previously separate functional aspects into a single molecule that exhibited both subjective qualities².

Subsequently, I became involved in further research to assess the use of MDA in individual psychotherapy with neurotic outpatients and ultimately used that project for my Ph.D. dissertation. (Yensen, 1975a, 1975b; Yensen et al., 1976).

PW: *How did you meet Salvador Roquet? What was his influence in the field of psychedelic psychotherapy at the time?*

RY: I was a research fellow at MPRC in 1973 when the Clinical Sciences Division received a phone call from Stanley Krippner, a well-known parapsychology researcher with interests in psychedelics. Dr. Krippner had attended the recent World Psychiatry Conference in Mexico City, where he discovered the work of Salvador Roquet, a Mexican psychoanalyst. He assured us that it was imperative that we invite this gentleman to offer grand rounds at the MPRC.

Roquet was a giant of innovation in psychotherapy and psychopharmacology, as well as a physician and high order public health official and executive in the Mexican ISSSTE³. He was a pioneer in the development of psychedelic admixtures. He was among the early explorers of ketamine as an adjunct to psychotherapy, and he co-discovered ketamine as an admixture to classical psychedelics in psychotherapy.

PW: *What made you feel that you could trust him?*

RY: Roquet was a man humble and open enough to ask native people how they viewed and used their sacred plants. He not only asked the questions, but took their answers seriously, even when he was uncertain of the reasons behind certain principles, like holding mushroom veladas (vigils) at night rather than in the daytime. He chose to respect centuries of ritual use and usually opted for tradition over convenience. He took what he learned from native healers and combined it with his training as a Western psychoanalyst in the tradition of Eric Fromm. Through these wide-ranging sources of inspiration and his unique awareness as a public health doctor, he forged a group psychotherapy process that could effectively address the longing for meaning and connection that is characteristic of humanity today.

PW: *What was Roquet's method? How did it differ from MPRCs?*

RY: Whereas our group in Maryland was focused on scientifically establishing the effectiveness of the experimental administration of various psychedelic drugs as adjuncts to psychotherapy, Roquet was freely combining naturalistic research and experimentation in consultation with shamanic practitioners with his unrestricted psychotherapy practice. He told us he had a blanket permission to use psychedelics that had been issued through his political connections with the attorney general's office of the federal government of Mexico.

In a freewheeling, openly experimental, naturalistic mode he quickly developed an involved multi-level poly therapy. He worked with both individual sessions and group sessions and utilized a wide variety of psychoactive drugs and plants. Whereas our work was methodical and linear, he seemed to be doing everything at once! This was especially striking because our work had sometimes been criticized for being too multi-variate, as we evaluated simultaneous psychotherapy and drug administration. Any experiment that involves both

drugs and psychotherapy is far more complex in terms of careful scientific design and the validation of the results obtained.

Dr. Roquet practiced a kind of group therapy he called psychosynthesis⁴, in groups that ranged from ten to twenty-eight patients. It was his claim that through this process he synthesized what most analysts would analyze. He envisioned his therapy as a round-trip out of normal consciousness into the world of the madman and the mystic and then back to normal. He used a plant delirogen in this approach to produce toxic psychoses in the course of a multi-session, psychedelic, transpersonally oriented, therapy. He viewed mystical experiences as the sine qua non of successful treatment in this sensory overload setting.

Each group was carefully selected for composition, balance and heterogeneity, not only with respect to age and sex but also length of time in treatment. Patients would receive whatever psychoactive plant or medicine was prescribed by Roquet, from a wide variety of possibilities.

Psychosynthesis sessions took place at night, mirroring shamanic practice in Mexico. Before the psychoactive session itself, the participants met in a large room for a leaderless group discussion. This allowed each patient the opportunity to meet new members and review his or her expectations, fears, and previous experiences with the group. An important function of the pre-drug meeting was to allow projections and transferences to take place between group members. There was a self-organizing quality to this therapy prelude, one that smoothly introduced a new patient to the process through descriptions from veterans. The deep candor and openness of these groups set the tone for what would ensue.

