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Jeffrey Becker
Private Practice

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Regarding the Transpersonal Nature of Ketamine Therapy: An Approach to the Work

Jeffrey Becker
Private Practice
Westwood, CA, USA

Recent evidence has shown that ketamine treatment can facilitate psychological insight and symptom resolution in various psychiatric disorders. To aid this process, psychotherapeutic support should be considered a fundamental aspect of treatment. The psychedelic experience produced by ketamine can be a deeply meaningful source of enduring change and personal growth. The author has repeatedly observed a rapid realignment of self-perception away from shame, fear, and dread toward authentic self-acceptance and gratitude, offering patients opportunity for insight and the consideration of new potentialities. The experience produced by ketamine is similar in quality to transpersonal experiences described by Jung and induced by various religious practices and near-death experiences. As such, therapists working with these patients may wish to understand and incorporate the concepts of the Psychic Life Cycle, Restitution of the ego-Self Axis, and the Encounter with the Self described within Jungian and Transpersonal Psychology. The author discusses broad themes and practical therapeutic considerations regarding the transpersonal themes identified while overseeing this treatment process. Case studies are provided for illustration.

Keywords: *Ketamine, transpersonal, therapy, depression, Jungian, Edinger, deep-self, NMDA receptor, ego-self axis*

Ketamine therapy has powerful and immediate psychological effects that may enhance psychotherapy. Chronic stress and depression are likely associated with increased glutamatergic neurotransmission and changes in neuronal plasticity, including dendritic remodeling and atrophy (Sanacora, Treccani, & Popoli, 2012). While these changes may be adaptive in the short term, there is little doubt that unmitigated, they contribute to depressive patterning and reduce awareness through fear, shame and dread.

Ketamine powerfully reduces glutamatergic tone through NMDA-receptor antagonism and produces a complex range of biochemical effects that ultimately enhance neural plasticity and synaptogenesis. This may partially explain the neurological changes that resolve depression (Kavalali & Monteggia, 2012), but it is clear that ketamine's effects as an antidepressant are unlike traditional medications. On a molecular level, ketamine might be considered a "plastistogen," producing alterations through effects on glutamate receptors involved in emotional learning (Myers, Carlzon & Davis, 2011). On a conscious level however, ketamine can produce a phenomenological experience that is emotionally

arousing and profoundly meaningful, often reflective of the archetypal nature of the patient's emotional turmoil. There is even evidence that these effects are directly correlated to the degree of achieved antidepressant effect (Luckenbaugh et al., 2014). From this perspective, it is desirable to amalgamate psychotherapy with ketamine therapy to effect change on many levels.

Depression is an exemplary condition to illustrate the layered therapeutic potential of ketamine. With depression every facet of the person is effected—what I refer to as body, mind, and spirit. In my experience, ketamine treatment effects change in any or all of these aspects, often simultaneously. It is common after treatment to observe reductions in physical vigilance and agitation, improved productivity and thought patterns, and a spiritual expansion toward the qualities of authenticity, inner-peace and hope.

Preparation for Treatment

The decision to engage in ketamine therapy for depression or other psychiatric problems and diagnoses must occur in the context of a thorough informed consent process that educates patients as to the psychological effects of treatment and addresses

the concerns or expectations of the patient and family. The consent process helps set realistic expectations for treatment outcomes, and helps patients prepare for the specific psychological effects of treatment. This is usually where the introduction of transpersonal psychological ideas can begin if it has not already. In this way the potential transpersonal experience may be interpreted as an opportunity for growth rather than a negative side effect to be managed or suffered through, as some proponents of a reduced dose ketamine approach have argued.

Patients receive individual psychotherapy either from the psychiatrist directly or in collaboration with their current psychotherapist. The therapist's belief in the potential universal meaning in each patient's journey can provide some of the security needed to accept new intuitive truths or a heroic call for action. Regarding the nuts-and-bolts of sessions, psychotherapeutic techniques and tools can be tailored to the patient's capacities and condition. These may include exposure, cognitive behavioral teaching, and supportive techniques or other strategies. Supportive therapy can provide the structure for positive regard, interpersonal warmth, trust, and a natural belief in healing. These qualities are essential to supporting the patient's recovery, especially in such a potentially vulnerable mode of treatment. Nevertheless, supportive therapy it is not nuanced enough to cover the deeper themes that often emerge, and, because it is not the primary focus of this paper, the interested reader is referred to an excellent review on this subject by Donald Mische (2000).

