

# The Renewal of Psychedelic Research: Implications for Humanistic and Transpersonal Psychology

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A number of medication trials at major U.S. research universities are now, once more, legally exploring psychedelics' vast potential for treating various physical and psychological problems. These studies have been approved based on a medical model that considers psychedelics' effects as primarily biochemical, but some are also addressing wider humanistic and transpersonal implications for research and praxis. These studies may challenge the prevailing medical model of psychopathology that not only reduces humans to just their biology but also has led to widespread medical treatments through formularies that predominantly constrict, rather than enhance, human potential. Psychedelics offer great potential as tools for researching elusive areas within humanistic and transpersonal psychology, as well as powerful ways to facilitate humanistic and transpersonal growth.

Psychedelics, a term which means mind-manifesting, was first used in 1956 by Humphry Osmond to define a group of substances with potent psychoactive properties that had previously been called by more pejorative names, such as hallucinogenics (i.e., causing hallucinations) and psychotomimetics (i.e., mimicking psychoses; Williams, 1999). Grinspoon and Bakalar (1979) defined psychedelics as nonaddictive substances that do not cause major physiological or psychological disturbances while reliably producing strong changes in mood, perception, and thought in a fashion similar to what is sometimes found in dreams, memory flashbacks, psychoses, and religious ecstasy. Although the boundary between psychedelics and other substances that may alter consciousness is not always clearly delineated, current consensus broadly includes a number of substances that are

naturally occurring (e.g., psilocybin found in some mushrooms) and synthesized (e.g., manufactured D-lysergic acid diethylamide or LSD), and it excludes a number of somewhat similar substances (e.g., amphetamine and cocaine). As an example of the difficulty in unambiguously classifying some substances, 3,4-methylenedioxymethamphetamine or MDMA (also commonly called ecstasy) is a hybrid between a psychedelic and an amphetamine that some writers include as a psychedelic (e.g., Kurtzweil, 1995), as it is viewed in this article; some others (e.g., Nichols, 1986) prefer to classify it within its own category.

Psychedelics have long been an important part of Western culture, as in their traditional–historical religious use (e.g., within Ancient Greek mystery traditions), continued esoteric use up through modern times (e.g., among folk healers, such as those sometimes called witches and wizards), and more recently by recreational and spiritual seekers (e.g., in what has sometimes been designated as the counter-culture). Despite the lack of interest in, if not the disdain for, psychedelics within most mainstream Western religions, it has even been proposed that the deepest origins of the Judeo-Christian–Islamic tradition may actually have stemmed from revelatory psychedelic experiences among nomadic Semitic peoples. For example, Russell (1998) speculated that the Bible’s reference to a supposedly divine encounter through a burning bush could refer to an experience with an *amanita* mushroom (which was known as *soma* in the traditions of the ancient Levant and Central Asia, where it was central to many religions and was often described metaphorically as a burning bush). In addition, it should be mentioned that the use of substances to alter consciousness is widely seen as a cultural universal and psychedelics, as one such class of substances, have been found in virtually every culture ever studied (Aaronson & Osmond, 1970; Dobkin de Rios, 1990).

## HISTORY OF SCIENTIFIC RESEARCH ON PSYCHEDELICS

Modern psychedelic research has quite an extensive history. The first reported research occurred as early as 1896 with studies on peyote (Williams, 1999), followed by studies of ibogaine in the early 1900s and psilocybin in the 1920s (Kurtzweil, 1995). The number of research studies increased dramatically with LSD’s discovery in 1938. Then, after World War II, psychedelic research further blossomed. In many of the early studies, psychedelics were seen as psychotomimetics and were thought to provide an avenue for scientifically studying psychoses with potential significance analogous in importance to how Freud viewed dreams as the “royal road” for studying the unconscious. Numerous studies also emphasized psychedelics’ tremendous potential for exploration of ordinarily inaccessible inner psychological states, perhaps expressed best in the 1960s when Grof (n.d.), a prolific researcher in this area, frequently stated “that psychedelics, used responsibly and

with proper caution, would be for psychiatry what the microscope is for biology and medicine or the telescope is for astronomy” (n.p.). In this regard, Tart (1972) advocated building an expanded version of psychological science through state-dependent approaches incorporating psychedelic insights, as well as those from other means of radically altering states of consciousness, to enable exploration into the scientifically uncharted territories of esoteric transpersonal and spiritual experiences. Others suggested that these substances should best be seen as “entheogens” (i.e., god-enhancing) to emphasize their profound implications for transpersonal and spiritual experience (e.g., Forte, 2000; Smith, 2003). And, of course, there were more nefarious studies on psychedelics’ dark side, including the now infamous postwar U.S. Central Intelligence Agency’s research, in which soldiers were unknowingly given LSD with disastrous consequences (Williams, 1999). Overall, there were literally thousands of historical studies on psychedelics. The Multidisciplinary Association for Psychedelic Studies (n.d.), a nonprofit advocacy organization for legalizing psychedelics, has compiled several large collections of this voluminous research and posted it online, including one bibliography from the Albert Hofmann Foundation that alone purportedly references over 4,200 studies on psilocybin and LSD conducted from 1943 to 1983. The huge amount of research interest generated by psychedelics led many to eagerly anticipate a psychological revolution based on their potential.

### Clinical Applications

Perhaps the greatest area of psychological interest in psychedelics focused on their clinical applications. Their first documented clinical use began with Dr. Ronald Sandison’s psycholytic (i.e., using small dosages of psychedelics) therapy in 1953 (Williams, 1999). Following this and continuing through the early 1960s, psychedelics became widely seen as an effective, as well as completely legitimate, method for enhancing psychotherapy. They were extolled for being able to quickly reveal unconscious processes and facilitate working through conflicts that might otherwise take years using the prevailing models of psychotherapy (Grinspoon, 1986). They also gave hope for treating various psychopathologies that were resistant to the conventional treatments of that time, such as alcoholism and various substance addictions (Halpern, 1996). Eisner (2002) restated that psychedelic-assisted psychotherapy could provide quicker results than conventional psychotherapy and be more effective in addressing a number of recalcitrant problems for which conventional approaches are relatively ineffective, and added how they can augment the dynamics of conventional psychotherapy (e.g., through enhancing rapport) and can introduce healing spiritual and transpersonal experiences into the therapeutic context that are typically ignored in conventional psychotherapy. Overall, an impressive body of research supported psychedelics’ clinical effectiveness (see Caldwell, 1979; Grinspoon & Bakalar, 1979; Grof, 1980; Pletscher &

Ladewig, 1994). Despite this, some researchers did dispute their usefulness (e.g., Ludwig, Levine, & Stark, 1970), but such critiques seem few in relationship to the much larger number of positive reports of their clinical utility.