The pre-drug meeting lasted about two hours. The group then entered the treatment environment, a large room decorated with an array of paintings and posters selected for their evocative quality. Toward the rear of the room there was a large table with a variety of audiovisual equipment. In the main part of the room, mattresses were arranged along each wall. The central part of the room was kept clear so that patients could walk freely if they wished.

As soon as all the patients entered the room and settled into their spots, the sensory overload would begin. The overload used slides, movies, two stereo sound systems, and colored floodlights that could be

flashed intermittently. The elements included in the slides and films were as varied as possible. Within what seemed a confusing barrage of unrelated images and sounds, there would be a main theme. Among the themes Roquet found useful were: death, birth, sexuality, religion, and childhood. Each evening's stimuli were assembled so that in addition to the main theme, there were slides of particular importance for each client: scenes from childhood, family pictures and so forth. These pictures, when projected, would be accompanied by music of importance for that particular patient. During the overload show, a full-length feature film with an evocative and conflictual theme was also projected⁵. The two stereo sound systems were used with a wide variety of music from all over the world combined with sound effects in order to modulate the depth and intensity of the group's emotional reactions. When maximum stimulation was desired a chaotic effect could be achieved by playing both stereo systems at the same time at high volume with different records.

After approximately fifteen minutes of moderately intense sensory stimuli, the psychedelic substances were administered. The substances used as therapeutic adjuncts were quite varied, including the seeds of two types of Morning Glory: *Rivea corymbosa* and *Ipomea violacea*. The outer coat on these seeds has an emetic effect. The vomiting, combined with a mild degree of psychedelic action, can facilitate the disruption of character armor, particularly armoring against sadness, grief, and involuntary sobbing. This in turn assisted the recovery of early childhood memories. The complex reliving of childhood trauma greatly enhanced the therapeutic alliance and increased trust in the ongoing therapy process.

In subsequent sessions, any of a variety of psilocybin containing mushrooms⁶ could be administered. In the next session, *Lophophora Williamsii* (the Peyote cactus) would be used to deepen the recollective-analytic process. The deepening experiences, and emergence of underlying dynamics related to presenting symptoms, would strengthen the therapeutic alliance, likely one key among many that unlocked the success of this therapy.

Finally, *Datura ceratocaula* (an anticholinergic delirogen with hyoscyamine, atropine, and scopolamine as active ingredients), and subsequently, ketamine hydrochloride (Ketalar[®]) would be introduced as the last part of a repeating sequence of psychoactive adjuncts.

Ketamine was used in three serial intramuscular injections of 1.5-mg/kg dosage per administration.

Roquet, through consultation with an anesthesiologist colleague, had discovered that ketamine in sub-anesthetic doses produced profound changes in psychological functioning that could be helpful in his psychotherapy process. One of the important specific ways that ketamine was useful was to facilitate reintegration of Datura experiences. Following a Datura session, overwhelming anxiety was a typical response to the complete loss of control that occurred due to the acute psychotomimetic effects of this anticholinergic plant. Roquet would encourage patients to experience this anxiety for as long as they could tolerate it between sessions. Then, in the next session, he would use a triplet of ketamine administrations in a series to “bring them out of the Datura.”

The compelling quality of the ketamine experience would assist his patients in confronting the conflictual material that presented itself in psychotic form during the Datura experience. This began the synthesis aspect of Roquet’s analytic work.

The sensory overload portion of the drug session lasted for about six hours. After this, pictures from each patient’s chart were passed out. Bibliotherapy, psychodrama, and other techniques would be blended into this multidimensional psychotherapy marathon. Passages from philosophers might be read by Roquet and tape recordings of emotional moments from patients’ previous sessions might be played back. This reflective phase was conducted without sensory overload or music. Patients might be given letters they had written to important figures in their life to read aloud for the group. Other participants might read from their descriptions of previous sessions or relevant passages from literature. This phase lasted two to three hours ending around sunrise. At the end of this phase all participants and the therapist would sleep or rest for about an hour.

