

The Variations of 5-MeO-DMT Mystical Experiences and Considerations for the Future

Dr. Joseph Barsuglia
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Personal Background

- Research Psychologist:
 - **Crossroads Treatment Center:** Former Clinical Research and Program Director for (Ibogaine + 5-MeO-DMT Addiction and Psychospiritual Programs) 1000+ patients
 - **The Mission Within (Non-Profit):** Research Director for Military Veteran's program using Ibogaine + 5-MeO to treat Traumatic Brain Injury and Post-traumatic Stress Disorder **www.missionwithin.org**
 - **New School Research, LLC:** Sub-Investigator/ Psychotherapist in MAPS Phase 3 Study of MDMA-Assisted Psychotherapy for Post-traumatic Stress Disorder in Los Angeles
 - Peer-Reviewed Publications/Presentations on 5-MeO-DMT and Ibogaine
- International Facilitator
- Former Christian pastor, spiritual director
- **Terra Incognita:** Board of Directors, advisor for Scientific and Conservation Projects
- Personal contact & published research - www.josephbarsuglia.com

Main Points

- (1) Importance of the mystical experience for humanity
- (2) The mystical experience is the strongest predictor of positive outcomes across psychedelic therapies
- (3) 5-MeO-DMT is the most potent psychedelic compound for occasioning mystical experiences studied to date
- (4) Why 5-MeO-DMT should and should not be administered in current medical contexts

What is the Mystical Experience?

William James book ' The Varieties of Religious Experience ' (1902) is the most well known treatment of such mystical experiences from the western point-of-view.

James' four defining marks of mystical experiences are:

Ineffability: “It defies expression...no adequate report of its contents can be given in words. It follows from this that its quality must be directly experienced; it cannot be imparted or transferred to others.”

Noetic Quality: “States of insight into depths of truth unplumbed by the intellect. They are illuminations, revelations, full of significance and importance...they carry with them a curious sense of authority for after-time.”

Transiency: “Mystical states cannot be sustained for long. Often, when faded, their quality can but imperfectly be reproduced in memory.”

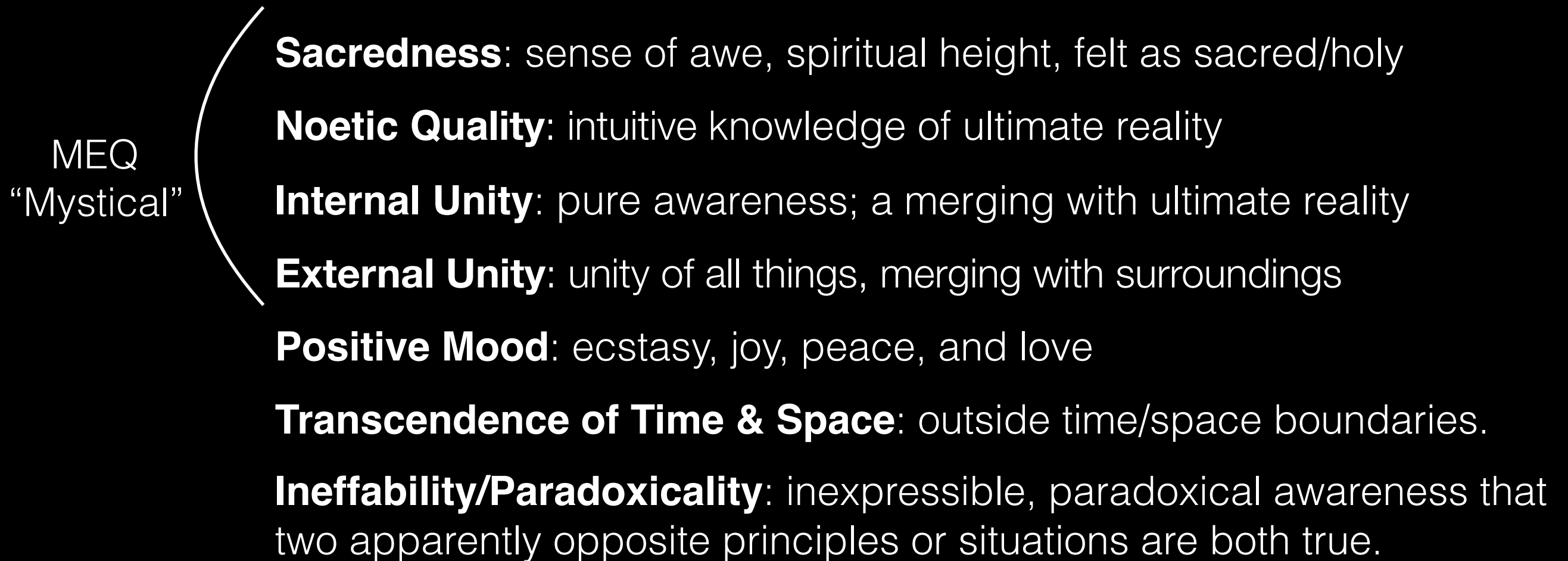
Passivity: “The mystic feels as if his own will were in abeyance, as if he were grasped and held by a superior power.”