### Impact on Psychology as a Field

By the 1960s, psychedelics became widely available for use within the general population throughout the United States, and psychologists were among those partaking of psychedelic experiences. In clinical settings, under the belief that psychedelics were psychotomimetics, numerous mental health practitioners sampled LSD and other psychedelics to try to gain first-hand knowledge of what their patients might possibly be experiencing. Some clinics even openly encouraged their entire professional staff to personally experience these substances with the hope that this would increase the staff's empathy toward patients. For example, Osmond, one of the preeminent early psychedelic researchers, promoted the idea "that no one should treat schizophrenics who had not personally experienced schizophrenia" when he was working in a psychiatric hospital in the early 1960s, which led to many psychiatrists and psychiatric residents taking psychedelics to better understand such psychoses (Martin, 2004, p. 25). Likewise, many psychedelic studies used faculty and student volunteers (e.g., at Emory University where I did my undergraduate training in the early 1960s, there was a psychiatric research program employing LSD as a psychotomimetic). In addition, many research psychologists were challenged by the exciting data being published and, encouraged by these findings, privately sought out psychedelic experiences. And, of course, the large number of recreational users of these substances also included many psychologists. Overall, the powerful nonordinary experiences accessed through psychedelics impacted the careers of many psychologists in a variety of ways. As one notable example, the widespread use of psychedelics in the 1960s coincided with the newly emerging humanistic psychology movement that had developed out of dissatisfaction with limitations in the prevailing behavioral and psychoanalytic paradigms. Many humanistic psychologists also became critical of similar limitations of a strictly human-centered perspective through their use of psychedelics—and I include myself among these. This contributed to the evolution of transpersonal psychology as a branch of humanistic psychology that goes beyond ("trans") individual aspects of personhood through, among other approaches, recognizing "the value and variety of alternate states of consciousness" (Walsh, 1993, p. 125), especially as facilitated by psychedelic experiences.

### PSYCHEDELICS' PROHIBITION

In the tumultuous 1960s, psychedelics increasingly became perceived as threatening by those holding power in the United States, and they were banned. Unfortu-

nately, their illegality applied not just to the general public, but also to qualified professionals engaged in legitimate scientific research and clinical applications. Consequently, research with psychedelics was largely abandoned in the United States. To a lesser extent, this occurred worldwide as the United States attempted to impose its prohibition internationally with varying degrees of success. The anticipated revolution in which psychedelics were seen as offering the means to radically alter psychology's direction sadly never occurred. Cornwell and Linders (2002) discussed the complex politics behind the ban on psychedelics. Russell (1998) discussed this prohibition within the broader historical context of long-standing tensions between various competing fundamental social forces that have shaped Western culture for millennia, akin to Benedict's (1934) cultural interpretation of the Nietzschean struggle between Apollonian rationality and moderation as opposed to Dionysian nonrationality and excess.

It is important to note that some legal psychedelic inquiry continued during prohibition in the United States, such as researching their biochemical effects using animal models (e.g., Aghajanian & Marek, 2000). Outside of the United States, studies legally using human participants continued to a limited degree, focused on psychedelics' biochemical effects (e.g., Riba, Rodríguez-Fornells, & Barbanoj, 2002, in Spain) and on their clinical potential, such as research on ibogaine as a treatment for drug addiction in Canada and Mexico (Mojeko, 2004) and on ketamine as a treatment for alcoholism in Russia (Krupitsky & Grinenko, 1997). In addition, some studies were conducted illegally in the United States during the prohibition through a small but defiant underground psychedelic network (Stolaroff, 1997). Overall, the amount of interest in, and work with, psychedelics after prohibition was minute compared to the previous attention they had garnered.

### Psychedelics' Safety

The single overriding concern supposedly justifying the prohibition of psychedelics involved their safety, though it was obvious that much more was at stake (e.g., politically) than simply the safety issue. Specifically, their use was widely perceived as negative by governmental authorities and other power holders, perhaps due to the significant threat they posed to a variety of fundamental premises on which the status quo is based, such as materialism and its concomitant capitalistic consumerism (e.g., see Russell, 1998). Nevertheless, the main explicit argument for psychedelics' ban rested on safety issues and, consequently, many scholars attempted to sift through their potential for harm. Two very well done studies are strongly convincing in support of psychedelics' relative safety (as compared to the many so-called hard drugs with which they have unfortunately been grouped) within the general population (i.e., unsupervised by professionals). First, Strassman (1984) extensively reviewed the large literature on adverse reactions to psychedelic drugs and concluded that their potential for harm was small, except within certain vulnerable populations (e.g., those with preexisting mental illness).

Second, Gable (1993) surveyed many so-called drug experts (e.g., toxicologists), who were asked to compare various frequently used and abused psychoactive substances, including psychedelics, in terms of their likelihood for causing harm (e.g., such as their addictive potential), also concluding that psychedelics are relatively safe. However, others have taken a more neutral position, such as Baruss (2003), who contrasted the possible benefits and dangers of psychedelics. Surprisingly, considering how widely touted are the supposed dangers of psychedelics, few reputable researchers have found significant harm from their use, *per se*. As examples of some that have noted harmful potentials, in reviews on MDMA (e.g., Green, Cross, & Goodwin, 1995; Morgan, 2000), studies are cited that have found lasting damage from this substance's use. However, it is difficult interpreting these and many similar studies because some of the findings that suggest harm from psychedelics have subsequently been debunked (as discussed later) or otherwise disputed. Nevertheless, for an official perspective on the potential harm from using psychedelics, the reader may refer to the National Institute on Drug Abuse Web site (see <http://www.drugabuse.gov/consequences/>). From my understanding of this vast literature, most of the harm that can occur from psychedelics is likely not directly from their use as biochemical substances but, rather, from the many related psychological variables that can affect potential adverse outcomes. Set, a person's expectations accompanying using a drug, and setting, the demand characteristics defining the context in which a drug is used, can powerfully contribute to a negative or positive outcome, as can dose and frequency of use. For example, when problems occur with the use of psychedelics, they often involve accidents, such as hyperthermia associated with MDMA use at raves that may be due not so much to the drug itself but to overexertion and dehydration, representing a failure to arrange a safe setting. Finally, even under optimum conditions, psychedelics are undeniably powerful in their effect and could cause difficulties to even the hardest of those who might partake under the most prudent arrangements, such as causing spiritual emergencies (Lukoff, Lu, & Turner, 1998) in which integrating spiritual issues evoked by psychedelic experiences becomes problematic. Consequently, it is appropriate to caution that, though the safety concerns with psychedelics might be relatively small, this article should not be construed as encouraging their unsupervised use or minimizing the real risks involved.

