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Essay: The use of Hallucinogens in Psychotherapy

A hallucinogen is a psychoactive drug that alters normal physiological processes. Such psychoactive substances are often used in combination with psychotherapy to treat mental disorders. A psychoactive drug is any substance that alters the mood, the awareness of the external environment, or internal awareness. For example, after taking a psychoactive drug, an individual might feel elevated, be unaware of the passage of time, and focus on fantasies rather than what is going on in the immediate environment (Comer). Many people use a psychoactive drug occasionally, mostly for recreational purposes. For instance, a cup of coffee with caffeine provides a lift or an alcoholic drink to help with relaxation. The question is when normal use crosses the line and constitutes a substance-related disorder encompassing drug abuse, intoxication, and dependence. The present paper aims to address this question by describing the use, abuse, dependence, and withdrawal of hallucinogens in detail, along with highlighting the use of hallucinogens in psychotherapy with the help of a case study.

Hallucinogens have the potential to bring significant alterations in conscious awareness. A hallucinogen is a psychoactive substance that, more often than not, gives rise to perceptual anomalies, hallucinations, and other significant subjective changes in consciousness, emotions, and thoughts that are usually not experienced to such profound extents with other classifications of drugs. Hallucinogens are a diverse category of psychedelics that tend to produce an effect that changes a person's state of consciousness and can lead to profound alterations in perceptual

experiences (Perry). Hallucinogens seem to produce a hallucinatory effect that changes the level of awareness of an individual pertinent to their surroundings as well as internal thoughts and feelings.

Hallucinogens can be of several types. They are mostly divided into two major categories, i.e., classic hallucinogens and dissociative drugs. Both of these categories of hallucinogens are capable of causing hallucinations. Hallucinations can be understood as alterations in perceptual experiences that tend to give rise to sensory experiences (of any modality, such as visual, auditory, kinesthetic, tactile, and others) that seem to be true. At the same time, they are not based in reality. The individual usually contends that the hallucinatory experience was real irrespective of the contrary evidence on account of the profoundness of the experience. These hallucinogens are known to produce their effect as a result of disruptions in neurochemical signaling, including serotonin. Serotonin is a neurotransmitter that plays a significant role in changing mood, sensory perception, state of happiness, and other physiological processes of a person. An example of a classic hallucinogen is D-lysergic acid diethylamide (LSD). Dissociative drugs can be referred to as drugs that can produce an effect similar to dissociation. These drugs make an individual feel out of control or disconnected from their body and surroundings, i.e., out-of-body experiences. A dissociative drug seems to produce alterations in perceptual experiences by interacting with N-methyl-D-aspartate (NMDA) receptors in the human brain to distort activity inside the glutamate neurotransmitter system. Dissociative drugs tend to change pain perception, cognition, and emotions. An example of a dissociative drug is Phencyclidine (PCP).

The use of hallucinogens can come under the category of drug abuse if the use is excessive. Drug abuse is said to occur when the use of a drug leads to clinically significant impairment or distress. Examples include the failure to meet responsibility at school, work, or home; engaging in physically hazardous behaviors such as being arrested for disorderly conduct; social or interpersonal conflicts.

Problems such as an argument or physical fight might precipitate as a consequence of using psychoactive drugs such as hallucinogens. On the other hand, intoxication is defined as reversible symptoms such as belligerence, mood changes, impaired judgment, and impaired functioning that influence the central nervous system. A key term here is reversible, which implies that the symptoms would go away when the drug wears off. A common example of intoxication is drunkenness from alcohol.

Furthermore, withdrawal refers to the physiological and psychological symptoms that occur on account of taking a smaller dosage of the drug than the amount the individual has developed a tolerance for. An individual can suffer from withdrawal symptoms that might cause clinically significant functional impairment or psychological distress. People can also develop a dependence on a hallucinogen which occurs when tolerance develops, so the individual must take a higher dose to achieve the desired effect.