"The most beautiful and profound emotion we can experience is the sensation of the mystical. He to whom this emotion is a stranger, who can no longer wonder and stand rapt in awe, is as good as dead. ...this knowledge, this feeling, is at the center of true religion. In this sense only, I belong in the ranks of devoutly religious men." - Albert Einstein

States of Consciousness Questionnaire 100 item

Mystical Experiences Questionnaire 30 item

*defined in Griffiths 2006



Pahnke–Richards Mystical Experience Questionnaire (Pahnke 1969; Richards 1975), which was designed to assess mystical experiences, used as a primary outcome measure in the Good Friday Experiment (Pahnke 1963). Stace (Philosopher Princeton University) identified a number of common or “universal” components that are largely independent of religious or cultural context

Why the Mystical Experience?

“The mystic experience is known wherever baffled humanity has sought the meaning of the eternal mystery of life.

We must learn how to use our common human capacity for mystical feeling and mystical insight to:

- give us the sense of deep-rooted security in cosmic development
- to show us our affinity with the forms of life unfolding about us in the world of nature
- to link us, by its clear vision, with our whole humanity in the bonds of mutual service
- and so, make possible that warm awareness of personal significance, worth, and responsibility in the shared life of the race.

...In this emotional reinforcement lies the secret of its significance for religion and for all of life.”

The Significance of the Mystic's Experience, Eustace Haydon, The Journal of Religion, 1922, Canadian Historian of Religion, Prof of Religion at U of Chicago

Why the Mystical Experience?

- Intensity of the mystical experience is associated with positive outcomes in numerous psychedelic studies (e.g., psilocybin, ketamine, LSD) to date including the following:
 - Depression, End-of-life Anxiety in Cancer patients
 - Alcohol and Tobacco Addiction
 - Personality openness
 - *Prosocial Attitudes*: interpersonal closeness, gratitude, life meaning/purpose, forgiveness, death transcendence
 - Lifetime peak experiences in religious leaders
- Recently referred to as “*Quantum change*” events = sudden and profoundly meaningful experiences that result in personal transformations that affect a broad range of emotions, cognitions and behaviors (Griffiths 2018)
- Most forms of systemic human suffering are rooted in dualistic, polarized expressions of consciousness.
- The G-D factor. Turning materialists into believers. Everything is connected.

Description of Samples and Administration

56 Participants, mean age of 35.15 years (range 21-57) seen at Crossroads between 2015-2017

Majority single, male (62%), Caucasian, non-religious individuals from the U.S.

No significant demographic differences between groups.

(1) Crossroads Psychospiritual Program (n = 20)

Attending for psychospiritual growth work (self-exploration, spiritual seekers, or emotional healing). Did moderate doses of ibogaine 2 days prior (10-13mg/kg)

(2) Crossroads Addiction Sample (n = 36)

Recently detoxified with opioid use disorder. Did higher doses of ibogaine (15-20mg/kg) 3 days prior.