Then, the integrative phase would begin. This session lasted from four to twelve hours. Each patient would discuss his or her experience with the group. Greater abreaction and more intense catharsis than had occurred during the pharmacological drug peak were characteristic of this phase. During this session, the personality of each participant was reintegrated around insights gained during the drug session. Members of the patient’s family could visit at this time as the therapeutic milieu expanded toward the everyday world. The tone of the session was

confrontational, with the therapist presenting patients with ongoing problems in their life situation. The staff audiotaped every session for documentary purposes and for possible use in future sessions.

The course of therapy consisted of ten to fifteen drug sessions, although as many as twenty could be necessary for less responsive individuals. The patient population consisted mostly of neurotic outpatients, but antisocial personality disorders, character neuroses, and even schizophrenia were also treated successfully on occasion.

The contrast between Roquet’s methods and approach and ours was evident. At MPRC, we occupied a multi-million dollar facility and conducted fairly linear clinical studies in a very focused manner according to rigorous scientific method. Suddenly we were confronted with Dr. Roquet, a single clinician, doing a much more complex treatment in an immediately relevant therapy⁷ using innovative techniques we had never heard of before. He appeared to be breaking many of the rules established for successful psychedelic therapy, and yet he was reporting and illustrating remarkable results. For example, the fact that the staff wore white coats in a psychosynthesis session seemed directly at odds with our home-like atmosphere where therapist and nurse wore informal street attire.

PW: *How did the MPRC staff respond to Roquet’s methods?*

RY: There was shock, denial, and disbelief on the part of many researchers at the MPRC. We had never heard of such procedures. We had never heard of ketamine. Dr. Roquet showed artwork created by his patients during and after the therapy process. Some of these folks were professional artists of enormous skill and accomplishment. Slides of these world-class pictures depicted all aspects of the psychedelic mindscape—from mystical resolution of major life conflicts, to provocative cartoons illustrating sexual conflicts. There were intricate multi-layered oil paintings of spiral galaxies, one with a gossamer depiction of a blissful embryo radiating from white light, shining through from behind a huge crashing breaker at the shore. The art was stunning and clearly represented deep emotional and transpersonal experiences as well as the artists’ remarkable skill and acumen.

PW: *Did you personally experience ketamine in the presence of Roquet?*

RY: Absolutely. On a memorable evening, the head of our department joined me and a young medical student to experience the effects of ketamine firsthand. As far as we knew, at that time, we were the first in the USA to have the experience of ketamine intentionally administered as a psychedelic drug rather than an anesthetic.

I was concerned as Roquet injected our chief with this, until then, unknown psychedelic drug. Usually poised and thoughtful, almost contemplative, our leader was blithering. He made repeated, high-pitched, staccato sounds, rather like stuttering, except the utterances were complete gibberish. One of the most brilliant individuals I ever met was suddenly behaving rather like the village idiot! My own thoughts turned paranoid, “Is this guy trying to hurt us? What’s happening here?” And just then, Roquet gave me an injection! Within three minutes it felt like a cosmic wringer washer had painlessly caught my little finger. With increasing speed I was wrung out of my body and out of my paranoid thoughts. I was melted through the floor of the session room! Actually I melted out of the room and into the universe, where I became a spiral arm in a galaxy. Then, I slowly came back to the room. These transformations were simply stunning, so much more than anything I’d ever experienced. And at the same time, they were so matter-of-fact, because the effects of ketamine were totally compelling. The drug’s effects overwhelmed me. It was not polite . . . it didn’t ask: “Would you like to go this way?” but rather it was: “Here we go!” Out and back in about an hour.