However, psychedelics' use within professional contexts is an entirely different matter. In a very important study, Passie (1997) reviewed over 100 psychedelic studies that were clinically conducted during the 1950s and 1960s before prohibition, as well as clinical studies conducted in places where they were less tightly prohibited after the prohibition (e.g., France and Germany). By rigorously examining numerous potential adverse indicators (e.g., rates of suicide, psychosis, and hospitalization), Passie concluded that the evidence supported psychedelics' safety when used within clinical settings. Ironically, many drugs that are clearly more harmful than psychedelics have never been made illegal for clinical applica-

tions, let alone for use in scientific studies, suggesting the political, rather than scientific, nature of their prohibition.

### Disinformation About Psychedelics

It is important to also emphasize that a large part of the justification for the drug war's ban on psychedelics has been based on junk science. As a poignant example of a recent scandal of disinformation, Ricaurte, Yuan, Hatzidimitrou, Cord, and McCann (2002) published an article on the dangers of MDMA. Later, this article was retracted (Ricaurte, Yuan, Hatzidimitrou, Cord, & McCann, 2003) under intense pressure, after it was revealed that this investigation had misrepresented the substance its authors claimed to have studied. Specifically, the original article claimed that MDMA was found to be severely toxic when, in fact, it was actually another, totally different, substance that was tested and found toxic. This incident, in which one substance was misrepresented to malign another, was called "one of the more bizarre episodes in the history of drug research" (Spartos, 2004, n.p.). This switch is exemplary of how junk science has been used to denigrate and obfuscate the potential benefits of psychedelics. The most notable of this long history of disinformation was the widely touted proclamation that LSD caused chromosomal damage, later disproved in a series of studies (e.g., Dishotsky, Loughman, Mogar, & Lipscomb, 1971). Unfortunately, numerous badly flawed, if not intentionally deceptive, studies have been used to support the prohibition, and responsible psychedelic research and applications have been restricted. In addition, the media has frequently corroborated by distorting coverage of psychedelic research findings as part of the drug war's propagandist misuse of science (Russell, 1998).

This has had a chilling effect on the field of psychology. After eager anticipation by so many psychologists of the possible benefits of psychedelics, supported by a huge research literature, it is fascinating to note the collective amnesia of much of modern psychology on this topic. Throughout the many years of prohibition, few references to the important research literature on psychedelics have found their way into any contemporary mainstream psychological literature (e.g., as evidenced by the noticeable absence of this topic from introductory textbooks). I also anecdotally note that few of the younger U.S. psychologists with whom I have personally discussed this topic were aware of this important psychedelic literature. In this sense, the prohibition has blinded almost a whole generation of U.S. psychologists to the potential of these powerful tools.

## REOPENING THE DOOR

Unexpectedly, things have now changed dramatically. Despite the continued drug war, and its suppression and distortion of information about psychedelics in the

United States, the door to responsible and appropriate research on these substances has now been reopened (Friedman, 2004b). The first legal psychedelic study using human participants in the United States since its ban in the 1960s was quietly approved at University of New Mexico in 1990 (Strassman, 2001). This study purposefully focused on a relatively unknown substance (i.e., N,N-dimethyltryptamine or DMT) to minimize sensationalism and allow resumption of responsible research (Williams, 1999). Although this little-noted study occurred, numerous obstacles were still kept in place to stymie other research, including bureaucratic hurdles and lack of adequate funding (see Clark, Lieff, & Sussman, 1975, for a discussion of how these obstacles operated).

However, recently a flurry of activity has resumed in psychedelic research. A clinical trial at the University of South Carolina was approved in 2002 to investigate MDMA as a treatment for posttraumatic stress disorder (Doblin, 2002; Mithoefer, 2004). This research had to gain hard-won support from various federal agencies (e.g., the National Institute of Health), as well as other decision-making bodies (e.g., the university's Institutional Review Board), and is now underway. The approval of this landmark study has been followed by approvals to launch several others, including at University of California, Los Angeles to study psilocybin for treating death anxiety (Check, 2004), University of Arizona to study MDMA for treating obsessive compulsive disorder (F. Moreno, personal communication, June 16, 2004), at Harvard University to study LSD and psilocybin for treating anxiety and cluster headaches (Halpern, 2004a). In addition, there are studies being conducted on mescaline at Duke University and LSD at Purdue University, and a considerable number of other studies are in the planning stage (Multidisciplinary Association for Psychedelic Studies, n.d.). The implications of this plethora of psychedelic studies were openly discussed at the 16th International Transpersonal Association Conference in Palm Springs, CA (Doblin et al., 2004) and it appears that a new era has arrived for psychedelic research.

Although the voluminous past research strongly supported psychedelics' potential for the treatment of many psychological problems, these recently approved studies offer great promise for extending this knowledge. Specifically, the advances in the rigor of this new research, as required for approval in modern clinical drug trials, could provide even more compelling data than the earlier studies. For example, the new studies customarily are required to use stringent research designs, such as double-blind conditions, that were seldom employed in earlier studies. Such methodological advancements do suffer from some important limitations, however. For example, although these research refinements may attempt to control participants' and others' expectancies, it is likely obvious to all involved whether or not someone had received the active ingredient as opposed to a placebo, due to the powerful behavioral and phenomenological effects of psychedelics—regardless of how cleverly the research design might attempt to use blinks to disguise this fact.



In addition, one serious limitation of these newly approved trials needs mentioning: These studies tend to hypothesize psychedelics' potential beneficial impact as primarily due to their biochemical actions (e.g., their presumed effect on neurotransmitters, such as serotonin and dopamine). It was supposedly only under this limiting premise that these trials were allowed to go forward by the various regulating organizations—because they would have been too controversial if not designed as conventional medication trials (R. Doblin, personal communication, June 17, 2004). Although it is extremely fortunate that these studies were allowed at all, it is unfortunate that they were approved only under the assumptions of the prevailing medical model and its inherent reductionism. Simply stated, these studies were designed with little attention to many important psychological variables, such as set and setting, as if they were merely testing an antibiotic's medical efficacy.

