

This is an Accepted Manuscript of an article published by Taylor & Francis in Interdisciplinary Science Reviews on June 8, 2022, available at:
<https://doi.org/10.1080/03080188.2022.2075199>.

Mysticising medicine: incorporating nondualism into the training of psychedelic guides

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Today, practitioners of contemporary psychedelic medicine are faced with a unique challenge: supporting clients in integrating transpersonal and mystical experiences within a paradigm based on a materialistic, reductionist, and dualistic understanding of reality. Operating on assumptions of pathology and problem-solving, the Western medical model often lacks the theoretical basis to make sense of and integrate the full potentiality of psychedelic medicine. Nondualism can offer an alternative guide to engaging with and transmuting the beliefs and traumas that lie at the root of paradigms based on assumptions of separation. These frames can be deeply resourcing for both psychedelic guide and client. This article explores the challenges and limitations of the modern Western paradigm, as well as possibilities for how nondualism could be incorporated into future training of psychedelic guides.

Keywords: psychedelics; psychedelic-assisted therapy; somatics; trauma; transpersonal psychology; mysticism; nondualism; psychedelic therapy

Introduction

The premise on which this article is based is that the implicit ontological frameworks and corresponding assumptions that surround the blossoming emergence of contemporary psychedelic medicine¹ are a force that impacts clients, patients, practitioners, and the future shapes of the field itself. The fruiting of legal psychedelic therapies comes with a series of opportunities – increased accessibility, drug policy reform, effective treatment for a variety of illnesses – and challenges, among them the

¹ The use of ‘psychedelic medicine’ as opposed to ‘psychedelic therapy’ here is deliberate.

‘Psychedelic therapy’ occurs within the framework of allopathic medicine. ‘Psychedelic medicine’ is used to imply an alternative, holistic framework that includes not only conventional medical approaches, but also is broad enough to be inclusive of indigenous approaches to working with psychedelic substances.

difficulty in supporting users of psychedelic medicine in integrating transpersonal and mystical experiences within a paradigm that divorces matter from meaning. The argument made in this article is that the incorporation of nondualism into the training of psychedelic guides² could more effectively potentiate the healing opportunities available in psychedelic medicine.

The Promises and Challenges of Contemporary Psychedelic Work

The publication of Michael Pollan's *How to Change Your Mind* (2018) marked one of a series of watershed moments in the emergence of contemporary psychedelic medicine. Selected as one of The New York Times Book Review's best books of 2018, Pollan's book hailed a shift in the tide of the public perception of psychedelic medicines. Substances which had been cast aside in the face of the United States' War on Drugs³ have cautiously been re-introduced into the West via clinical research trials using MDMA to treat PTSD (Jerome et al 2020, Mitchell et al 2021, Sessa 2017) and psilocybin in addressing end-of-life anxiety (Griffiths et al 2016; Grob et al 2011, Shelton and Hendricks 2016). The research on these medicines has shown such promise that the Food and Drug Administration designated MDMA a 'breakthrough therapy' in

² There are many words which are used to describe the person who holds space and facilitates a psychedelic experience: guide, therapist, sitter. The use of 'guide' is a deliberate attempt to distinguish the unique role of psychedelic space-holding as different from that of traditional psychotherapist.

³ Drugs being, of course, a misnomer given that the 'War on Drugs' has historically been 'part of the system of social control targeting low-income black and Latinez communities' (Rosino and Hughey 2018, 849).

2017, followed by psilocybin in 2019⁴. Research on the efficacy of other psychedelic substances including LSD (Gasser et al 2014), ibogaine (Brown and Alper 2016; Noller, Frampton, and Yazar-Klosinski 2017), and ayahuasca (Thomas et al 2013) shows that psychedelic medicine is once again visibly emergent in mainstream Western culture⁵.

To those working with trauma, advances in psychedelic medicine bring promises of relief from suffering. At the same time, the blossoming of psychedelic-assisted therapy also brings to the forefront a series of challenges. Historically, the use of these medicines can be found in indigenous and First Nations people around the world interwoven within ritual contexts. Lineages of practice making use of these medicines for the healing of individuals and groups exist in some of the earliest known forms of human religion (Bourzat 2019). Up until recently, legal applications of psychedelics fell under the purview of scientific research and the religious use of certain groups as sanctified by the Religious Freedom Restoration Act. Yet in the past few years, numerous United States cities have decriminalized certain psychedelic substances.