The Ketamine Session

The primary goal of the structuring of a ketamine session is to ensure the patient feels safe and secure. Monitoring for physical or psychological discomfort with proper control over the physical environment is essential. This may include the provision of appropriate music during therapy, dim lighting, and minimal outside noise. With these considerations, the subjective experience of ketamine therapy is usually described as meaningful and positive. Indeed, this issue is critical. In one anesthesia clinic the simple suggestion that a patient would find the emergence dreams after ketamine "pleasant" versus no suggestion increased the number of patients who rated emergence as "quite pleasant or very pleasant" from 22% to 54% (Cheong et al., 2011). The importance of this process—one that addresses the "set and setting" of the patient and treatment—has been established in the

medical literature related to psychedelic therapy both past and present. Readers unfamiliar with these ideas are directed to resources for further reading in this regard (Eisner, 1997; Goldsmith, 2007; Greer & Tolbert, 1998; McElrath & McEvoy, 2002).

The clinician sits near the patient in order to monitor vital signs and to provide reassurance as needed. Patients experience psychological changes within minutes of an intramuscular injection, and the peak experience generally occurs at about 10-25 minutes. While most patients lie quietly, occasionally patients communicate the need for reassurance or may need the therapist's encouragement to fully reenter the ketamine space. Extreme agitation is very rare. As patients recover they may or may not feel like talking, though later that day and on subsequent days improved mood and decreased anxiety can augment the insight and benefits from the ketamine session. Facilitation of the recovery of the memory of the experience can also be encouraged in the immediate aftermath.

The Transpersonal Nature of the Ketamine Experience

Most patients marvel at the depth and power of their experience, but the attendant intense themes can be confusing to patients and clinicians alike. Both may understand that "something profound happened here," yet find clarity elusive without a consonant therapeutic orientation and methodology. The clinician has the potential to add or subtract therapeutic value depending upon their knowledge and comfort with transpersonal or "peak" experiences and, what I propose to be of fundamental value for working in these experiences, the *ego-Self axis restitution* as an accepted psychotherapeutic mode of healing (Edinger, 1972; James, 1993; Kasproff & Scotton, 1999; Majić, Schmidt, & Gallinat, 2015; Miovic, 2004). I have found that the themes that often emerge through ketamine therapy at least warrant a working familiarity with the concept of the "Encounter with the Self," and "ego-Self axis restitution" described within Jungian psychology. Clinicians may be certain that they will observe their patients struggling with archetypal concepts surrounding estrangement and reconciliation of the ego-Self axis through their transpersonal experience.

In this treatment model, the rich archetypal experience that ketamine treatment brings is an opportunity for growth rather than a negative side effect to be managed or suffered through. The clinician who

misunderstands or dismisses the value of a patient's emergent insight with ketamine treatment will be out of synch with the healing processes at work. Even worse, fear within the clinician may easily transfer to the patient, potentially reducing the breadth and depth of recovery.

Given the tendency of researchers to label the spiritually-themed experiences of ketamine as "psychotomimetic" (e.g., Mason, Morgan, Stefanovic, & Curran, 2008), I hope to help a generation of clinicians avoid this linguistic reductionism by identifying more effective interpretive models. Because supportive modes of therapy are simply insufficient to constellate these themes, transpersonal and Jungian psychology can be helpful to the clinician offering ketamine to their patients.

One of the hallmarks of transpersonal approaches is the directness with which spiritual experience is addressed as part of the therapeutic process. Ultimately the goal is not merely to remove psychopathology, but to foster higher human development ... involving a deepening and integration of one's sense of connectedness, whether it be with self, community, nature, or the entire cosmos. (Kasproff & Scotton, 1999, p. 13)

It is clear that deep transpersonal themes are an essential aspect of the experience. To illustrate, Krupitsky and Klop (2007) reported that patients often experience:

- Feeling that one has left one's body (i.e., out-of-body experience);
- Awareness of becoming a nonphysical being;
- Emotionally intense visions;
- Feelings of ego dissolution and loss of identity;
- Visits to mythological realms of consciousness;
- Re-experiencing the birth process;
- Feelings of cosmic unity with humanity, nature, the universe, and God.