Particularly noteworthy is that these studies were apparently approved without much formal consideration of psychedelics' profound transformative effects. Many have argued that peak experiences are the main active ingredient in leading to changes after psychedelic experience (e.g., Richards, Rhead, DiLeo, Yensen, & Kurland, 1977). In this regard, the omission from these studies of examination of peak experiences generated by psychedelics seems a major oversight. In particular, ignoring the entheogenic potential of psychedelics through their capacity to generate specific types, namely spiritual and transpersonal, of peak experiences seemed to be very problematic to me when I first heard about these studies. My view is that there is much more than mere biochemical effects involved in their healing potency.

In this regard, at least one clinical trial has now been modified (see Halpern, 2004b) due to my advocacy (R. Doblin, personal communication, June 17, 2004) to include spiritual and transpersonal measures (e.g., the Self-Expansiveness Level Form; Friedman, 1983). Likewise, several of these other studies may similarly be soon modified. I note that once a clinical trial has been approved, amending its approved protocol to allow a few extra measures is evidently relatively easy to accomplish, whereas including these types of measures in the original protocols might have doomed their approval prospects by making the research agenda too ambitious (and threatening) for the regulators to tolerate. Inclusion of these types of measures in at least this one clinical trial, however, will now allow the exploration of spiritual and transpersonal explanations that may be closer to the heart of what could make psychedelics so clinically important. Consequently, the potential for this research to fruitfully identify what might well be psychedelics' most robust source of healing powers is greatly improved, in contrast to looking only for reductive explanations as in the originally approved research design.

Finally, to readdress the issue of psychedelics' safety, these studies have been approved only after careful scrutiny of their potential for harm through many levels of bureaucracy. That they have been approved, despite the aversive politi-

cal climate that still actively engages in a drug war, is strong evidence for their relative safety.

## PSYCHEDELIC RESEARCH'S IMPLICATIONS FOR PSYCHOLOGICAL PRESCRIPTION PRIVILEGES

There is growing recognition of overreliance on using medications for addressing psychological problems, particularly under managed care and the pharmacological industry's intrusive influence (Albee, 2002). Although numerous studies suggest that medications in general have no clear advantages over conventional psychological treatments for treating many psychological disorders, and even often fare worse when tested comparatively (e.g., Barlow, 2004; de Jonghe, et al., 2004), they are so well promoted and favored within the marketplace that this trend is unlikely to diminish anytime soon. This is despite extensive data that "when given a choice, the public prefers psychological treatments to pharmacological intervention" (Barlow, 2004, p. 873).

Humanistic psychologists, in particular, tend to eschew the overuse of medications to treat psychological disorders and dispute the value of an exclusively medical model of mental illness (e.g., Newnes, 2004; Sauna, 1995). I have also been among these strongly criticizing this prevailing medical model, lamenting that life's existential problems are increasingly attributed to biological causes and that medications are frequently touted as more effective than psychotherapy—despite lack of evidence for both these widely promoted claims (Friedman, 2002). Albee (2002) strongly connected this trend to the rise of a politically conservative contemporary psychiatry that relies on what he called an invalid model of mental illness, and I largely agree with his analysis as related to the drug war and other repressive movements (Friedman, 2004a). In this regard, Gatchel (2004) has called for renewed emphasis on a biopsychosocial perspective to resist the growing hegemony of biomedical reductionism within psychology. I also agree with this, as well as a sorely needed extension of this perspective into a "biopsychosocial spiritual and transpersonal" view that would be even more holistic and inclusive of the full range of human potentials (Friedman, 2002; Friedman & MacDonald, 2002).

The powerful transformative capacity of psychedelics brings a dilemma into the forefront, namely how can humanistic psychologists reject the overuse of psychopharmacology for treating psychological problems in general without also discarding psychedelics' tremendous potential for achieving profoundly humanistic aims? One possible resolution to this may stem from challenging the belief among many humanistic psychologists that biological interventions affecting human functioning necessarily disregard important humanistic aspects of the individual (such as personal agency). In contrast to this belief, I think it crucial to recognize that the biological level of analysis has to be considered as part of any holistic

view—but the person as a whole must never be reduced merely to the biological level (Friedman & MacDonald, 2002).

Perhaps another distinction could also help reconcile this dilemma. I propose that the current medications that are applicable to psychological disorders can be usefully seen as those that primarily either expand or constrict psychological processes. This categorical distinction is somewhat simplistic and has exceptions, notably some medications have both expansive or stimulating, as well as constrictive, effects (e.g., Bupropion, also known under the trade name of Wellbutrin, may act in both ways). Notwithstanding problems with this broad type of distinction, I think it clear that the currently allowable psychopharmacological formulary tends to primarily be of the constrictive type. For example, widely prescribed antidepressants clearly reduce sadness (though with less effectiveness than is commonly assumed), but they ignore that sadness is a potentially adaptive emotion that can be a fertile stimulus for fostering psychological growth when experienced fully (e.g., within a humanistic psychotherapeutic context). Worse, they do not expand happiness but merely seem to replace depression with numbness, blunting many essential human functions such as capacity for sexual pleasure. Even the most purely psycho-stimulant types of medication that could be used in expansive ways are, instead, mostly applied to constrict experience and behavior (e.g., Methylphenidate, also known under the trade name of Ritalin, is frequently used for behavior control through its so-called paradoxical effects of calming children with attention deficit/hyperactive disorder; see Mears, 2004).

From this perspective, psychedelics would be clearly seen as substances that expand, rather than constrict, psychological processes. Although it is reasonable that humanistic psychologists would reject the exponentially growing misuse/overuse of constricting medications for psychological problems, it seems that few would reject the use of all medications under all circumstances. Consequently, substances that might expand human potential, such as psychedelics, could be seen as very compatible with the humanistic ethos for facilitating positive psychological growth in some circumstances. Thus, humanistic psychologists' reticence about professional psychology's obtaining prescription privileges may reside more with the currently approved psychopharmacological formulary (i.e., those substances primarily used to suppress thoughts, feelings, and behaviors within a constrictive medical model that reduces humans to only their biological underpinnings, not to mention their stultifying social and political ramifications in support of a status quo that can be deemed predominantly antithetical to humanistic values) than with an objection to biological interventions per se.