Up until this point, much of psychedelic medicine outside of indigenous and First Nations use has been conducted in extra-legal settings, which may lack safety,

⁴ Breakthrough therapy designation is an expedited drug development pathway in the FDA. To be eligible, the drug or substance in question must be intended for a serious and/or life-threatening condition, and show significant advantage in its applications over the other existing drugs available for treatment.

⁵ This is to say nothing of the many lineages of indigenous practices which have existed for thousands of years, surviving the forces of colonialism and capitalism while hidden from mainstream view.

accountability, visibility, and transparency⁶. As psychedelic medicine becomes increasingly the prerogative of the medical world and a scientific frame, it seems likely to yield a new set of standards regarding best practices. Yet as a field, the paradigm of Western science also contains biases and shadows, areas of unconsciousness that lie outside awareness. Western science is based on assumptions of reductionist materialism, rationalism, and observer objectivity. Reductionist materialism argues that only the material is truly real, and that science can go about making sense of and understanding phenomena by breaking them down to the most primary components of matter as atoms and molecules. Rationalism divorces knowledge from sensibility, arguing that reason trumps experience as the foundation of scientific truth. Observer objectivity, or observer independence, is the assumption that the observer lies outside of the research being conducted and is distinctly separated, and thus does not impact the research she/he/they conducts.

These orientations stem from a foundational pillar of the scientific paradigm: the assumed separation of mind and body, called mind-body dualism or Cartesian dualism. The basic premise of dualism is that reality can be divided into two fundamentally separate parts. Today this is reflected in the assumptions of inherent division between mind and body, rationality and feeling, spirit and matter, and human and nature. Dualism is the belief that 'I' am separate from 'him/her/them'. The human self is understood to be distinct, a consciousness and being which exists outside implied relationship with 'the other'.

⁶ This is not to imply that indigenous and First Nations settings may not suffer from similar challenges.

Dualism pervades modern thought, regardless of whether in any given culture there is an implicitly dualist or nondualist theoretical orientation. While dualism itself is not inherently problematic, it can quickly become the logical foundation for systems of oppression (Plumwood 1993). The cleaving of the connection between assumptions and understandings of ‘self’ and ‘other’ lies at the heart of systemic oppression. Dualistic assumptions of self and other justify white supremacist thinking, violence against women, and exploitation of the earth (McCarroll 2020).

Parts of the history of the field of Western medicine are reflective of how a dualistic orientation can be taken and used with the intention of oppression. In her book *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2008), author Harriet Washington scribes a haunting documentation of the history of exploitation of black Americans in the name of the development of medicine. From violent experimentation on black female slaves leading to the advent of modern gynaecology, Washington illuminates the darkest of shadows in medicine: the horrific abuse of those populations defined as ‘other’ by the wealthy, white-body elite. This phenomenon is not only historical: racial and ethnic disparities in medicine are still enormously prevalent today. Black women are two to three times more likely to die from pregnancy-related causes than white women (Peterson et al 2019). Race-based discrimination renders a body more susceptible to disease (Clark et al 1999; Mays, Cochran, & Barnes 2007). This is not to say that every dualist is a racist – there are many good practitioners of medicine holding dualistic worldviews who do not cause harm – but rather, that at its theoretical base systemic oppression divides self from other based on skin colour.

Would the founder of modern gynaecology have been able to physically restrain his black slaves and slice into their genitalia unanaesthetised (Washington 2008) had he

not thoroughly believed in the superiority of his skin colour and the inherent badness, the innate less-than-humanness of blackness? What kind of deeply inculcated belief system would be required to proliferate such violence? Was he truly an independent observer, conducting scientific research in the name of medicine? The Hippocratic oath calls upon practitioners of medicine to *do no harm*. What level of distrust would have to be placed in the sensate experience of the body to privilege rationalizations of white-body superiority over the shrieks of pain and terror of the women this man tortured?

This is an extreme example, intended to illuminate the trauma that unconsciously held beliefs can inflict in the name of science. Observer independence privileges the doctor or the researcher as the holder and sole creator of knowledge, ignoring the co-emergent field between doctor and patient. Through this lens, illness and disease become problems to be solved with sutures and pills. Symptomology rich with possibility is pathologized in the name of the abject truth of material reality.