PW: *What is it about ketamine that makes it a potent adjunct to psychotherapy? How was Roquet capitalizing on those effects?*

RY: The two ways Roquet was using ketamine at the time I first encountered him in 1973 were: 1) as a major psychedelic experience in its own right, and 2) as the resolving and grounding agent in a series of other sessions. He had been using it in a step-wise series, three administrations over a 24-hour group process were considered to constitute one session. Some of his approach, especially the use of Datura, had been derived from knowledge gathered through contact with indigenous healers and shamans. He would blend this traditional indigenous knowledge with his own elements, such as the use of ketamine (contemporary) following a Datura (indigenous) session.

Ketamine has a quality that might best be conveyed by personifying it, as though the effects of ketamine are saying, “Take my hand and gently but

firmly let’s go out of your body.” The journey can be gentle, but is absolutely definite—there is no way to resist and in fact resistance is not usually a thought. Now, free of corporeal restraints and identifications, there is apparently no limit to where the mind may wander! “You are going to do this!”

Through this process, patients in Roquet’s psychosynthesis would begin their journey of understanding. The ketamine session would follow a Datura-provoked toxic psychosis in a prior session (a month earlier). I will carry my personification into the inner dialogue of the patient, “So that was the whole process! That is what the hallucination was referring to, that is why life was so frightening.” Having lost any semblance of sanity through the effects of Datura, now this other substance would begin a process of confrontation, cathartic release and reintegration into a more insightful sense of self.

Roquet used ketamine to foster a synthesis of the raw elements that arose in the Datura session. He likened the effects of the Datura to a steam shovel. This shovel dug through the mind rather than the earth. It dredged up repressed conflicts from the unconscious. The repressed material was experienced in psychotic hallucinatory episodes. There would be huge amounts of fear and anxiety when the patient realized that they had been completely out of control, totally insane under the effects of the Datura! After a month of anguish or when the state was absolutely unbearable, ketamine was given. The ketamine journey fostered insight that the chaotic Datura experience was not simply crazy. The drug effects said, “No postponing this one, let’s have a look at it right now! You, come with me!” The process with ketamine could also take on a symbolic quality, but usually more refined than the strange journey with Datura, one more likely to flow toward a conclusion. With sufficient resolution of some of their conflicts a patient could survive to the next psychedelic session without overwhelming anxiety or depression⁸. The task of further insight and integration would then continue with a series of monthly sessions with ‘classical’ psychedelics: mescaline from peyote, LSD, psilocybin mushrooms, and morning glory seeds (amides of lysergic acid).

PW: *What do you know about the pharmaceutical background and current use of ketamine?*

RY: Ketamine was originally developed by Parke-Davis (a subsidiary of Pfizer) as a dissociative anesthetic in the

1960s and marketed as Ketalar®. Ketamine was developed in response to complaints from anesthesiologists about “emergence reactions” when using their premier dissociative anesthetic product, phencyclidine, which was marketed as Sernyl®.

Fifty years later, ketamine has become the hot emerging medicine in psychiatry. Recent reports of virtually instantaneous anti-depressant effects have cast ketamine as the holy grail of anti-depressant development. A major drawback for pharmacologically oriented clinicians is that ketamine, at sub-anesthetic doses, can still exhibit psychedelic effects⁹. This historical review of psychedelic mixtures and ketamine will clarify the potential of ketamine as a medicine for psychedelic psychotherapy rather than as a conventional pharmacological antidepressant.

PW: *What are the psychodynamic effects of ketamine? How do they affect one’s worldview?*

RY: Over the years 1973 to 1975, as I got to know Roquet more deeply, we began to speak in more detail about what ketamine actually does on an experiential and psychodynamic level. I was enthralled that ketamine helps you out of your body, so that you experience consciousness without a body. You begin to realize that it’s possible to have a conscious experience with no body. This subjective experience is often exhilarating. The psychological, philosophical and ontological consequences of such an experience are profound in terms of their effect on worldview.