Pending the results of the psychedelic research trials being conducted, and the many more being proposed, future prescription privileges held by psychologists could conceivably include sanctioned use of psychedelics. Their availability might offer powerful tools for enhancing humanistic psychotherapy by providing ways to help many suffering from debilitating psychopathologies. This conversation has

already begun within the field of psychiatry. For example, Bravo and Grob (1996) have discussed the benefits of psychedelics from the perspective of a future transpersonal psychiatry, as has Victor (1999) who stated, "It is a sad artifact of Western culture that biologic treatment and humanistic treatment are usually seen in contradistinction to one another ... [whereas] throughout the world, the biologic and the spiritual are intimately bound to one another" (p. 465).

In discussing the implications that these newly approved research trials using psychedelics might offer for the pursuit of prescription privileges for psychologists, I have made no attempt to discuss the other complex issues involved in psychologists seeking such privileges. However, I do think that the possibility of psychologists eventually prescribing medications that could expand human potential, as exemplified by psychedelics, should be considered as a part, but not necessarily the mainstay, of this active debate.

### PSYCHEDELICS' HUMANISTIC RESEARCH IMPLICATIONS

Equally importantly to their potential for clinical applications, psychedelics open intriguing avenues for scientifically exploring humanistic, including transpersonal, phenomena that have eluded other methods (e.g., see Roberts & Hruby, 2002, who have outlined a proposed research agenda for psychedelics used as entheogens). Perhaps psychedelics could revitalize introspective approaches that characterized the earliest phase of experimental psychology? Introspection was largely abandoned due to lack of reliability in its methods, but psychedelics could radically reframe this. This could enhance the value of subjective, first person accounts in research and help redirect academic psychology back to its roots.

As an example of psychedelics' potential research applications in transpersonal psychology, a major current controversy now rests on whether there are sufficient commonalities among differing transpersonal experiences to support their being understood in a universalistic way. Currently, there are two major stances on this perplexing problem: That these can be understood in a developmentally ordered sequence (e.g., as proposed in Wilber's, 1979, hierarchy) and, in contrast, that these are so individually and culturally variant that little or no commonalities can be posited (e.g., such as proposed in Ferrer's, 2002, participatory view). This type of controversy is incredibly difficult to empirically examine in a rigorous fashion with currently available methods. Although there is some psychometric survey research on whether transpersonal phenomena can be validly understood across individuals (e.g., MacDonald, Gagnier, & Friedman, 2000) and even across cultures (e.g., Friedman, MacDonald, & Kumar, 2004), these nonexperimental methods suffer certain limitations, such as the semantic ambiguity involved in eliciting self-reports from people with widely different experiential bases. Experimental re-

search, using nonpsychedelic mind-altering methods, could possibly offer more effectively controlled approaches to studying such problems, but frankly they pose pragmatic barriers (e.g., meditation, as one potential tool, often takes years to sufficiently master and its practice has considerable inconsistency in its results). In contrast, the possibility of using psychedelics as a tool to systematically mine deep experiences with great speed and reliability could move the field well beyond the level of survey or other nonexperimental research approaches. Specific alternate states of consciousness that are amenable to scientific control might be more readily obtained through psychedelics (e.g., drug type and dosage can be defined and controlled much better than can success in mastering a more subjective technique such as meditation—though note the goal as proposed here would be to enter a consistent subjective realm). This addresses just one of the many ways that psychedelics could become invaluable in expanding the range of humanistic psychological inquiry into transpersonal realms. In this regard, I believe that psychedelics could, indeed, still become the research equivalent for psychology of the telescope for astronomy and the microscope for biology and medicine—and perhaps be even more profound in its ultimate implications.

A key question for any discussion of psychedelics within transpersonal research involves whether they provide so-called authentic transpersonal experiences, namely their validity. Walsh (2003) has addressed this concern affirmatively through an extensive research review of literature supporting psychedelic's authenticity, as have numerous others (e.g., Smith et al., 2004). However, some have continued to argue that there might be important qualitative and quantitative differences between experiences caused by psychedelics as opposed to those generated through other means, such as meditation (e.g., Smith & Tart, 1998). I note, however, that traditional methods vary considerably among themselves and there is no lack of practitioners of one transpersonal method claiming that other methods are less valid (Friedman, 2005). Furthermore, if it can be established that transpersonal experiences obtained through psychedelics are valuable for research purposes, whether or not they are exactly equivalent in every way to similar experiences generated in their absence may be irrelevant.

## CONCLUSION

Psychedelics, when used appropriately within a professional context, offer a potentially important method for enhancing psychological praxis and research. Humanistic psychologists who reject the notion of psychological prescription privileges might consider whether it is fitting to be left out of these exciting ventures if psychedelics were to make it to the prescription pad of licensed practitioners. Of course, there is no evidence that psychedelics will actually become legalized for medical, let alone psychological, prescribing in the future, but if the studies under-

way produce data similar to what was previously found before their prohibition, they could prove very persuasive. Considering that humanistic psychology would be the likeliest area of psychology for developing the therapeutic use of psychedelics, perhaps the rejection of psychological prescription privileges in general by humanistic psychologists could be modified into a rejection only of how most of the currently allowed medications are used constrictively—retaining an openness to the possible use of psychedelics to expand human potential. However, any psychologist or, for that matter, other professional working in this area would be well advised to have a strong background in both consciousness and psychospiritual studies, as well as in handling spiritual emergencies that may occur in research participants or clients using these powerful substances, areas which most conventional psychological training currently neglects. It should also be noted that additional research on, as well as praxis using, psychedelics is not contingent on psychologists obtaining prescription privileges, because psychologists can currently collaborate in both research and treatment on psychedelics, as has frequently occurred in more conventional drug trials, with or without such privileges being obtained.