For instance: in the realms of mental health, depression and anxiety are commonly pathologized within Western medicine. A symptom is an indicator that something is wrong which needs to be fixed. Psychiatric drugs are prescribed with the intention of masking or stifling symptoms altogether. This can be quite helpful when a person is in crisis and can create some psychic distance from an experience that is beyond a person's capacity to regulate. Yet when taken day in, day out, the impetus to engage in deeper layers of psychotherapeutic work often fades as symptoms abate. By orienting to mental health challenges as pathology, the underlying reasons behind symptoms are invalidated as signifiers of badness, a person's experience of distrusting their sensate and bodily experience is reinforced, and the whole paradigm of materialism reasserts itself. The body is cast out into the realm of dead matter, with no inherent wisdom to offer.

In general⁷, the pathologizing and stigmatization of trauma and mental health challenges ultimately undermine the full healing called for by these wounds. Here, *trauma* is an ‘an experience, series of experiences, and/or impacts from social conditions that break or betray our inherent need for safety, belonging, and dignity’ (Haines 2019, 75). Trauma can be individual, cultural, collective, or intergenerational in nature. Trauma can present as a multitude of symptoms, including anxiety, depression, and addiction. When these symptoms are relegated to material problems, the underlying invitations toward healing are missed. What if trauma was not something to be fixed with a pill, but rather indicative of a natural healing response in a person’s system? What if these responses were held in a container that understands healing as a sacred process that often involves pain? It is important here to distinguish between the ‘clean pain’ of healing and growth, and the ‘dirty pain’ of ‘avoidance, blame, and denial’ (Menakem 2017, 19-20). What if trauma was framed as an opportunity for growth?

The intention here is not to denigrate the paradigm of Western medicine and science in its entirety, but rather to show the limitations of certain assumptions and the implications of those limitations. At the heart of the emergence of contemporary psychedelic medicine lie the shadows of dualistic Western thought, cast into harsh relief. In illuminating them also lie abundant opportunities for change. As a meeting of the fields of medicine and psychology, psychedelic research today has a unique opportunity to reframe and rethink some of these assumptions.

The crux of the container of current psychedelic work is the relationship between psychedelic guide and client. While a client’s experience of a psychedelic

⁷ There are of course, exceptions to any generalization. For some people a pathologizing diagnosis can be a trauma, for others a liberating validation of their experience.

journey is pivotal, contemporary psychedelic research has also shown the profound impact of *set* and *setting*. The concept of set and setting first emerged in psychedelic research during the 1960's, and holds:

That the effects of psychedelic drugs are dependent first and foremost upon set (personality, preparation, expectation, and intention of the person having the experience) and setting (the physical, social and cultural environment in which the experience takes place). (Hartogsohn 2017, 1)

Set and setting play an essential role, so much so that contemporary researchers have argued that 'the therapeutic action of psychedelics is *fundamentally reliant on context*, both in the psychological and environmental sense' (Carhart-Harris 2018, 725). Today, the theory of set and setting 'suggests a complex interplay of variables that shape how individuals subjectively experience and interpret the changes in consciousness induced by psychedelics. Furthermore, the influence of set and setting may extend to how individuals integrate these experiences into daily life' (Neitzke-Spruill 2020, 3). Set and setting matter immensely.

While the import of set and setting is extended to the client under the influence of a psychedelic medicine, less obviously is it granted to the psychological mindset or the ontological framework of the guide facilitating the session. While it is obviously the ethical prerogative of any guide not to exert undue influence on a client by impressing their own framework of understanding, the question must be asked: what if not only the expectations, motivation, intention, and attention of the client affected the outcome of an experience, but also these same phenomena as they live in the embodied experience of the guide?

There are several biases which could be contributing to overlooking this possibility. First, the underlying paradigmatic assumption of observer independence that lies in the background of the practice of psychotherapy. Sigmund Freud, the progenitor

of the field of modern psychology set the underlying frame when he said: ‘the doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him’ (Freud 2012, 153). Yet the doctor or in this case, the guide, comes to the healing relationship with their own lens, their own assumptions, their own unconscious material. Today, psychology lends more flexibility to the impact of the therapist’s own personal material in terms like *countertransference*, as well as in contemporary understandings of a co-created therapeutic field and a multiplicity of selves who are co-constructed in relationship (Salgado and Hermans 2005). Yet the dominant flavour of the healing relationship, whether medical or psychotherapeutic, is one in which the doctor, guide, or therapist is the expert and the holder of knowledge. This situates the guide as part of the container in which research is being conducted, rather than an agent of influence whose participation might affect research outcomes.