The Psychic Life Cycle and the ego-Self Axis:

A Presentation of this Theory and its Application to Ketamine assisted Psychotherapy for Depression

Transpersonal psychology has a long history that predates its modern description and formal inception in the 1960s. William James (1993) and Carl Jung (1966), along with some of the world's mystics, have described experiential states that reveal depths of consciousness that go beyond or "transcend" the personal

nature of the ego. While many have contributed to this field, it is my view that foundational theories flow easily from Jung. The context and structure of transpersonal experience with ketamine can often be effectively constellated through the symbolic paradigms dealing with the interrelation of ego and Self.

Within this paradigm, two dysfunctional relational patterns commonly exist between ego and Self within the depressed or dysthymic individual. Each represents a constriction or stasis at a specific point in the individuation of ego from Self. This individuation process requires repeated navigation of a three-stage cycle represented as the psychic life cycle from Edinger (1972, p. 41). One must understand this cycle as it occurs in health to understand the forms of psychic distress that occur when it goes awry.

The first stage involves ego inflation as the ego naturally attempts to transcend the physical, social or interpersonal limits it experiences. The ego in this state is identified primarily with the powers of the Self, which can feel expansive and profoundly less limited than natural existential boundaries. In negative form this inflation can be characterized behaviorally as selfishness, grandiosity, arrogance, lust, and rage, and is commonly associated with obsessions centering on power and omnipotence. While behaviors originating within this stage can be narcissistic and destructive, overreaching is a fundamental aspect of maturation and growth. Ego inflation prepares for the next stage in this growth cycle and without attempts to transcend perceived physical, emotional or social limits we do not grow into our full potential.

Inevitably, the world intervenes to teach the ego where proper boundaries lie, especially when excessive inflation occurs. When a deflation occurs for various reasons (e.g., parental discipline, public exposure, failed plans, disappointment) the second stage in the cycle characterized by alienation begins. Shame, regret, embarrassment and even despair are common characteristics of alienation. While these emotions can be unpleasant they are quite necessary to catalyze the final step in the process, one which brings restitution of the ego-Self Axis.

In this final stage the humbled ego both requests and accepts forgiveness for the inflated transgression across appropriate boundaries into territory ruled by the Self. Through this penance (and an intact ability to accept forgiveness), communication across the ego-Self Axis is

restored. The alienated wanderer ceases to be “lost in the forest”, and a new state of psychic integration invigorates the individual toward investment in authentic potentials. In this model, wisdom, intuition, discipline and potency grow with repeated successful navigation of this process of ego-Self restitution throughout child and early adult development. Rather than engaging in inner fantasy, the individual who successfully navigates these cycles applies the vast resources of the Self toward authentic goals in the real world, this with the mature collaboration of an individuated ego capable of exercising judgment, discipline and patience when inevitable frustrations occur.

However, the Psychic Life Cycle may easily stagnate within the stage of alienation. Deflation is accompanied by shame and wounded alienation, emotions that provides the raw material for depression if they are unremitting. In many depressed and dysthymic individuals the path through repentance and humility to self-acceptance and forgiveness is too difficult to achieve.

Within this model, gross imbalance between parental permissiveness and discipline in early stages of development may set the stage for future depression and dysthymia. Too permissive an environment may form personalities characterized by excessive inflation, while excessive discipline without forgiveness may lead to a chronic state of alienation and shame. While these principles are more guidelines than rules, individuals in the former scenario may primary display narcissism while the latter exhibit depression. The parent’s efforts at discipline or guiding their child through inflationary stages must be balanced by forgiveness and loving acceptance of the individual as a whole.