I also foresee that psychedelics could become widely used in nonclinical populations under the supervision of professionals. Those who suffer with existential concerns related to purpose and meaning could be prime candidates for such interventions, as well as those who want to grow toward their optimum potential in a variety of ways. For example, psychedelics have been seen as offering promise for awakening extraordinary human potentials in ordinary people, such as for enhancing creativity and spirituality (Dobkin de Rios & Janiger, 2003). I can even imagine a future cadre of prescribing humanistic psychologists whose tool chests include the availability of psychedelics to address many so-called physical diseases that have primarily been treated medically. I can envision these tools employed in a similar manner to how many traditional shamanistic healing practices occur, except informed by a better scientific understanding of psychedelics' effects and, of course, contraindications. Deep healing levels of human biology, as pointed out by findings in fields such as psychoneuroimmunology, might be amenable to psychological interventions (Rossi, 2004) and could possibly be accessed through psychedelic therapies. Humanistic psychologists empowered with psychedelic prescription privileges possibly could also provide interventions in many other areas of practice. Perhaps such professionals could routinely guide participants toward accessing nonordinary states that are then openly explored using a variety of psychological strategies for specific growth-enhancing purposes, such as for increasing social empathy (Mack, 1993). The potential impact of this sort of intervention could truly be breathtaking, such as leading to greater global understandings and facilitating world peace (McGlothlin, 1985). Psychedelics could also profoundly alter humans' self-conceptions, leading to major revisions in what the general population perceives as

the possibilities of being human, a prospect I find very exciting considering that most people hold onto notions that are thousands of years out of date. Psychedelics, in this way, could even lead to a cultural healing of some of the world's most fundamental rifts through large-scale consciousness-raising, far exceeding the benefits of any narrowly applied clinical efforts.

Over time, I think it inevitable that psychedelics will have tremendously increasing impacts on Western culture, whether or not they become legalized for professional use, such as their potential for radically altering contemporary religions. For example, a large number of Westerners have felt called to practice Buddhism as a result of psychedelic experiences (Stolaroff, 1999). Psychedelics have also been widely used in nonreligious contexts for facilitating individual spiritual growth, such as by those who privately use them as a transpersonal sacrament (Merkur, 2001). In both of these circumstances, calling them entheogens may indeed be warranted.

Like any tool, however, psychedelics can be used for good or ill. Even considering that the current drug war's prohibition is based largely on unfounded and overblown fears of psychedelics' danger, it is still important to remember that their widespread unsupervised use could harm some who are vulnerable. It also could seriously disrupt the dominant social order that suppresses deeply passionate feelings and divergently creative thoughts, and such social disruption could have far-reaching negative (i.e., reactionary) consequences if not anticipated and well managed. Although I think it is undeniable that the drug war associated with the prohibition of psychedelics has had more negative than positive consequences (such as creating much needless human suffering, squandering monetary and other resources in short supply, and wasting many lives) and that the costs of the many casualties of the drug war far exceed any damage likely from misuse of these substances if they were not prohibited, I am not advocating here for psychedelics' open legalization in an uncontrolled fashion, due to all of the complexities involved. However, I do advocate for their appropriate legalization for use within professionally supervised contexts and anticipate this plea may be made stronger when results from the current clinical trials become available.

I also have concern about psychedelics' use in both research and clinical settings, even with professional supervision, if they are administered only under a reductive medical model that does not recognize their larger possible meanings. Strassman (2001), the first to conduct psychedelic studies after the prohibition was lowered in the United States, recently expressed similar trepidation in hindsight to his own groundbreaking work. It is important to recognize that, if psychedelics were to be legalized within appropriate professional contexts (e.g., in which set and setting were optimized and supervisors were trained), it could also indirectly cause the increased percolation of their use among the general population in ways that could bring undesirable consequences. Thus, it would be prudent to begin considering appropriate harm reduction strategies concurrently with the anticipation

of their possible greater unsupervised use and abuse within the general population (e.g., see Jenks, 1995 for a discussion of such strategies).

The prospects for psychedelic research are extremely exciting now. In the immediate future, although approved research actually administering psychedelics may be limited only to large-scale medication trials, humanistic psychologists could pave the way through an increased number of psychedelic studies exploring important areas that do not require active administration of any substances, such as those focused on their ethnopharmacology (e.g., how these substances are beneficially used in indigenous healing settings) and their transpersonal implications (e.g., through studying individuals whose lives have been radically changed by psychedelic use). In addition, humanistic psychologists could participate in the design of medication trials by examining how psychedelics could be best incorporated within psychotherapy, such as developing updated protocols specifying important psychological parameters (e.g., set and setting, including addressing transpersonal set and setting) for their maximum efficacy (see Blewett & Chwelos, 1959, for a classic perspective on psychedelic protocols). These types of studies could be useful in augmenting the medication trials that now are approaching psychedelics as primarily biochemical in their potential healing effects. Finally, exploring psychedelics use for the optimum development of human potential, such as for facilitating spiritual experience or enhancing empathy, would be a very valuable goal for future research.

In my estimation, the recent resurgence in psychedelics' approved research use could herald the singularly greatest change in modern psychology's future. Humanistic psychologists will hopefully not be left behind in this worthy endeavor as a result of antipathy toward all biochemical interventions and, instead, might be encouraged to distinguish between methods that expand, as oppose to constrict, experience and behavior. Especially considering that psychedelics were so important to the beginnings of the humanistic and transpersonal movements, their possible use in research and praxis should be fully supported if further justified by the findings of the exciting research now resuming. Once more, psychology stands at a threshold where harnessing these powerful tools opens vast implications for individual and societal change. In view of all of this, and despite the extremely serious problem of medications being so frequently misused/overused in psychological contexts, humanistic psychologists would do well to consider the possible advantages of gaining psychological prescription privileges. These are implemented now in Louisiana and New Mexico, and expected to spread rapidly throughout the United States. If humanistic psychologists join in this professional movement, then there will be a humanistic voice to advocate for rectifying current psychopharmacological imbalances, such as the overuse of constricting medications, and for embracing a broader view of psychopharmacology's potential usefulness, including the possible use of psychedelics as part of expansive approaches to therapy.