The second paradigmatic bias at play is that of materialism. While it is understood that the psychological state, intentions, and mindset of the client influence a psychedelic experience, once again the potential impact of the guide is ignored. Expanded state and psychedelic work is marked by the porousness, openness, and suggestibility of the client in question. It seems an obvious conclusion that a guide’s own psychological state would potentially affect a client’s experience: a guide in an overt state of distress, anxiety, anger, or agitation would likely have an obvious impact. Yet this must be extended a step further: *what if the underlying ontological assumptions a guide makes about the nature of reality create, limit, or further potentiate a client’s psychedelic experience? What if those same assumptions also affected a client’s subsequent process of integration?* A guide’s assumptions are at play, no matter their ontological orientation. Yet psychedelic medicine, by virtue of its role in medicalising

mysticism (“Medicalizing Mysticism: Religions in Contemporary Psychedelic Trials” 2020), wades into the relationship between mystical experience and Western science.

Medicine and Mysticism

The inclusion of mysticism within the realms of science is not without controversy. A recent article titled ‘Moving Past Mysticism in Psychedelic Science’ (Sanders and Zijlmans 2021) stated: ‘the current blend of mysticism and science in psychedelic research risks damaging the credibility and potential of psychedelic science’ (1255). Others assert that the inclusion of mystical ontological orientations constitute an inappropriate inclusion of a guide’s religious or spiritual beliefs (Johnson 2021). The aim of this article is not to assert that beliefs that lack empirical grounding should be inserted into any form of scientific research. Rather, it is an argument for the incorporation of nondual philosophy into the training of guides, on both theoretical and experiential levels. Clients of psychedelic medicine are having mystical experiences. Guides without sufficient training in nondual philosophy and practice may lack the capacity to support their clients in integrating the nondual phenomena which may arise during a mystical experience. Clients may subsequently not be adequately supported in integrating the full potential of their experience. Any education around nondual philosophy would necessarily include the potentialities of nondual frames, as well as their pitfalls and historical shadows.

Mysticism’s hallmark is that of the direct experience of contact with the divine as a numinous and ineffably undefinable energy. Distinct from religious experiences that are marked by the presence of dogmas, rituals, mediators, and the shadows of the cultures out of which they arise, mysticism remains an entity unto itself and yet at the same time is said to be the ‘root and centre’ (James 1902/1985, 309) of all religions. Religious scholar Jeffrey Kripal (2001) says that:

One of the defining features of the mystical life is its collapsing of the inside and the outside, a kind of fusion or boundary crossing that recognize no ultimate differentiation from the rest of the universe, be it naturally or culturally defined.

(xii).

While mystical experience is a diverse body of phenomena that can include a broad variety of experiences (many of which are dualistic in nature), the aspect of mystical experience focused on in this article is that of *nondualism*.

Nondualism is a difficult word to even define because language inherently relies on the ground of perceiver (the reader) and perceived (that which is read), and at its core nondualism negates assumptions of separation between the two. In addressing concepts like nondualism the parables of the Buddha are a useful example. It is said that the Buddha reminded his followers that his teachings are much like a finger, pointing at the moon. Like language, a finger can be used to point directly at the moon but can never touch the moon itself. The same goes for addressing nondualism: while language can be skilfully used as a tool to point out or point towards, it can never touch the fullness of the experiential reality itself.

While the connection between psychedelics and mystical experience is well-documented (Griffiths et al 2006, Griffiths et al 2011), what remains obscured from view is the possibility that potentiating psychedelic experience within a model of materialistic reductionism creates a series of biases that define the nature of ‘the real’ in the background. These metaphysical assumptions create a framework that both simultaneously serves and limits the integration and digestion of experience. When the training of the guide is grounded in assumptions of observer objectivity and materialistic reductionism, those biases cannot but be present in the conscious and unconscious ways in which a guide affirms, denies, validates, and supports a client in preparing for, navigating through, and integrating psychedelic work.