5-MeO-DMT Sessions:

- Given prep and orientation instructions, education of medicine, intention setting.
- Administered 50mg of Toad Bufotoxin with Eclipse Vaporizer by psychospiritual guide.
- Administered 2-3 days after Ibogaine experience, which potentiates the effects of 5-MeO-DMT (e.g., ibogaine is lipophilic, SERT inhibitor, long half-life)
- Lying down with instrumental music. Medical professional present. Facilitator would assist for clearance of energy, purging, from the body. Keep person contained.
- Administered 1:1, one patient at a time.

Psilocybin Comparison Sample: Griffiths 2011 dose-effects study, healthy volunteers (hallucinogen naive) administered a moderate/high (20mg/70kg, $n = 18$) and a high dose of psilocybin (30mg/70kg, $n = 18$)

Top SOCQ Items Endorsed as Positive by $\geq 95\%$ (out of 100 items) Psychospiritual Sample (n = 20)

Sacredness

Experience of amazement.	100%
Sense of awe or awesomeness.	100%
Sense of being at a spiritual height.	95%
Feeling that you experienced something profoundly sacred and holy.	95%

Internal Unity

Experience of pure Being and pure awareness (beyond the world of sense impressions).	95%
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Noetic Quality

Gain of insightful knowledge experienced at an intuitive level.	95%
Certainty of encounter with ultimate reality (in the sense of being able to "know" and "see" what is really real) at some time during your session.	95%

Positive Mood

Feelings of peace and tranquility.	100%
Feelings of tenderness and gentleness.	95%
Experience of ecstasy.	95%

Transcendence of Time/Space

Sense of being "outside of" time, beyond past and future.	100%
Loss of your usual sense of space.	95%
Loss of your usual sense of time.	95%
Being in a realm with no space boundaries.	95%