## REFERENCES

- Aaronson, B., & Osmond, H. (1970). Introduction. In B. Aaronson & H. Osmond (Eds.), *Psychedelics* (pp. 3–18). Garden City, NY: Doubleday.
- Aghajanian, G., & Marek, G. (2000). Serotonin model of schizophrenia: Emerging role of glutamate mechanisms. *Brain Research Reviews*, *31*, 302–312.
- Albee, G. (2002). Just say no to psychotropic drugs! *Journal of Clinical Psychology*, *58*, 635–649.
- Barlow, D. (2004). Psychological treatments. *American Psychologist*, *59*, 869–878.
- Baruss, I. (2003). *Alterations of consciousness: An empirical analysis for social scientists*. Washington, DC: American Psychological Association.
- Benedict, R. (1934). *Patterns of culture*. New York: Houghton Mifflin.
- Blewett, D., & Chwelos, N. (1959). *A handbook for the therapeutic use of LSD-25*. Retrieved December 7, 2004, from <http://www.maps.org/ritesofpassage/new/hb.html>
- Bravo, G., & Grob, C. (1996). Psychedelic psychotherapy. In B. Scotton & A. Chinen (Eds.), *Textbook of transpersonal psychiatry and psychology* (pp. 335–343). New York: Basic Books.
- Caldwell, W. (1979). *LSD psychotherapy: An exploration of psychedelic and psycholytic therapy*. Berkeley, CA: Grove Press.
- Check, E. (2004). The ups and downs of ecstasy. *Nature*, *429*, 126–128.
- Clark, W., Lief, J., & Sussman, R. (1975). Psychedelic research: Obstacles and values. *Journal of Humanistic Psychology*, *15*, 5–17.
- Cornwell, B., & Linders, A. (2002). The myth of “moral panic”: An alternative account of LSD prohibition. *Deviant Behavior*, *23*, 307–330.
- de Jonghe, F., Hendrikson, M., van Aalst, G., Gerda, S., Kool, J., Peen, R., et al. (2004). Psychotherapy alone and combined with pharmacotherapy in the treatment of depression. *British Journal of Psychiatry*, *185*, 37–45.
- Dishotsky, N., Loughman, W., Mogar, R., & Lipscomb, W. (1971). LSD and genetic damage. *Science*, *172*, 431–440.
- Dobkin de Rios, M. (1990). *Hallucinogens: Cross-cultural perspectives*. Bridport, UK: Prism.
- Dobkin de Rios, M., & Janiger, O. (2003). *LSD, spirituality, and the creative process*. Rochester, VT: Park Street.
- Doblin, R. (2002). A clinical plan for MDMA (ecstasy) in the treatment of posttraumatic stress disorder (PTSD): Partnering with the FDA. *Journal of Psychoactive Drugs*, *34*, 185–194.
- Doblin, R., Halpern, J., Mithoefer, M., Grob, C., Mojeiko, V., Stamer, J., et al. (2004). *The psychedelic research panel: A vision for the 21st century*. Retrieved December 20, 2004, from <http://maps.org/avarchive/ita16/index.html>.
- Eisner, B. (2002). *Remembrances of LSD therapy past*. Retrieved December 7, 2004, from <http://www.maps.org/books/remembrances.html>
- Ferrer, J. (2002). *Revisioning transpersonal theory: A participatory vision of human spirituality*. Albany, NY: State University of New York Press.
- Forte, R. (Ed.) (2000). *Entheogens and the future of religion*. Thousand Oaks, CA: Pine Forge Press.
- Friedman, H. (1983). The Self-Expansiveness Level Form: A conceptualization and measurement of a transpersonal construct. *Journal of Transpersonal Psychology*, *15*, 37–50.
- Friedman, H. (2002). Prescription privileges: A Pyrrhic victory? *Florida Psychologist*, *53*, 10–11.
- Friedman, H. (2004a). Mad pride about prescription privileges. *The National Psychologist*, *13*(6), 13–21.
- Friedman, H. (2004b). The remarkable resurgence of psychedelic research. *Florida Psychologist*, *55*, 14–15.
- Friedman, H. (2005). Problems of romanticism in transpersonal psychology: A case study of Aikido. *The Humanistic Psychologist*, *33*, 3–24.
- Friedman, H., & MacDonald, D. (2002). Using transpersonal tests in humanistic psychological assessment. *The Humanistic Psychologist*, *30*, 223–236.

- Friedman, H., MacDonald, D., & Kumar, K. (2004, March). Cross-cultural validation of the Self-Expansiveness Level Form with an Indian sample. *Journal of Indian Psychology*, 44–56.
- Gable, S. (1993). Toward a comparative overview of dependence potential and acute toxicity of psychoactive substances used nonmedically. *American Journal of Drug & Alcohol Abuse*, 19, 263–281.
- Gatchel, R. (2004). Comorbidity of chronic pain and mental health disorders: The biopsychosocial perspective. *American Psychologist*, 59, 795–805.
- Green, R., Cross, A., & Goodwin, G. (1995). Review of the pharmacology and clinical pharmacology of 2,3-methylenedioxymethamphetamine (MDMA or Ecstasy). *Psychopharmacology*, 119, 247–260.
- Grinspoon, L. (1986). Can drugs be used to enhance the psychotherapeutic process? *American Journal of Psychotherapy*, 40, 393–404.
- Grinspoon, L. & Bakalar, J. (Eds.). (1979). *Psychedelic drugs reconsidered*. New York: Viking.
- Grof, S. (1980). *LSD Psychotherapy*. Pomona, California: Hunter House.
- Grof, S. (n.d.). *Untitled*. Retrieved October 10, 2004, from [http://www.maps.org/cgi-bin/thatsanorder\\_LE](http://www.maps.org/cgi-bin/thatsanorder_LE)
- Halpern, J. (1996). The use of hallucinogens in the treatment of addiction. *Addiction Research*, 4, 177–189.
- Halpern, J. (2004a). MDMA for cancer-related anxiety and LSD/psilocybin for cluster headaches. *Multidisciplinary Association for Psychedelic Studies*, XIV, 6.
- Halpern, J. (2004b). *MDMA-assisted psychotherapy in advanced-stage cancer patients with anxiety*. Retrieved October 10, 2004, from [www.maps.org/research/mdma/mdmacanceranxietyprotocol.pdf](http://www.maps.org/research/mdma/mdmacanceranxietyprotocol.pdf).
- Jenks, S. (1995). An analysis of risk reduction among organized groups that promote marijuana and psychedelic drugs. *Journal of Drug Issues*, 25, 629–647.
- Krupitsky, E., & Grinenko, A. (1997). Ketamine psychedelic therapy (KPT): A review of the results of ten years of research. *Journal of Psychoactive Drugs*, 29, 165–183.
- Kurtzweil, P. (1995, September). Medical possibilities for psychedelic drugs. *U.S. Food and Drug Administration Consumer Magazine*, n.p. Retrieved December 23, 2004, from [http://www.fda.gov/fdac/features/795\\_psyche.html](http://www.fda.gov/fdac/features/795_psyche.html).
- Ludwig, A., Levine, J., & Stark, L. (1970). *LSD and alcoholism: A clinical study of treatment efficacy*. Springfield, IL: Charles C. Thomas.
- Lukoff, D., Lu, F., & Turner, R. (1998). From spiritual emergency to spiritual problem: The transpersonal roots of the new DSM-IV category. *Journal of Humanistic Psychology*, 38(2), 21–50.
- MacDonald, D., Gagnier, J., & Friedman, H. (2000). The Self-Expansiveness Level Form: Examination of its validity and relation to the NEO Personality Inventory-Revised. *Psychological Reports*, 86, 707–726.
- Mack, J. (1993). Nonordinary states of consciousness and the accessing of feelings. In S. Ablon & D. Brown (Eds.), *Human feelings: Explorations in affect development and meaning* (pp. 357–371). Hillsdale, NJ: The Analytic Press.
- Martin, D. (2004, February 22). Humphrey Osmond, 86, who sought medicinal value in psychedelic drugs, dies. *New York Times*, 25.
- McGlothlin, W. (1985). A chemistry for world peace. *Journal of Drug Issues*, 15, 225–245.
- Mears, F. (2004). A brief history and current use of psychostimulants. *The National Psychologist*, 13(6), 6.
- Merkur, D. (2001). *The psychedelic sacrament: Manna, meditation, and mystical experience*. Rochester, VT: Park Street Press.
- Mithofer, M. (2004). MDMA-assisted psychotherapy in the treatment of posttraumatic stress disorder. *Multidisciplinary Association for Psychedelic Studies*, XIV, 3–4.
- Mojeko, V. (2004). Developing an outcome study of ibogaine therapy. *Multidisciplinary Association for Psychedelic Studies*, XIV, 7–8.
- Morgan, M. (2000). Ecstasy (MDMA): A review of its possible persistent psychological effects. *Psychopharmacology*, 152, 230–248.