I mentioned to Roquet that Freud held that the ego is, first and foremost, a body ego. Wilhelm Reich was Freud’s first colleague in charge of training. As a young psychiatrist he was the analyst in charge of training for the Vienna Circle. Reich noticed that as humans grow up, we develop a style of being. This style of being is character and it’s based on our reaction to the supportive and noxious events in our early environment. So, if our parents would beat us every time we reached for the matches then we learned not to grasp. Perhaps we would cringe inwardly when our curiosity was aroused in later life. The defensive stance toward early trauma, the desperate survival measures taken to protect oneself, become part of who we are, part of our character through repetition. Character is that set of repeatable and predictable responses that allow us to know a person through their behavioral repertoire. Ketamine

affects character, by taking people out of their body and out of their body-armor. Reich realized that character armor was not just a mental set of defenses, but a set of chronic tensions in the body that affect posture and stance (Reich, 1980).

PW: *Did you ever try mixing ketamine with other drugs, besides those that Roquet was already using?*

RY: We spoke of what innovations might be possible, given the enormous freedom with which Roquet was able to practice at that time. We began to discuss the idea of combining drugs and I described Ling & Buckman’s work. As our dialogue continued, I wondered, “What would happen if we gave ketamine as a prelude to LSD?” The experience would take the patient out of their armor and then the LSD would take effect in a pre-conditioned, more permeable and open psyche. The chance for a deeper response would be enhanced. The ability to more fully enter, surrender and stay with an experience might be fostered by this combination. We agreed that timing might prove as important with ketamine as it had when Ling & Buckman were using Ritalin®.

Roquet wanted me to immediately inject him with a dose of ketamine and then give him LSD. I was cautious and concerned about possible complications. Roquet was a diabetic and, to me at that time, his 55 years represented close to old age! His physique resembled that of a Kwashiorkor victim due to his distended abdomen. His slightly bowed legs suggested a history of malnutrition. So, instead I experimented with myself as the subject by having a colleague administer ketamine and LSD at the same time. The rationale was that ketamine would take effect in a minute or so after an intramuscular injection. The LSD would take roughly 20 minutes to have an effect. I had not counted on the speed with which sub-lingual LSD could be absorbed. My experience was that both compounds took effect in a quick sequence, much closer together than I had imagined they would.

The effects of the two compounds were synergistic, each enhancing the effect of the other, but completely beyond our imagining. I had an extraordinary experience that took me deeper into altered consciousness than I had ever been. The ego death was so convincing that I became certain the mixture was toxic and feared I had unintentionally administered a fatal combination.

Ketamine fosters emotional release when the patient/subject is struggling with the containment of emotional discharge in a major psychedelic experience

or ego death. Ketamine assists in the softening and surrendering of the usual tonic set of energetic and connective tissue correlating to specific character body holding. The softening occurs in this practiced habitual set of muscular constrictions developed as a reaction to past insults to personal integrity; these were held in place by fear of death, suffering, and annihilation.

Subsequently, we tried other sequences and timing, and slowly developed a technique of using ketamine with other major psychedelics—in sessions with LSD, mescaline, or psilocybin. The ketamine was injected at a time when the patient was past the peak of the effects of the long acting psychedelic, maybe past some order of an ego death, surrender, and transcendence.

Ketamine would be given at a time when the ego was reestablishing itself, in a phase where childhood memories might be accessible and emotional conflicts might be activated. The patient might be having a little trouble or they might have opened their heart a lot and now were closing down on the vulnerability. This can be observed in the body, in movement and by direct verbal inquiry, because at this point in the session the person is oriented enough to be able to speak with you. They can recount a little bit of what's happened.