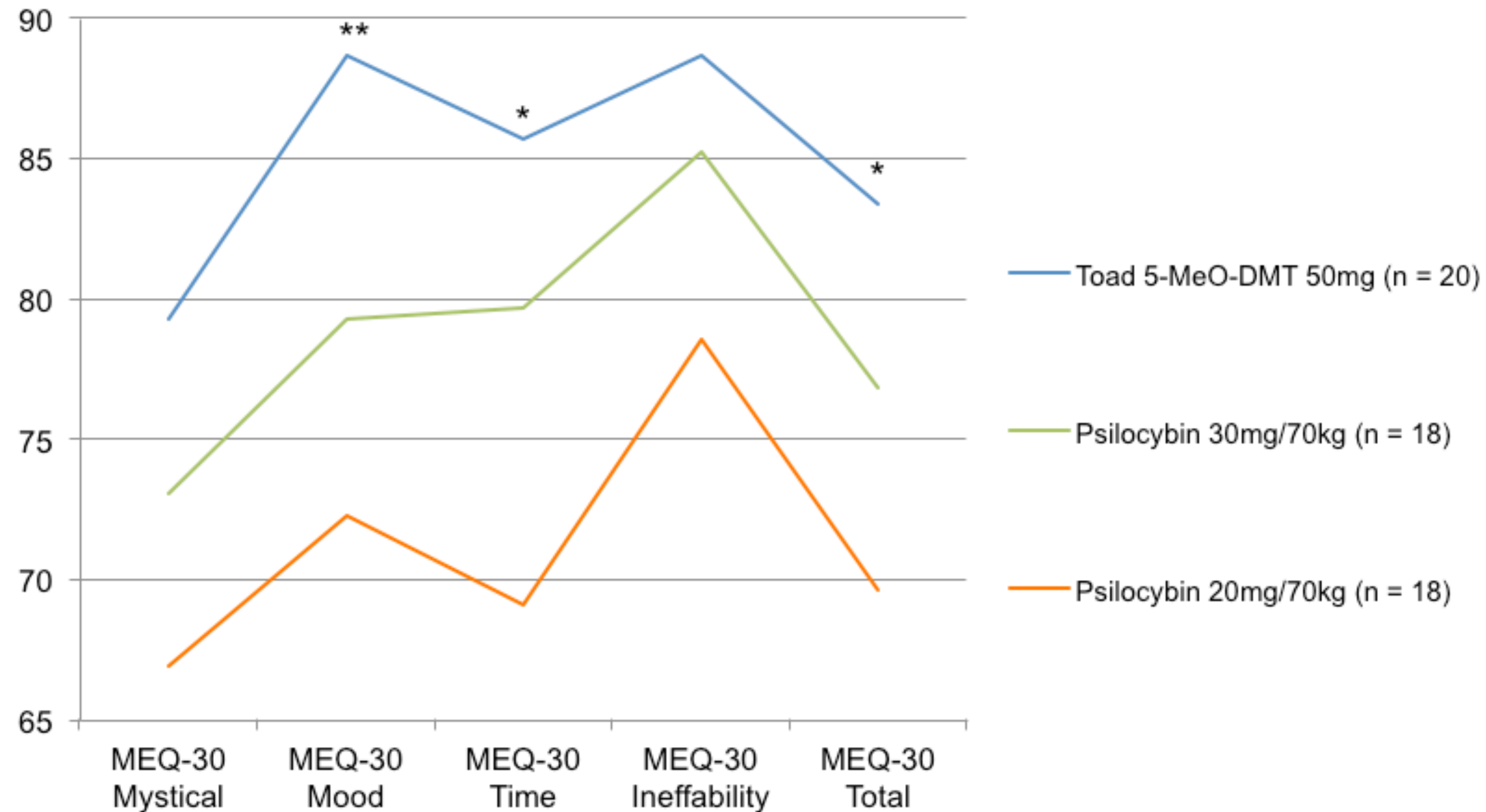
Ineffable/ Paradoxical

Sense that the experience cannot be described adequately in words.	100%
Feeling that you could not do justice to your experience by describing it in words.	95%
Feeling that it would be difficult to communicate your own experience to others who have not had similar experiences.	95%