- Multidisciplinary Association for Psychedelic Studies. (n.d.). *Research studies*. Retrieved December 20, 2004, from <http://www.maps.org/research>
- Newnes, C. (2004). Psychology and psychotherapy's potential for countering the medicalization of everything. *The Humanistic Psychologist*, *44*, 358–376.
- Nichols, D. (1986). Differences between the mechanism of action of MDMA, MBDB, and the classic hallucinogens: Identification of a new therapeutic class: Entactogens. *Journal of Psychoactive Drugs*, *18*, 305–313.
- Passie, Y. (1997). *Psychoanalytic and psychedelic research 1931–1995: A complete international bibliography*. Hannover, Germany: Laurentius.
- Pletscher, A. & Ladewig, D. (Eds.). (1994). *50 years of LSD. Current status and perspectives of hallucinogens*. New York: Parthenon.
- Riba, J., Rodríguez-Fornells, A., & Barbanj, M. (2002). Effects of ayahuasca on sensory and sensorimotor gating in humans as measured by P50 suppression and prepulse inhibition of the startle reflex, respectively. *Psychopharmacology*, *1*, 18–29.
- Ricaurte, G., Yuan, J., Hatzidimitrou, G., Cord, B., & McCann, U. (2002). The perils of ecstasy. *Science*, *297*, 2260–2263.
- Ricaurte, G., Yuan, J., Hatzidimitrou, G., Cord, B., & McCann, U. (2003). Retraction. *Science*, *301*, 1479.
- Richards, W., Rhead, J., DiLeo, F., Yensen, R., & Kurland, A. (1977). The peak experience variable in DPT-assisted psychotherapy with cancer patients. *Journal of Psychedelic Drugs*, *9*, 1–10.
- Roberts, T., & Hruby, P. (2002). Toward an entheogen research agenda. *Journal of Humanistic Psychology*, *42*, 71–89.
- Rossi, E. (2004). Stress-induced alternative gene splicing in mind-body medicine. *Advances in Mind-Body Medicine*, *20*, 12–19.
- Russell, D. (1998). *Shamanism and the drug propaganda: The birth of patriarchy and the drug war*. Camden, NY: Kalyx.
- Sauna, V. (1995). "Prescription privileges" vs. psychologists' authority: Psychologists do better without drugs. *The Humanistic Psychologist*, *23*, 187–212.
- Smith, A., & Tart, C. (1998). Cosmic consciousness experience and psychedelic experiences: A first person comparison. *Journal of Consciousness Studies*, *5*, 97–107.
- Smith, H. (2003). *Cleansing the doors of perception: The religious significance of entheogenic plants and chemicals*. Boulder, CO: Sentient Publications.
- Smith, H., Grob, C., Jesse, R., Bravo, G., Agar, A., & Walsh, R. (2004). Do drugs have religious import? A 40-year retrospective. *Journal of Humanistic Psychology*, *4*, 120–140.
- Spartos, C. (2004, March 10). The ecstasy factor: Bad science slandered a generation's favorite drug.... *Village Voice*. Retrieved June 23, 2004, from <http://www.maps.org/media/vv031004.html>
- Stolaroff, M. (1997). *The secret chief: Conversations with a pioneer of the underground psychedelic therapy movement*. Sarasota, FL: Multidisciplinary Association for Psychedelic Studies.
- Stolaroff, M. (1999). Are psychedelics useful in the practice of Buddhism? *Journal of Humanistic Psychology*, *39*, 60–80.
- Strassman, R. (1984). Adverse reactions to psychedelic drugs: A review of the literature. *Journal of Nervous & Mental Disease*, *172*, 577–595.
- Strassman, R. (2001). *Where to with psychedelic research?* Retrieved December 20, 2004, from <http://leda.lycaeuum.org/?ID=16881>
- Tart, C. (1972). States of consciousness and state-specific sciences. *Science*, *176*, 1203–1210.
- Victor, B. (1999). Transpersonal psychiatry and psychopharmacologic practice. *Psychiatric Annals*, *29*, 465–468.
- Walsh, R. (1993). The transpersonal movement: A history and state of the art. *Journal of Transpersonal Psychology*, *25*, 123–139.
- Walsh, R. (2003). Entheogens: True or false. *International Journal of Transpersonal Studies*, *22*, 1–5.

Wilber, K. (1979). Eye to eye: Transpersonal psychology and science. *ReVision*, 2, 3–25.

Williams, L. (1999). *Human psychedelic research: A historical and sociological analysis*. Unpublished thesis, Cambridge University. Retrieved November 20, 2004, from [http://www.maps.org/docs/psyche.html#\\_ftn2](http://www.maps.org/docs/psyche.html#_ftn2)

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