This is not at all to say that nondualism is without its own biases and shadows. Taken to extremes, nondualism can lead to spiritual bypass. *Spiritual bypass* “occurs when [people] seek to use their spiritual beliefs, practices, and experiences to avoid genuine contact with their psychological ‘unfinished business’” (Cashwell, Bentley, and Yarborough 2007, 139). This can arguably be extended out significantly further than a person’s unmetabolized psychological material into the realms of patterns of transcendence that ultimately reify dualistic separations between mind and body and ignore, deny, or dismiss the pain and suffering of the bodied experience of immanence. At the same time, nondualism has gifts and possibilities to offer, and its dismissal from the framework of mainstream Western medicine may be denying powerful opportunities for healing for those clients of psychedelic medicine exploring the realms of nondual experience.

What if, as part of the training of guides, an educational immersion into the framework of a selection of nondual wisdom traditions was included? The adequate training of guides must include psychoeducation and the development of awareness of positionality and power. In the same way, for a guide to truly be able to meet a client in the transpersonal and the mystical, they might benefit from a grasp on the frameworks that underlie classifications like the Hood Mysticism Scale, the Mystical Experience Questionnaire, and the Altered States of Consciousness Questionnaire. Ethical practice as guides includes an awareness of one’s scope of practice. As psychedelic medicine becomes increasingly mainstream, it will become the ethical duty of those wading in the mystical waters of psychedelic experience to be appropriately prepared to engage in realms that defy Western logic and challenge fundamental assumptions of ‘good’ and ‘bad’.

It is worth noting here the unusual connection between mystical experience, trauma, and ethics. Work in psychedelic states contains unique ethical challenges that a guide must be aware of. Clients in an expanded state of consciousness are more porous and open, highly suggestible, and deeply vulnerable. A guide must be aware of this reality and correspondingly, be mindful of how their own stance in any given moment might affect their client. Not only that, but repressed and undigested traumas are likely to surface in such containers. For a guide to be in integrity, they must have sufficient training in how to recognize, respond to, and address trauma as it emerges in psychedelic space. Trauma and mystical experience are similar in the sense that both result in ‘the subject’s encounter with nothingness’ (Ataria 2016, 331). Mystical experience and trauma have a correlative relationship: “in many cases the mystical event... appears to have been ‘let in’... through extreme physical, emotional, and/or sexual suffering, that is, through what we would today call in our new psychological code ‘trauma’” (Kripal 2015, 155). This is not to say that mystical experience directly implies an underlying trauma, but that there is a complex relationship that must be considered in thinking about any kind of formal training including mystical states. Training in nondual and mystical experience must be trauma-informed.

To pile on top of these considerations, one of the fundamental aspects of mystical experience is that its relationship to morality is complicated (Kripal 2017). Mystical experience, by definition, transcends cultural expectations and ethical mores. Distinctions between good and bad cease to exist when all dualities dissolve in the face of an underlying unity of experience. A client in such states may lack any sense of boundaries. As such, a guide must not only negotiate clear boundaries as part of the preparatory process, but maintain them impeccably during the journey as part of a strong and safe container.

The Potential Answer of Nondualism

Historically, nondual traditions of practice have included various forms of Buddhism, Taoism, Indian Tantra, and cosmologies from indigenous and First Nations peoples. Etymologically speaking, the word *nondual* comes from the prefix ‘non’, used to express negation, and ‘dual’, meaning two. Where monistic beliefs systems assert the primacy of one underlying unity – a monocular view that denies multiplicity and negates the radical diversity of the world – nonduality differs. Nonduality connotes not only a singularity, but by asserting ‘not two’, also leaves room in the other direction: the multiplicity of the many. The one in the many, and the many in the one. Nondual orientations are frameworks which organize around the principles of interdependence and interconnectivity.

It remains important to be aware of the historical context of these traditions, and not to attempt to divorce the circumstances in which they arose from the practices a given tradition contains. Take for example, the transgressive practices of the historical cults of the *yoginīs*: the worship of wrathful, semi-divine female figures by wandering ascetic renunciates in classical India out of which some of the contemporary understandings of Tantra as an orgiastic cult of hedonism are founded. The worship of the *yoginīs* included ritualized sexual copulation, the drinking of seminal or vaginal fluid, and the use of skull cups, practices that would likely be considered transgressive today (White 2003). Lost from mention is the original intention of the practices: to support the practitioner in transcending their egoic and limited understanding of self as shaped by cultural mores of the time. The worship of the *yoginīs* also included drinking wine and eating meat, two practices that, while taboo and countercultural in Brahmanical India, many people would not think twice about engaging with today.