This is no small task, yet this balancing act may be essential. A relative balance between these two forces permits integration of dual psychic aspects within the child and provides the safety needed to repeat this essential cycle throughout maturation. An overly punishing or humiliating parental style may lead to stagnation within the alienated position as shaming patterns become codified in the individual’s sense of self and internal dialog. In this situation even everyday examples of inevitable deflation after a period of appropriate inflation can be accompanied by crippling shame and embarrassment (e.g., over commitment at work only to eventually need help, a failed relationship despite having tried, a business failure, confronting one’s own limits regarding perfect parenting). Self-forgiveness

and reconciliation to the Self in cases of such perceived transgression can be hard to achieve.

It is my belief that the psychological effects of ketamine constitute a release of psychic obstruction in the chronically alienated, depressed individual. In essence a rapid shift toward self-acceptance and forgiveness allows a reconnection with the Self and a return to wholeness.

The themes that emerge with treatment usually center on acceptance, reconciliation, forgiveness and freedom. These themes are so ubiquitous that they should be accounted for in any theory regarding the antidepressant mechanism of action of ketamine treatment. Understanding the nature of these experiences can help the clinician support the patient because the reconnection of the ego with the healing power of the Self has great capacity for healing. As Edward Edinger (1972) stated:

The connection between ego and Self is vitally important to psychic health. It gives foundation, structure and security to the ego and also provides energy, interest, meaning and purpose. When the connection is broken the result is emptiness, despair, meaninglessness and in extreme cases psychosis or suicide. (p. 43)

Incorporating the Transpersonal in Therapy

Following are four transpersonal themes or concepts that may help anchor psychotherapeutic treatment associated with ketamine therapy.

The Psychic Life Cycle and Restitution of the Ego-Self Axis.

Within this process, the therapist acts as both teacher and student, especially given the complex mix of personal and transpersonal themes present in each patient’s experience. The therapist is tasked with collaborative interpretation of the emergent archetypal and transpersonal themes to facilitate an upward arc of growth within body-mind-spirit axis. While this is not an easy task, it is rewarding and can help catalyze rapid shifts in the patient’s understanding and investment in their authentic self.

Clinicians offering ketamine to their patients may feel overwhelmed by the vastness of Jungian psychology, but they should consider making efforts to understand at least these specific themes. Specifically the writer points clinicians and patients alike to the concepts that are discussed within Part I of *Ego and Archetype* by Edinger (1972). Any who struggle with

this material will likely be rewarded by increased capacity for understanding and integrating the truths they experience.

Therapy provided during ketamine treatment may include direct candid discussion regarding the nature of a chronically alienated ego-Self axis and the enriching potential of axis restitution. In my experience, these discussions are usually met with gratitude, interest and invigoration. Deconstructing these themes can help provide a translational key to the patient's experience and repeated exposure to these themes can catalyze a patient's deepening awareness of the vast resources located within the Self. What hopefully follows is a reorganization of operational premises, beliefs and scripts, allowing an integration of the intuitive and healing powers of the Self.

The Encounter with the Self

The themes that patients present in discussions after treatment will often involve symbolic experience of the deep Self. Patients may describe an experience of inner richness and power (e.g., an invitation to a rich banquet with foods containing power), a vision of themselves in pure archetypal form (e.g., becoming an experience of pure love), an interaction with a powerful and pure animal (e.g., circled three times by a commanding white horse), or a return to a previously pure state (e.g., a return to protected childhood or infancy). It is common for patients to feel that they have been invited in to experience secret knowledge provided by benevolent inner forces.

All of these experiences can be interpreted as examples of an encounter with Self. History and religion are rife with examples of the powerful transformative nature of this particular psychological experience. Discussing these ideas directly in therapy is both warranted and effective, and this concept alone may be the single most important anchoring principle that occurs in therapy surrounding the interpretation of ketamine treatment. Acceptance of this principle can help a patient resist more diminutive interpretations that drastically reduce the potential of powerful symbols to catalyze healing (e.g., it was just a silly dream, it wasn't real, it was psychosis).

Depression can be interpreted through many lenses, but the universal and ever-present theme is one of "alienation." Patients feel small, cut off from previously available sources of strength both within themselves and within in the social milieu they belong to. Whatever the

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formulation, there is always a sense that a core source of inner strength, creativity, intuition and clarity has somehow been cut off, leaving the individual hopeless and drained of vital life force. What exactly is the depressed person alienated from? What is this missing inner core of consciousness that ketamine allows patients to access so quickly and clearly? It seems quite likely that patients gain access to an aspect of their core being that can only be described as the Self.