"Distractor Items" $\geq 70\%$

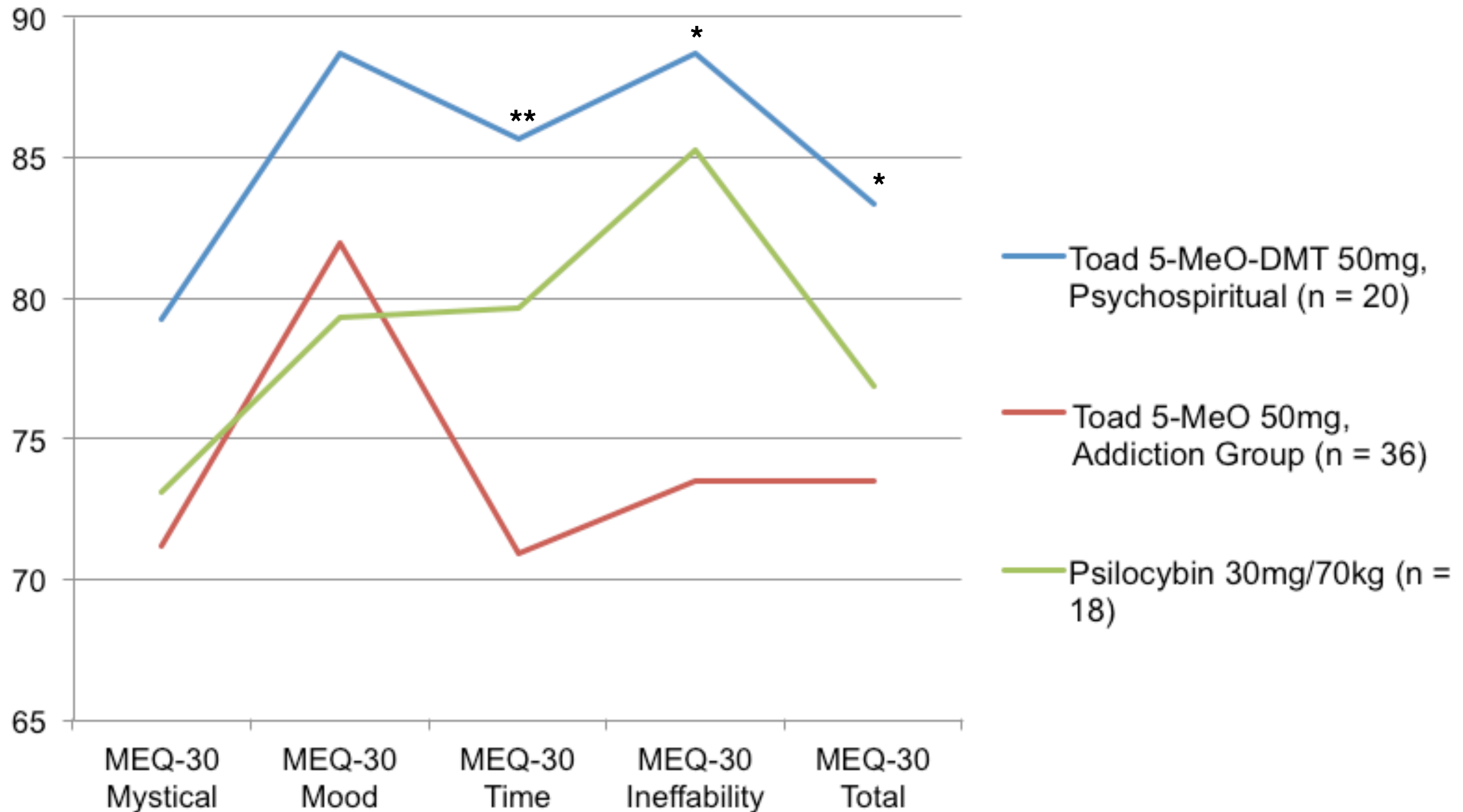
Experience of increased awareness of beauty.	90%
Experience of radiant, golden light.	85%
Visions of brilliant, white light.	85%
Feeling of emotional closeness with your guide or assistant guide.	85%
Increase in the beauty and significance of music.	80%
Increased awareness of the importance of interpersonal relationships.	75%
Feeling reborn	70%