It is necessary to develop a balanced view of historical wisdom traditions such as Tantra and the *yoginīs*, understanding both the fruits and the pitfalls. While it is an

easy temptation to idolize foreign or historical traditions as ‘the answer’, this tendency towards xenocentrism is fundamentally unhelpful, as it negates the very real shadows and challenges of these traditions. When these are ignored or swept over, they can be unconsciously perpetuated, tending to cause harm in the very places in which a tradition’s wisdom is brought in to heal.

At the same time, traditions must necessarily evolve over time to remain applicable to the needs of the people and place that they serve. Many religious traditions today, both dualist and nondualist, perpetuate incredible suffering and harm because of a rigid adherence to dogma with total disregard for impact of outdated beliefs, particularly those regarding women, people of colour, those differently abled, and queer folk. Here lies a tension point between continuity and applicability: how much does a lineage have to retain of itself to be recognizable as a lineage of continuity over time? How to honour the important themes and lessons that might emerge from various schools of nondualism without essentializing the traditions themselves? For traditions of practice to remain relevant today, they must necessarily be updated to be reflective of modern understandings around neurodiversity, queer theory, and systemic oppression. If they do not ‘stay woke’, they will become tools that uphold oppression in its most violent forms.

Turning to historical Tantra again: the word ‘Tantra’ is reflective of Western imagination, referring to an amalgamation of practices loosely based around the Hindu god Shiva. The various schools of practice were quite disparate in theory and in practice, some being dualist and others nondualist in orientation. It is only through the retroflected Western gaze that ‘Tantra’ is defined as such (Padoux 2017). Would an indigenous practitioner of *ayahuasca*, working with an indigenous framework, say that they are offering the same kind of work as MDMA-assisted psychedelic psychotherapy

in a medical clinic? Is a guide with clinical training in psychoanalytic psychotherapy offering the same psychedelic therapy as a guide focused on Internal Family Systems? It seems likely not, yet today the field of psychedelic medicine is assumed to be a field with some kind of homogeneity, while players with less power and visibility struggle to define themselves.

Much like the history of Tantra, it seems possible that years from now, from a state of retroreflection, what is emergent in the field of psychedelics today will become clear. Historical Tantra struggled with similar challenges, and over time it became a deodorized, sanitized, Brahmanicized version of the radical and transgressive practices of the *yoginīs* (White 2003). Nondualism, with its emphasis on interconnectedness and interdependence, can in thoughtful contemporary forms be an answer to the forces of capitalist patriarchal culture that currently look to commodify and profit off psychedelic medicine. This is not to say that nondualism is ‘the’ answer, only that it may serve a balancing function to the dominant cultural forces today. Nor is it to say that one should reduce long traditions of practice via essentialization. Rather, guides should be well versed in nondualism as a broad theoretical concept, but more importantly should be given opportunities for experiential learning.

In an ideal scenario, education in nondualism for psychedelic guides would be both theoretical and experiential. Theoretical education could include a survey of world religion and the development of religious literacy, particularly as it pertains to mystical experience. Specialized study in one religious tradition might serve an integral function, allowing guides to familiarize themselves in one system in depth – an apprenticeship approach of sorts. Experiential education could include legal psychedelic experience in overt religious or spiritual containers. For those unable to work with psychedelics or in situations where psychedelics remain illegal, other forms of expanded state work

including vision fast, drumming, breathwork, dancing, and group work would be alternatives.

As it is incorporated into the emergent field of psychedelic medicine, nondualism must be read through a lens that incorporates trauma-informed psychology, somatics, and social justice to remain applicable to the challenges that face the modern world. The deconstruction of systemic oppression is essential to any form of integrated healing today. Put forth in the remainder of this section are several basic tenets that could serve as future teaching points onto which the training of guides in mystical experience and nondualism could occur. These tenets are drawn from a variety of sources, heavily influenced by the author's own background in somatic psychology, nondual Hindu Tantra, and social justice. At the same time, this is not an exhaustive list, merely a first stab at theoretical concepts that could be incorporated into the education of guides.

Tenet 1: Everything is Connected

Nondual views are united in their theoretical assertions of the underlying unity of all phenomena. In the historical Tantric view, 'all that exists, has ever existed or will ever exist, is one infinite divine Being, free and blissful, whose body is the universe and whose soul is consciousness' (Wallis 2012, 56). Nothing lies outside of reality as the ultimate "everything", yet the nondual ultimate is simultaneously populated with enormous variegation and diversity. Human beings are a part of and participating as co-creators in the unfolding evolution of the cosmos.