Hallucinogens are often used in the practice of psychotherapy by combining them with the usual talk therapy. It can be referred to as psychedelic therapy which can be understood as a kind of therapeutic practice that is inclusive of taking a psychedelic drug as a part of a psychotherapeutic process. A plethora of consciousness-altering hallucinogens is currently researched for use in the psychotherapeutic process in both clinical as well as non-clinical settings. The existing body of research literature has suggested that a wide range of mental health conditions, including substance use disorders and mood disorders such as depression and anxiety, can be treated with the help of a variety of hallucinogens. However, further research studies are needed to establish the effectiveness of hallucinogens in producing a psychotherapeutic effect; based on the findings of the current randomized controlled trials, it can be stated that different psychedelic drugs can be effectively used for the treatment of specific mental health conditions. For example, Psilocybin is a common

hallucinogen that is used in psychotherapy to deal with the symptoms of anxiety and depression. Psilocybin-assisted therapy seems to contribute to an increased level of quality of life, decreased level of anxiety based on morality, improved levels of optimism, and lowered levels of depression. Approximately 80 % of people who used Psilocybin in combination with talk therapy continued to demonstrate improvements in their symptoms of anxiety and depression for 6 months.

The case study of Gary can be taken as an example to understand the use of hallucinogens in combination with psychotherapy. A client, Gary, presents to a mental health facility with symptoms and behaviors that are consistent with a DSM-5 diagnosis of Intermittent Explosive Disorder (312.34). The recurrent aggressive outbursts are manifested by verbal aggression (aggressive and defiant demeanor during the interview when he perceives the interviewer as being authoritative or taking his parents' side) and three behavioral outbursts (violent fight with his father, bar fight with some other recruits during his military service and then banging his head against the bars of the cell until his face and neck were covered in blood) which meet criterion A. The magnitude of these outbursts seems to be grossly out of proportion to the provocation, and these recurrent aggressive outbursts are associated with legal consequences as well (he got arrested by the military police for the offense of the bar fight), which meet criteria B and D. These outbursts seem to be impulsive and do not seem to be committed to achieving some tangible objective which meets criterion C (American Psychiatric Association).

The history of use of alcohol and cocaine directs toward the comorbid diagnoses of Alcohol Use Disorder (305.00) and Stimulant Use Disorder (305.60) as manifested by continued use despite having recurrent social and interpersonal problems exacerbated by the effects of a substance (criterion 6). In addition, withdrawal symptoms have been reported by the client (criteria 11); however, these diagnoses are tentative, and more information is needed to establish these diagnoses

(American Psychiatric Association). Keeping in mind the involuntary admission of the client to the psychiatric inpatient unit, it seems imperative to provide a safe and comfortable space for the client to build rapport with him. The therapist must be cognizant that a good rapport should be established with the client while reflectively listening to the client and understanding the whole situation from his perspective in an objective manner.

The short-term goal would be to manage his impulsive anger outbursts by helping him identify his triggers (psychotherapy) and prescribing hallucinogens for mood stability (psychedelic). The therapist can psycho-educate him using the five-factor model, i.e., to help him understand the role of thinking and behavior and how they are related to emotional responses and maladaptive coping so that he can better understand his triggers and emotions. Taking the example of the recent episode of anger outburst, the triggering situation was his father asking him to stop taking alcohol which activated a spiral of thoughts such as "He is an alcoholic himself and is a hypocrite to tell me that I had too much to drink" and "He deserves to be punished for acting like a jerk" which triggered the feelings of anger. He grabbed the wine bottle and hit him several times (behavior). As he seems not to have strategies to control his anger, an anger management plan would facilitate him in channeling his anger by doing healthy activities and healthily regulating his emotions. For immediate anger control during a triggering situation, he would be encouraged to count down from 10 to 1 so that during these 10 seconds, his physiological responses slow down, and his anger would likely subside. He would also be encouraged to practice deep breathing before responding to the triggering situation. To regulate his emotions in the long term, he would be suggested to practice Progressive Muscle Relaxation (PMR), by tensing and slowly relaxing various muscle groups in his body, one at a time. He would be encouraged to take slow, deep breaths as he tenses and releases. He would also be suggested to start journaling to manage his anger and keep a daily log of his moods, with ratings

on a scale of 0-100. Processing it through the written words can help him calm down and reassess the events leading up to his feelings. He would also be encouraged to exercise and work out to channelize his emotions by keeping him physically active. Furthermore, he would be encouraged to keep socializing with his friends and build enough emotional support around him to feel cared for and supported.