PW: *What makes ketamine an effective adjunct to other psychedelics like LSD?*

RY: When ketamine is administered, it immediately imposes an out of the body experience, and this disrupts the return to the ordinary self. It disrupts the assertion of bodily tensions that constitute character armor, so that they cannot tighten up in the ways they were tight before and cannot hold back emotionally in the ways they were holding back before, or at least not as quickly as they would otherwise. Ketamine takes patients out of their body orientation and they are opened again; then many of the feelings behind the armoring can come pouring out with a softening, cathartic release and the upwelling of deeply held emotion.

When patients start coming back from the ketamine admixture, sometimes they may start closing down again. If you observe them closing down again, you can give them a second ketamine injection, and they will go out again. We found it feasible to give them up to three ketamine sessions during the tail of diminishing LSD effects. We used a setting and timing that was ample enough so as to have a 24-hour therapeutic window for working with the person in psychotherapy.

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The goal of this process is to reopen the sensitivity and sensibility of the individual, to reinstate their vulnerability and their openness and their love. Their humanity is, in this way, rescued from beneath their character armor. It is the emotional armor that restricts affect, restricts expression, restricts the love they can give themselves and others. Habitual defenses are melted, as consciousness is dissociated from the body. Without the psychophysical restraint of rigid character armor the experiential horizon expands and brims with all kinds of possibilities.

This collaboration with Roquet added a third technique to his prior methods for using ketamine in psychotherapy. I call this the Roquet-Yensen procedure. Administering ketamine as an admixture toward the end of a major psychedelic session is perhaps the best use of this drug in my experience, as it can foster the most dramatic changes in character, and also ease the difficulties that can follow complex reliving of traumatic memories.

After our discovery of the synergism between ketamine and classical psychedelics Roquet went on to many years of practice using this, safer and more manageable approach, in preference to the use of *Datura* as a conduit to psychosis.

PW: *How was Roquet perceived in Mexico? What happened to him after the changes of climate in Mexican politics in the 1970s?*

RY: Roquet was quite a character. On the one hand, he was admired as a lone clinician heading up a non-profit institute, with a multifaceted approach to effectively address human suffering. There were many unique parts to his offering. At his Institute there was a Summerhill¹⁰ inspired primary school for children. Additionally, another school taught how to be an effective parent. The psychiatry clinic, in effect, taught how to live a loving and full life. Indeed, Roquet seemed larger than life, resembling some of his heroes, a combination of Albert Schweitzer and Mother Theresa.

However, he was also, and undisputedly, a controversial figure. He shared wild exploits ranging from his ethically questionable participation in psychedelic interrogation by the Federal Police, to giving a young revolutionary named Mario Falcon a therapeutic psychedelic experience that convinced him to surrender, in the midst of the subsequent, non-violent student protest and occupation of the University

of Mexico—UNAM. That non-violent occupation resulted in the murder of as many as 300 students and civilians by the Mexican police, which has come to be known as the Tlatelolco Massacre. Falcon subsequently decided to emigrate to Chile and become an artist. Roquet negotiated his release. Roquet's participation remains controversial and for some stained his reputation in Mexico.

Robert S. Hartman, the well-known philosopher and axiologist from University of Tennessee and UNAM, described the work at Roquet's Institute as meaning making of the highest intrinsic order. This was not entirely realized by the Mexican Constabulary. Roquet's benefactor at the Department of Justice (Procuraduria), the originator of his "blanket" permission to practice psychosynthesis with psychedelics, had presidential ambitions in the forthcoming election. Soon, the winds of fate changed direction. Roquet knew it was coming and thought he had accepted his fate.

The headline that led to Roquet's arrest was, "24 hours in Hell." The article appeared in the popular magazine *Tiempo*. It was part of a carefully orchestrated press blitz designed to discredit him and portray his work in the most outrageous way. The journalist, the author of the article, was so terrified in his psychosynthesis session that he locked himself in the bathroom the entire time!