In Buddhist philosophy this is *paṭicca samuppāda*, the doctrine of dependent co-arising (Macy 1991). In Hindu mythology the story of Indra's net, an infinitely large and ever-expanding web of threads reflects this principle of interconnectivity. Zen Buddhist teacher Thich Nhat Hanh calls this same phenomenon *interbeing* (Hanh 2020).

Drawing on quantum physics, feminist theorist Karen Barad describes this entangled interconnection in the following way: ‘matter and meaning are not separate elements. They are inextricably fused together, and no event, no matter how energetic, can tear them asunder’ (2007, 3).

It is not possible to talk about interconnectedness without making note of the ego. In Sanskrit the ego is called the *ahankāra*, the ‘identity-maker’ (Wallis 2013, 130). The ego is what a person thinks oneself is, what one self-identifies as. The ego supports a person in identifying the bus barreling down towards them in the street as separate – ‘I am not that’ – and in recognizing difference, a person might then choose to step aside. Dualism, dividing things into two fundamental components, is essential for categorizing and making sense of the world, for developing a construct of selfhood that can think and participate differently than the family one grows up in or the culture one exists in.

From a Tantric perspective (Wallis 2013), people move through the world constantly reifying their sense of self that is limited, based on an understanding of separation. This conditioning exists on very subtle levels that can be quite unconscious and beyond awareness, and on levels that are conscious to the individual. Inherently, human beings are attached to a view of themselves as good. No one wants to think of themselves as ‘bad’ or as causing harm. Value judgements are assigned to these attributes of consciousness, and often, projected out onto the other as unresolved shadow material: ‘I’m not like that person. I’m different. I’m separate. I’m not bad/wrong/different like they are.’ This is obviously, a simplistic assessment, but these beliefs of separation are often part of the justification of harm and violence against ‘the other.’

Psychedelics are known for their capacity to reduce activity in the part of the brain known as the Default Mode Network, the zone associated with ego activity (Virdi

2020). The value of psychedelic work lies in not only in the capacity to support the identification of ego-based beliefs of separation (Carhart-Harris 2014), but also the unwinding of these constructs as they live in a person's embodied experience. Nondual frames can make room for an increased acceptance of shadow material by normalizing its existence as a fundamental and unavoidable aspect of reality. This may subsequently allow for an increased possibility of transmutation of said shadow material. When potentiated within a nondual frame, psychedelic medicine can support an integrated sense of self, one in which personhood is a fundamentally interconnected part of a larger web of life.

To assert the interconnectedness of all phenomena is also to take a strong stand for the deconstruction of beliefs such as white body supremacy, misogyny, homophobia, ableism, classism, and the other various 'isms' that perpetuate violence and harm in the world today. When interconnectivity and interdependence are embodied in the view of a guide via rigorous theoretical training and experiential practice, the principles of interconnectivity and interdependence are subsequently more likely to be reflected in how the guide constructs the container of psychedelic medicine. To have a container oriented in such a way might support a client in the developing awareness of how these beliefs are shaped, how they perpetuate harm, and allow a non-judgmental space for their healing.

Tenet 2: Self as Self-in-Relationship

In the language structures of the West, 'terminology is used to define the boundaries of our knowing. What lies beyond our grasp remains unnamed' (Kimmerer 2017, 128). The shift in orienting to a nondual frame here is from the colloquial understanding in Western language of a noun as a static form towards noun as *a way of describing*

relationship. Etymologically, the word *noun* shares roots with the word *name*. To name something implies the one who does the naming. Perceiver and perceived dependently co-arise in relationship to each other. When a noun is a way of describing a relationship, it reflects the interconnective web behind, between, and pervading all phenomena that is found in nondual thought. Echoing what biologist Robin Wall Kimmerer (2017) calls ‘the grammar of animacy’, another way of saying this is that noun and verb co-arise. The word ‘I’ implies ‘am’, as ‘am’ implies ‘I’. A human self is not only an entity defined by borders of separation – a skin suit filled with blood and bones – but a co-created field of relationship, perpetually in a process of unfolding and negotiation.