The Hero's Call to Action

Restitution of the ego-Self Axis is likely an important aspect of ketamine's acute antidepressant effect. This realignment may help provide rapid relief of the suffering that is characterized by the alienated state (e.g., hopelessness, boredom, fatigue, self-loathing). However, ego-Self axis restitution may bring much greater reward through allowing the Psychic Life Cycle to begin again.

It is commonplace when working with depressed individuals to witness repeated, pervasive refusals to take action even when the personal stakes become enormous. The curiosity in this circumstance is that inaction is often born of impotence rather than fear. After ketamine treatment, it is common to find patients invigorated with a sense of purpose, taking appropriate action where needed and problem solving aspects of their life that had suffered from severe inattention.

Through the lens provided by Joseph Campbell's (1949) description of the Hero's Journey (also known as the Monomyth), it is possible to interpret the depressed individual as stuck in a pattern of chronic refusal of the "Call to Action" whenever and wherever it arises. One of the most delightful and satisfying aspects of working with ketamine therapy is to witness a rapid infusion of vitality and purpose with which patients begin to effectively tackle their problems. For example, after only a few ketamine treatments I have witnessed a 50 year-old individual go back to finish their undergraduate education, a woman in her 30's resolve difficult lingering aspects of an old relationship that were inhibiting new love, and a middle-aged man accept previously unaccepted aspects of his sexuality. It is not hard to imagine that the resolution of primary psychic conflicts and an acceptance of a mandate for effective action may aid in long-term recovery from depression.

Active Imagination and the Philosopher's Stone

In many ways, the therapeutic engagement of the psychological aspects of ketamine therapy can

be conceptualized as a modern version of the Jungian technique known as “Active Imagination.” In this case however, the process is powerfully facilitated by the molecular effects of ketamine on consciousness. This technique was designed to strengthen the “feeling relationship” with the contents of the unconscious, a stage of psychological growth Jung felt was necessary before broader psychological integration and growth of the intuitive function occur.

Jung felt that by deepening beyond intellectualization the stage would be set for this function—*Intuition*. This stage is the authentic goal of human growth and psychic development; it is only through this deep integration and the availability of this function that the individual accesses their true potential. Perhaps by activating the imaginative capacities, ketamine treatment can accelerate or unlock this process in depressed individuals. It clearly allows patients to strengthen their relationship to the unconscious, a capacity that Jung (1966) felt was necessary for further psychic evolution. He stated:

Nor is realization through feeling the final stage ... The fourth stage is the anticipation of the lapis. The imaginative activity of the fourth function – intuition, without which no realization is complete – is plainly evident in this anticipation of a possibility whose fulfillment could never be the object of empirical experience at all ... Intuition gives outlook and insight; it revels in the garden of magical possibilities as if they were real. Nothing is more charged with intuitions than the lapis philosophorum. This keystone rounds off the work into an experience of the totality of the individual. Such an experience is completely foreign to our age, although no previous age has ever needed wholeness so much. It is abundantly clear that this is the prime problem confronting the art of psychic healing in our day.

As further clarification, the lapis philosophorum—or Philosopher’s Stone—is a rich symbol from the tradition of alchemy frequently referred to by Jung. According to alchemical legend the stone was a powerful material formed by trapping the spirit of Mercurius in matter. Alchemical procedures were performed to free the pure substance, which was believed to have broad powers to transmute base materials in the physical and spiritual planes to their finest forms. Given the power within the

Philosopher’s Stone – power that can transform lead into gold – it is easy to understand why Jung saw the stone as a symbol for Self per se, and the process of alchemy as a symbol for the transformational process of individuation and ego-Self restitution.

It is quite possible that Jung would have viewed the application of ketamine in the treatment of depression as a modern psychospiritual alchemical procedure with the capacity to unlock the latent power of the deep Self locked away by the leaden properties of depression. I imagine he would have been very excited about this amazing treatment option.