The federales burst into the institute expecting to catch the doctor dispensing the prohibited elixirs of freedom, the condemned sacred plants, sacraments to the first people in this land. When the Conquistadors arrived in the New World full of the Spanish Inquisition, they brought with them the mysterious un-healing evil wounds of trauma. There was no tolerance for direct experience of the sacred. They preferred symbols of spirit mediated through corrupt priests deeply involved with power and royalty. That first horse of the Apocalypse, who initially waded ashore in the New World disguised as a Conquistador, now arrived in the form of a Federales, policeman of the Federal District of Mexico.

After his arrest, Roquet was interrogated in the room in which he had interrogated others. He knew of the existence and the location of the two-way glass but that made the dismantling of his identity perhaps more brutal. He was broken completely!

They imprisoned him in a former palace called Lecumberri, then transformed into an inescapable prison. Its history is somehow fitting for a country of such passion and struggle, as is Mexico. The sprawling

building that was at once magnificent and humiliating represented the power of the state to annihilate the gift of freedom that is life, to incarcerate those who would dare to challenge the ultimate authority and reign of the great static archetype of government. This palace turned penitentiary had an illustrious list of unwilling tenants that included the great revolutionary Pancho Villa and the impassioned muralist David Alfaro Siqueiros. Jaime Ramón Mercader del Río Hernández, murderer of Leon Trotsky, had lingered there after his famous act of assassination. Only the prominent revolutionary general, Pancho Villa had ever escaped the clutches of this enslaving dungeon alive. No wonder they called it The Black Palace of Lecumberri! The powerful tendrils of royalist domination contained those yearning revolutionary urges to liberation more effectively that day than they did in the time of Pancho Villa.

PW: *How did you react to Roquet's persecution?*

RY: Roquet and I shared a vital wound throughout our lives. Both of us had been abandoned by our fathers at birth. We danced a transference tango in our emotional relationship. I was both his father and his son and he mine. I was his LSD guide in training sessions at the Maryland Center; he was mine in sessions when I visited him in Mexico. We felt admired, loved, acknowledged, and abandoned by each other throughout 22 years of more of collegial friendship.

At the time of his imprisonment, I was only 23 years old and a Ph.D. candidate, but I had to set him free! His defense team had told me that the key to success was humiliation of those who condemned him. Letters from world famous people, powerful icons from abroad, would immeasurably aid his case. I raced to Mexico City to testify before the House of Deputies and the Supreme Court. I brought with me two psychiatrists, Kenneth Godfrey and James Davis. Dr. Godfrey was a well-established psychedelic researcher at the Veterans Administration Hospitals, and he bore a letter of support from perhaps the most illustrious psychiatrist in the USA, Dr. Karl Menninger, who was co-founder of the famous Menninger Clinic in Topeka, Kansas. Dr. Davis was co-founder of the fledgling Davis Psychiatric Clinic in Indianapolis, Indiana. He came to describe how impressed he and his U.S. Air Force-trained psychiatrist brother Larry were with Roquet's therapy process. Dr. Walter Houston Clark, psychologist of religion, also joined us in the struggle to liberate this

pioneer of psychedelic medicine from the clutches of denouncing political expediency. The administration of my own Maryland Psychiatric Research Center was not willing to risk the political consequences of supporting Roquet against the gathering forces of the great wave of prohibition, although he was one of our LSD professional training program participants.

A U.S. born lawyer practicing in Mexico City told me that the CIA had approached Roquet about “treating” a few special patients for them. If he would turn his art once again to interrogation, as he had been willing to do for the Mexican government at one point, the U.S. spy agency would establish a clinic where he could practice as freely in the U.S. as he had in Mexico. Roquet turned them down, and they began fueling the process that led to his arrest and imprisonment as a political football in the forthcoming presidential election.