Offering this kind of framing can be enormously empowering for both guide and client. To understand that the self is always in process is to make room for the inevitable mistakes and missteps that are bound to occur as humans. To weave these inevitabilities into a frame that posits that relationship is always being negotiated, boundaries explored and redefined in any given moment, empowers both guide and client to reflect on their personal growth edges with compassion and acceptance of personal limitation. Not only that, but it allows for the possibility of exploring novel expressions of self with an integrated awareness of shadow material in the healing relationship and in the world. To assert interdependent co-arising by virtue of language is to chart course for a broader understanding of the fields of relationship in which guide and client are inherently woven.

Tenet 3: The Power of Paradox

The symbol of the Ouroboros, a snake depicted biting its own tail, can be first traced to the ancient Egyptians of the 14th century B.C. It is considered representative of the cyclical and alchemical nature of all things: life, death, rebirth. Reflected in contemporary understandings of living systems theory (Capra 1996), the Ouroboros

symbolizes the cyclical nature of time and space. Cyclical loops like living systems imply a deeply ecological view, one in which ‘objects are suffused with and surrounded by mysterious hermeneutical clouds of unknowing’ (Morton 2016, 6). Moving away from a linear orientation in which life is bookmarked by birth and death, nondualism leans into the interconnectivity of all phenomena and understands death as a source of rebirth. This is an inherently cyclical understanding of existence.

When everything is interconnected, encounters with seemingly antithetical or unbelievable phenomena co-existing together are framed as an opportunity to grow and develop. What if, not only circular in nature, the image of the Ouroboros was also a Möbius strip: a geometrical shape that appears to be two-sided, but in fact is one contiguous strip (McCarroll 2020)? Paradox is the meeting point of the two sides at the horizon of the view of the perceiver. It is the limited view of the perceiver that creates an optical illusion. Assuming a nondual universe, paradox is an opportunity to expand limited understanding, an invitation for reconciling two antithetically defined yet intrinsically connected phenomena.

In the training of guides or in working with expanded states, encountering paradox can be framed as a profound opportunity to learn. To invite two seemingly opposing views into relationship while working in an expanded or psychedelic state is to invite a practical path out of the various traumas of living in a hierarchical and dualistic world. The power of paradox invites ever-expanding circles of inclusivity in which a multiplicity of truths can co-exist.

Conclusion

Contemporary psychedelic medicine is poised to revolutionize how the medical paradigm orients to, treats, and engages with the concept of ‘health’. As psychedelic experience becomes increasingly the prerogative of the mainstream, clinicians,

facilitators, and guides may encounter in larger numbers the limitations of the Western paradigm in fully potentiating and integrating the healing possibilities of psychedelic medicine. Is it possible that in the training of future guides, a deeper education in nondualism could be included? In a time of so much emergence, development of best practices in the training of psychedelic guides is a conversation currently unfolding. Certain parameters are well-accepted: appropriate education in a psychotherapeutic or healing modality; an instilled sense of ethics including appropriate sexual boundaries, confidentiality and informed consent; and training and education on contraindications and medical emergencies. It is reckless not to equip guides well, to train them not only in the ethics of guiding and protocols for physical safety, but also to furnish their minds with principles of openness and receptivity and empower them with an embodied sense of curiosity, humility, and self-reflexivity.

In the West today, the underlying assumptions of materialistic reductionism and observer-independence colour the frame in which psychedelic medicine is potentiated. It is possible that offering to guides alternative ways of conceptualizing their work, organizing their containers, and orienting themselves might be supportive to the healing work of their clients. While psychedelics are not a magic pill – they can be weapons of oppression as easily as they can be tools of liberation – psychedelic medicine holds enormous potential on a variety of fronts. As the field of psychedelics continues to unfold, it is imperative that the training of guides be continually updated and refined to be in alignment with the most current understandings of the time and place, understanding that any system or field of practice reflects not only the shadows of the individuals involved but the larger cultural shadows in which it is situated. Mystical experience and its nested egg, nondualism, are phenomena that often seem to stand in paradoxical opposition to contemporary accepted scientific theory. To incorporate

training in mystical experience for guides would necessarily involve looking critically at historical traditions of practice to see both the insights they might offer and the unmitigated shadows of place-based oppression that might still be playing out. As the Ouroboros folds over, as the snake bites its own tail, is there room for the paradigm and the frames in which psychedelic medicine is potentiated to stretch, expand, and grow?

Declaration of conflicting interests

The author declared no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

Acknowledgements

The author wishes to thank the two anonymous reviewers for their support in the editing of this article.

Biography

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