His coping and problem-solving skills will be explored and developed. Problem-solving skills can be used to encourage the client to identify the problem and think about possible solutions. After generating the solutions, he would be suggested to assess the consequences of each solution and select an appropriate and effective solution for the problem. For example, he would be helped in identifying how the use of alcohol and cocaine might be negatively impacting his functioning, and he would be encouraged to reduce substance use as a mood moderator. He would also be encouraged to use the "delay and distract" technique to prevent impulsive acting on alcohol/cocaine cravings. He would be suggested to put as much time as possible between his initial urge to drink/snort, starting with ten minutes and building up to longer periods, at which point his craving would likely subside. During his waiting time, he would engage in activities that would distract him from his cravings. Those activities would be the choice that gives him a sense of pleasure, such as socializing with friends.

As he likely tends to shift blame without taking responsibility for his behaviors, it seems plausible to use gentle confrontations by being honest with him about his problematic behaviors in terms of the likelihood of their positive and negative consequences. The therapist would emphasize personal choice and responsibility for his behavior. For example, the therapist can gently confront him by saying, "I understand that you do not like being hospitalized without your consent. However, you chose to attack your father with the wine bottle, which could have seriously injured him". The

therapist would be mindful of de-emphasizing labeling and keeping a non-judgmental stance so that the rapport does not rupture. However, the redirecting confrontation statements likely trigger his aggressive behavior, and the therapist needs to ensure his safety as well.

The therapist can also counsel his parents about the client's triggers, the use of hallucinogens for mood management, and the healthy ways of dealing with him. The therapist can encourage them to provide unconditional support to the client and provide a safe space for him so that he feels valued and supported. They would also be encouraged not to push him past his limits and give him his personal space to make his own decisions and choices. The therapist would also suggest they engage with him in some healthy recreational activities so that he does not feel abandoned and would help them build a healthy relationship with him. The therapist would also discuss with them the steps they can take to ensure their safety. Furthermore, they would be encouraged to use techniques of behavioral modification with him, i.e., rather than using money constraints as a way of controlling his behavior which they are already doing and has only worsened the situation so far; they should give him money (positive reinforcement) when he behaves in a positive manner such as when he passes his exams or goes to work to shape his behavior by rewarding his positive actions.

The long-term goal would be to work collaboratively on challenging his cognitive distortion of minimizing the impact of his actions on others. It is important to shift the client's attention to spend some time elaborating on the detail of the situation so that he might focus on the negative effect of his aggressive behavior on others and might be motivated to modify his behavior.

Another long-term goal would be working through his core beliefs and schemas by using the downward arrow technique to facilitate him in discovering the beliefs that underlie his thoughts. For example, when he mentions that his parents want to cut him off, I can ask him questions such as, "what would that mean?' and would keep asking such questions until he explores his implicit beliefs

highlighting his schema of abandonment. The therapist would need to be extra sensitive and neutral about my choice of words with him as he already seems cautious about the counselor taking sides with his parents. Using the cognitive restructuring technique, the therapist would encourage him to think about the evidence that supports or refutes his thoughts. He would be encouraged to ask himself questions like "What are the other ways of looking at the given situation?" and "What would be a constructive way to respond to this situation?" amongst others. Once he identifies his maladaptive thoughts, he will be encouraged to come up with adaptive and balanced thoughts. The therapist could point out that he might be underestimating the degree to which people in his life care about him, respect him, and would be happy to help him. This cognitive restructuring technique might help him in dealing with dysfunctional thought patterns.

He would also be encouraged to self-monitor himself by keeping the Automatic Thought Record (ATR) in the form of the triggering event, automatic thoughts, the physical reaction at the moment, feelings, and behavioral responses. He would be encouraged to use rating scales (i.e., 0-100) to gauge the degrees to which he experiences his emotions. By doing this, he might be able to notice changes in his functioning.

Unconditional positive regard is a crucial practice to support the client's difficult emotions and experiences so that he might feel accepted. Open-ended questions like "How does it make you feel?" might help encourage the client to share his feelings and be vulnerable. Paraphrasing the client's narrative seems to be an effective way to help clarify and better understand his feelings. It might be expected that the intensity of his feelings would subside over time, and he would develop the capacity to explore other aspects of his feelings. It might also be anticipated that as the sessions would proceed, it would be possible for him to consider more practical ways of coping with his

challenges. Exuding genuine and warm behavior towards the client throughout the sessions is important.

In conclusion, it can be stated that hallucinogens can be used in combination with psychotherapy to help the client deal with his difficult emotions, thoughts, and feelings so that he can learn to manage his overwhelming emotions. Furthermore, once his emotions are managed by drug therapy, he would be better able to collaborate with his therapist in the psychotherapeutic process.

Work Cited

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