Mystical Experiences Questionnaire



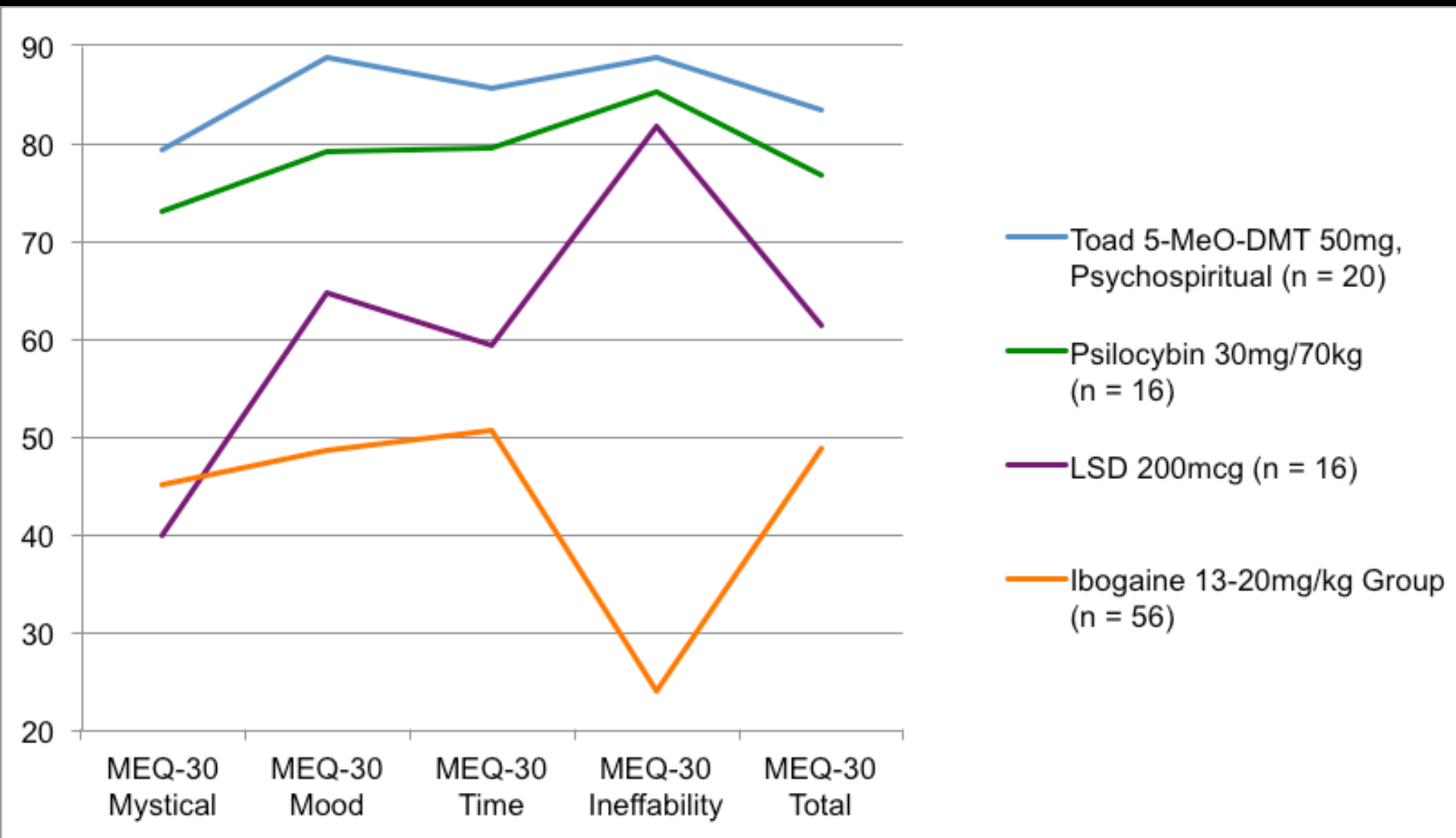
0 to 100% of maximum possible on each subscale. 0 to 5 scale from 0 = “none”, “not at all” to 5 = extreme, more than ever in my life. Psilocybin ratings from Griffiths et. al 2011 dose related effects study. Significant differences between the 5-MeO-DMT and 20mg/70kg group. * $p < 0.05$, ** $p < 0.01$

Mystical Experiences Questionnaire



0 to 100% of maximum possible on each subscale. 0 to 5 scale from 0 = “none”, “not at all” to 5 = extreme, more than ever in my life. Psilocybin ratings from Griffiths et. al 2011 dose related effects study. Addiction group from Crossroads treatment center with opioid use disorder. * $p < 0.05$, ** $p < 0.01$ (only significance between addiction and spiritual samples)

MEQ-30 Across Psychedelic Studies



0 to 100% of maximum possible on each subscale. 0 to 5 scale from 0 = “none”, “not at all” to 5 = extreme, more than ever in my life. Ibogaine ratings from (n = 56) from Crossroads Treatment Center. LSD ratings from Liechti, 2017 (n = 16) healthy participants LSD double, blind crossover study w/ 100 and 200mcg