PW: *There is something about Salvador Roquet that brings to mind Carlos Castaneda. Do you see any parallels between these two figures?*

RY: Roquet was charismatic in his actions, commanding and compelling in his therapy. Carlos Castaneda was charismatic and compelling in his writing. The sticking point for both was charisma, the illusive and compelling quality that completely seduces followers. The charm that completely seduces the place in each of us that wants to be led by a superior individual. A double-edged sword, charisma can be a tremendously positive quality. Certainly these two men would not have occupied the place they occupy in history were it not for their charismatic qualities. Yet, in a way, the undoing of each of them was precipitated by their charisma, by their compelling popularity with some, and by the jealousy that that engendered in others.

PW: *Do you foresee any hope of continuing the project of investigating ketamine’s potentials for expanding consciousness and healing?*

RY: Currently, ketamine is being studied as an *instant antidepressant* (Maeng & Zarate, 2007; Maeng et al., 2008; Aan Het Rot, Zarate, Charney, & Mathews, 2012; Laje et al., 2012). Researchers have isolated the antidepressant effects they have observed, and are attempting to engineer molecules that will separate antidepressant effects from psychedelic effects. Having a new source of powerful antidepressants is, of course,

very valuable. Yet, what I have described in terms of ketamine’s psychedelic effects is both so complicated and so advanced that we do not have, as yet, an appropriate way to measure what is actually happening. We are getting closer to that with recent work by Robin Carhart Harris and David Nutt in the UK with brain scans and magneto encephalography (MEGs; Carhart-Harris & Friston, 2010; Carhart-Harris et al., 2012).

It will take us many years in our over regulated, drug war inhibited, logical scientific approach, to be able to develop complex and integrated approaches as Roquet and I were able to do with the clinical freedom he briefly enjoyed. All good things come to an end, and even he was beset with legal problems and imprisonment later in his career. Subsequent legal victories and clinical vindication were unable to reinstate his unique permissions and freedom to practice. I was privileged to have known and worked with Salvador Roquet. His life and unique practice have left an indelible mark on psychedelic psychotherapy, and on the broad notion of what is psychotherapy. There are many contemporary practitioners who remain influenced by him and he is an enduring part of the work that continues to attempt to understand and benefit humans and their relationships.

Notes

1. Dipropyltryptamine had a variable duration of action, approximately one hour in low doses (psycholytic doses) and four to six hours in higher doses (psychedelic doses).
2. When in the 1980s a compound with less prominent psychedelic effects and more prominent euphoria was revealed, MDMA emerged as a promising psychotherapy adjunct (Greer & Strassman, 1985)
3. Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, Institute of Social Services and Safety for the Workers of the State.
4. Although psychosynthesis is better known as an approach to transpersonal psychotherapy pioneered by Roberto Assagioli in Italy, Roquet’s approach was independently developed and is an absolutely unique style of therapy. The only commonality is the name.
5. For instance, *The Bird Man of Alcatraz* was one of the films used on occasion, for its dramatic portrayal of an Oedipal theme concerning the protagonist’s relationship with his mother.

6. Psilocybe Mexicana, Psilocybe Mazatecorum, Psilocybe cubensis for example.
7. Roquet had around 300 patients engaged in his process at any given time.
8. I introduced Salvador Roquet to Richard Evans Schultes, the intrepid Harvard botanist who documented so many psychedelic plants in the Amazon during WWII. When I mentioned the use of morning glories and Datura, Schultes was immediately animated and enthused in his response, "What a wonderful idea! Perhaps when the Aztecs referred to the Ololiuqui (*Rivea corymbosa*) as the sister of Datura they were referring to more than a floral resemblance. He found it fascinating that they could be kept or used together. He also mentioned that Datura is a common admixture to Ayahuasca prepared by shamans in the Amazon.
9. These are referred to as emergence reactions in the anesthesia literature and Parke-Davis admitted that 12.5% of patients reported this after ketamine anesthesia.
10. Summerhill School is an independent British boarding school that was founded in 1921 by Alexander Sutherland Neill in the belief that the school should be made to fit the child, rather than the other way around.

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