Case Reports

Following are two case reports illustrating some of the transpersonal themes that occurred during successful treatment with ketamine and psychotherapy.

32 Year Old

Female Physician

112 lbs. Ketamine HCl 25 mg. Two Sessions
(This dose reflects research based dosing at 0.5 mg/kg, but was given intramuscularly rather than through IV drip infusion.)

Diagnoses: 1) Major Depression—recurrent, severe; 2) Eating Disorder Not Otherwise Specified

Patient is a physician who presented with acute depression in the context of long-standing obsessional perfectionism fueled by layers of doubt and shame that would flare with the slightest personal mistakes. Her deep-seated doubt and self-destructive feelings manifested behaviorally as caloric restriction, skin picking and self-harm gestures. She presented with a career at risk, a deeply troubled marriage, and severe depressive symptoms with suicidal ideation despite standard psychiatric medication treatments.

During ketamine treatment she directly experienced an aspect of her being she had not felt before—a pure and powerful aspect of her inner being in primary form with deeply apparent inherent goodness and broad potential powers. This core perception was surrounded by a cloud of stinging and irritating pests that would try to destroy and steal the power of the pure force. Discussing her experience after treatment, the patient came to feel these entities represented the false beliefs and destructive premises she struggled with each day. Regarding the powerful inner core, she found herself able to hold on to that sense of herself. She knew for the first time that she was supported by an authentic Self that could confront these draining sources of shame.

After two sessions of ketamine therapy there were noticeable changes in her behavior that were consistent with her interpretation of the experience wherein that “pure being” was now helping to inform her choices in day-to-day issues. She became more capable of caring for herself in meaningful ways. She engaged in her therapy and medication management more seriously (while actually needing less medication) and became more participatory and compliant with treatment planning. She started to eat regular meals rather than withholding nutrition and calories. She found it easier to leave her work at work, making room for interpersonal growth and her marriage. She stopped flirting with harming herself and began to set more effective boundaries with her intrusive and deeply critical parents. The quality of intimacy in her marriage improved and she began to experience pleasure through practicing medicine for the first time in years.

48 Year Old

Female Psychologist

132 lbs, Ketamine HCl 25 mg. One Session.

(This dose reflects a slight reduction from the research based dose of 0.5 mg/kg due to the patient’s request. It was given intramuscularly rather than through IV drip infusion.)

Diagnosis: 1) Bipolar Affective Disorder—Type I, depressed

The patient is a highly intelligent mental health professional with a convincing history of bipolar affective disorder. She had fallen into a depressive episode in the context of two concurrent stressors—ending a 7-year relationship and experiencing professional career difficulties that included a feeling of betrayal by a previous mentor. The patient usually performed effectively and efficiently at her work despite her deep vulnerability to questions of self-worth. Through previous therapeutic work she had developed the tools and strength needed to deal with a strongly critical sense of self, but these acute losses were proving to be too much this time.

After six weeks her mood continued to deteriorate despite increasing her dose of valproic acid and other minor changes in her medication regimen. Ketamine therapy was initiated and her Beck Depression Index dropped from 19 at treatment to three the next day. Two weeks later it had only risen to a score of seven, and two months later it was six. Her powerful response may be partially be due to previously cultivated introspective skills and her capacity to make effective

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use of psychological insight. Her description of a rapid realignment and connection to deep internal resources characterized by love and forgiveness speaks for itself. Following are her words in a voice message (permission given):

I have been feeling amazing all week honestly. The depression is completely lifted. So, I’m on day seven and I still have zero depression. It really was a kind of truth serum for me. I’ve realized that those insights we discussed after the session are really all of the things that I already know about myself ... but without all of the inhibitory thoughts in the way. It was about embracing myself and the love that I feel, which is at the core of my sense of meaning. It’s just been an unbelievable week since that experience.

Conclusions

Ketamine can be a rapid and effective treatment for depression and other adverse mental states, though the mechanisms that underlie its efficacy are still debated and much work needs to be done to identify the factors that best facilitate recovery. During treatment, many participants experience a rich tapestry of universal symbols and archetypes woven through connections to core values, internal relational objects and transpersonal resources. Because the themes regarding the universal tensions across the ego-Self axis (i.e., inherently repeating cycles of alienation and restitution) are so common clinicians providing therapeutic support to these patients are encouraged to familiarize themselves with these themes.