Additional MEQ-30 5-MeO-DMT Samples



The influence of set and setting on the acute subjective effects of 5-MeO-DMT

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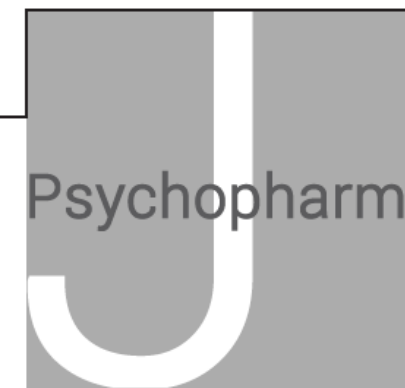
JOHNS HOPKINS
SCHOOL of MEDICINE

****n = 362 from a specific spiritual group

Original Paper

The epidemiology of 5-methoxy-*N*, *N*-dimethyltryptamine (5-MeO-DMT) use: Benefits, consequences, patterns of use, subjective effects, and reasons for consumption

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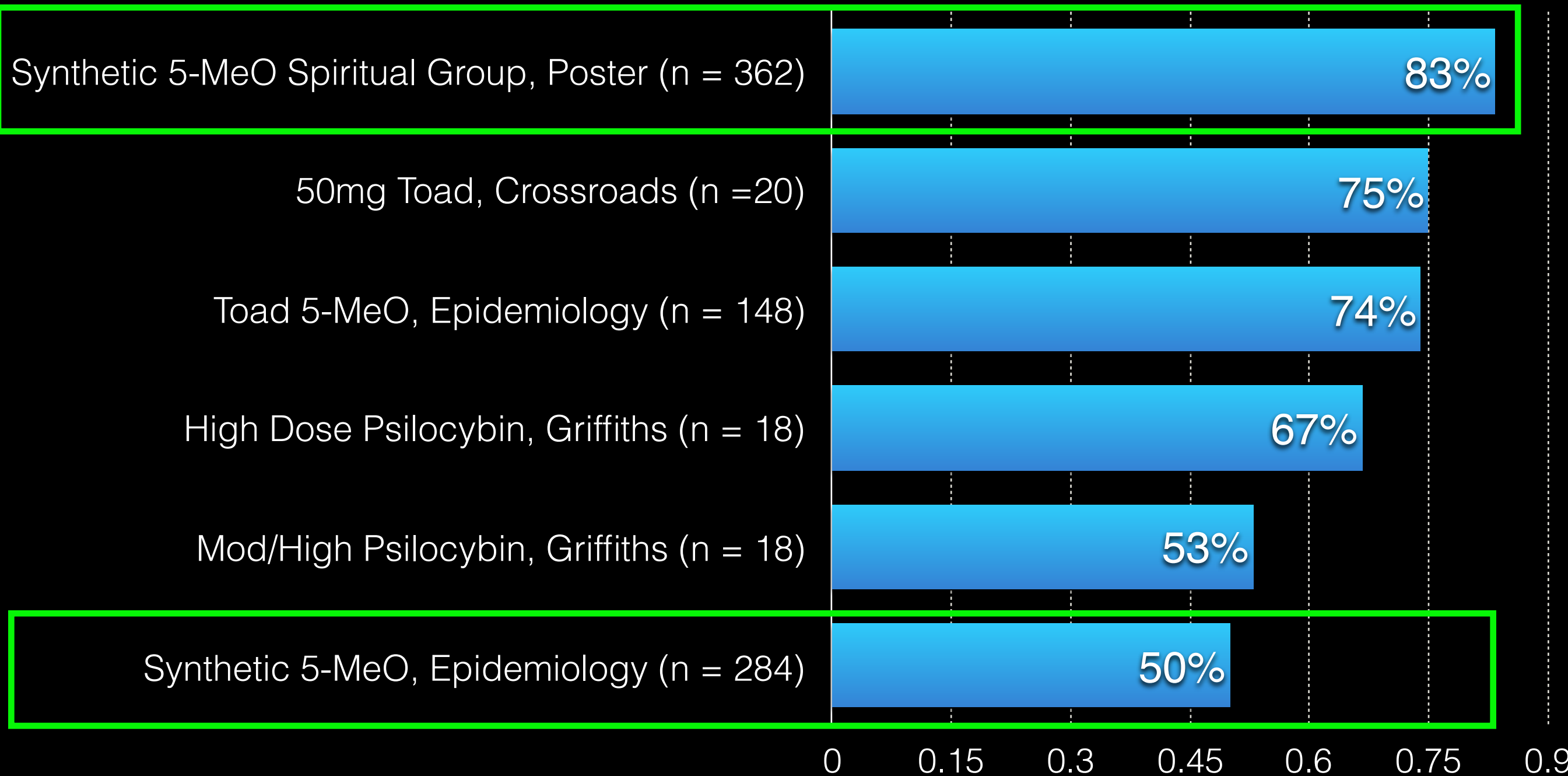
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n = 515 from online recruitment