Indeed, the recurrent nature of this symbolism and emergent meaning that patients draw from their experience likely reveal that some form of ego-Self Axis restitution is occurring, and that this is possibly at the heart of the therapeutic response. In fact, this powerful realignment may be the source of the efficacy of the treatment. The controversy within psychiatry as to the negative or positive benefits of a transformative psychedelic experience remains heated. In my practice with ketamine psychotherapy, I have come to regard that it is unlikely that patients heal in spite of the acute psychological effects; but rather, they heal because of them.

Given the tendency of modern psychiatry to be suspicious of peak experiences it is important to note that the great religious scholar Huston Smith once stated that he believed psychedelic experiences may be

capable of acting as “helpful adjuncts to faith.” He felt that transcendental experience, however it may occur, can allow some of us to accept a deeper spirituality. He believed that for many, faith alone is simply not enough (Smith, 1964). Ketamine therapy may provide this service, allowing individuals suffering from depressive alienation to briefly experience the complex richness and inherent depths of their own Self, never again needing to accept on faith alone their right to exist.

Given that the primary character of ketamine experience is undeniably transpersonal, it is not surprising that it may facilitate recovery from depression when viewed from this altitude. Yet, evidence that ketamine may quickly realign the ego-Self axis relationship implies that these obscure layers of psyche are more biologically maintained than anyone would likely have previously proposed. Thus, ketamine treatment presents a unique opportunity to integrate two aspects of the Psychiatric Community mindset, one of which is arguably in its own form of ego-Self alienation. It offers us a chance to integrate the biological theories regarding depression that have failed us in so many ways (i.e., the alienated ego after an initial state of inflation) with the deeper but less scientifically tethered transpersonal theories that emerge from psychodynamic theory (the vastness of the Self).

It seems clear now that the period of ego inflation that occurred as biological psychiatry gained power has shifted to deflation and alienation as myriad examples of overreaching have amassed (e.g., inflated claims of efficacy, drug company influence on medical literature, excessive polypharmacy, poor diagnostics, loss of therapy skills). Many clinicians today express dismay and distress at the limitations of their biologically oriented tools, and the research supports at least certain aspects of their despair. Ketamine’s psychological effects and unique efficacy in depression provide psychiatry as a whole with a unique and potentially healing opportunity as it integrates biological and psychological explanations of recovery.

A coherent unification of theories across competing fields is indeed a special event and the fact that a biologically active molecule can cause such a powerful depth of awareness and transpersonal insight clearly unites modern biological psychiatry with aspects of Jungian and transpersonal psychology. The growing acceptance of this mode of treatment will hopefully be inspiring to practitioners and patients alike.

References

- Campbell, J. (1949). *The hero with a thousand faces*. New York, NY: Pantheon.
- Cheong, S. H., Lee, K. M., Lim, S. H., Cho, K. R., Kim, M.H., Ko, M. J., ... Lee, S. E. (2011). Brief report: The effect of suggestion on unpleasant dreams induced by ketamine administration. *Anesthesia & Analgesia*, *112*(5), 1082-1085. doi:10.1213/ANE.0b013e31820eeb0e
- Edinger, E. (1972). *Ego and archetype*. Boston, MA: Shambhala.
- Eisner, B. (1997). Set, setting, and matrix. *Journal of Psychoactive Drugs*, *29*(2), 213-216. doi:10.1080/02791072.1997.10400190
- Goldsmith, N. (2007). Ten lessons of psychedelic psychotherapy, rediscovered. In M. J. Winkelman & T. B. Roberts (Eds.), *Psychedelic medicine: New evidence for hallucinogenic substances as treatments* (Vol. 2, pp. 107-141). Westport, CT: Paegar.
- Greer, G. R., & Tolbert, R. (1998). A method of conducting therapeutic sessions with MDMA. *Journal of Psychoactive Drugs*, *30*(4), 371-379. doi:10.1080/02791072.1998.10399713
- James, W. (1993). The varieties of consciousness: Observations of nitrous oxide. In R. N. Walsh & F. E. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 94-95). Los Angeles, CA: Putnam.
- Jung, C. G. (1966). The practice of psychotherapy (G. Adler & R. F. C. Hull, Trans.) In H. Read et al. (Eds.), *The collected works of C. G. Jung* (Vol. 16, 2nd ed.). Princeton, NJ: Princeton University Press.
- Kaspro, M. C., & Scotton, B. W. (1999). A review of transpersonal theory and its application to the practice of psychotherapy. *Journal of Psychotherapy Practice Research*, *8*(1), 12-23.
- Kavalali, E. T., & Monteggia, L. M. (2012). Synaptic mechanisms underlying rapid antidepressant action of ketamine. *American Journal of Psychiatry*, *169*(11), 1150-1156. doi:10.1176/appi.ajp.2012.12040531
- Krupitsky, E., & Kolp, E. (2007). Ketamine psychedelic psychotherapy. In M. J. Winkelman & T. B. Roberts (Eds.), *Psychedelic medicine: New evidence for hallucinogenic substances as treatments* (Vol. 2, pp. 67-85). Westport, CT: Paegar.
- Luckenbaugh, D. A., Niciu, M. J., Ionescu, D. F., Nolan, N. M., Richards, E. M., Brutsche, N. E., ... Zarate, C. A. (2014). Do the dissociative side effects of ketamine mediate its antidepressant effects? *Journal of Affective Disorders*, *159*, 56-61. doi:10.1016/j.jad.2014.02.017

- Majić, T., Schmidt, T. T., & Gallinat, J. (2015). Peak experiences and the afterglow phenomenon: When and how do therapeutic effects of hallucinogens depend on psychedelic experiences? *Journal of Psychopharmacology*, 29(3), 241-253. doi:10.1177/0269881114568040
- Mason, O. J., Morgan, C. J. M., Stefanovic, A., & Curran, H. V. (2008). The Psychotomimetic States Inventory (PSI): Measuring psychotic-type experiences from ketamine and cannabis. *Schizophrenia Research*, 103, pp. 138-142. doi:10.1016/j.schres.2008.02.020
- McElrath, K., & McEvoy, K. (2002). Negative experiences on ecstasy: The role of drug, set and setting. *Journal of Psychoactive Drugs*, 34(2), 199-208. doi:10.1080/02791072.2002.10399954
- Myers, K. M., Carlezon, W. A., & Davis, M. (2011). Glutamate receptors in extinction and extinction-based therapies for psychiatric illness. *Neuropsychopharmacology*, 36, 274-293. doi:10.1038/npp.2010.88
- Miovic, M. (2004). An introduction to spiritual psychology: Overview of the literature, east and west. *Harvard Review of Psychiatry*, 12(2), 105-115. doi:10.1080/10673220490447209
- Misch, D. A. (2000). Basic strategies of dynamic supportive therapy. *Journal of Psychotherapy Practice Research*, 9(4), 173-189.
- Sanacora, G., Treccani, G., & Popoli, M. (2012). Towards a glutamate hypothesis of depression: An emerging frontier of neuropsychopharmacology for mood disorders. *Neuropharmacology*, 62(1), 63-77. doi:10.1016/j.neuropharm.2011.07.036
- Smith, H. (1964). Do drugs have religious import? *Journal of Philosophy*, 41, 517-530. doi:10.2307/2023494

About the Author

Jeffrey Becker, MD, is a board-certified psychiatrist who trained at UCLA/NPI for medicine and psychiatry with a focus on Neuropsychiatry and Functional Medicine. He is known for his focus on whole health integration, combining conventional medicine with research-supported nutrients, genetic analysis and complimentary treatment modalities. His interest in the therapeutic potential of ketamine began in 1996 during a medical school research project with advisor Huston Smith, Ph.D., during which he explored the molecular mechanisms and phenomenology of transcendent states

brought about through NMDA receptor blockade. He has a private practice located in Westwood and Santa Barbara, CA and remains affiliated with UCLA/NPI as Volunteer Clinical Faculty.

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