Can download poster + article at: www.josephbarsuglia.com

Percentage of Varied Samples reporting a “Complete Mystical Experience”



“Complete mystical experience” reports the percentage of participants whose scores on all four of the MEQ30 factors (mystical, ineffable, time/space, mood) were greater than or equal to 60% of the maximum possible score in each domain.

Set & Setting for the Mystical Experience

Neutral vs Sacred Containers?

	General Population (n=284)	Structured Group (n=362)	χ^2 statistic	Effect Size (ϕ)
<u>Harm Reduction Techniques</u>				
Focus on Intentions	61.3%	88.1%	63.495***	0.31
Shamanic Techniques	25.0%	81.8%	209.024***	0.57
Safe Space	36.4%	48.9%	2.622	0.06
Prepare Session Music	21.4%	37.6%	22.599***	0.19
Prepare Comfortable Place	89.4%	85.6%	2.075	0.06
Limit Distractions	34.1%	46.9%	4.016	0.08
Use of a Guide	8.5%	49.2%	305.847***	0.69
Use with Friends	24.1%	36.8%	7.826**	0.11
Trusted Source	32.0%	51.4%	40.811***	0.25
Meditate	34.2%	55.8%	29.993***	0.22
Abstain from Sex	2.9%	8.4%	10.746***	0.13
Abstain from Alcohol/Drugs	18.6%	38.5%	45.736***	0.27
Integrate with Friend	40.5%	69.9%	56.100***	0.30
Write about Session	12.70%	24.30%	14.349***	0.15

Table. Proportion of respondents within the General Population and the Structured Group who employed various techniques to enhance the set and setting of the experience. The difference between groups was tested using a two-tailed t-test in which Levene's Test for Equality of Variances was performed. Effect sizes of between group differences in MEQ scores were calculated. All items were scored on a Likert scale 0-5. *p<0.05; **p<0.01; ***p<0.001 Note: Cohen's d was calculated to estimate effect size and is interpreted as 0.2=small, 0.5=medium, 0.8 large

Adjusting the Paradigm: Drug or Sacrament?

8 reasons why 5-MeO-DMT should NOT be administered in medical contexts

1. Sacred Experiences warrant sacred settings versus medical settings

- Rebirth or Merging in environments in naturalistic settings versus sterile EMF saturated labs, etc.

2. Energy Medicine/ Energy Body not understood by modern mainstream medicine

- Kundalini awakening, energetic purging, tantric/energetic orgasms, mudras, yogic postures, relationship of physical disease and energy blockages

3. Motor activation not amenable to office settings

- Running, spitting, thrashing, rolling, flailing, orgasms

4. Vocalizations require sound proof conditions

- Primal releasing, screaming

5. Other tryptamines in toad medicine may be synergistic, medical context requires 1 molecule

- Need to be examined and retained if shown to have medicinal benefits

6. Medical professionals not equipped to integrate spiritual breakthroughs

- Although could be trained to as psychedelic therapists (e.g. Transpersonal) this is <.01% of providers

7. Recipients cannot be confined with IV access, brain monitoring, medical equipment

8. Medical drugs are limited for specific disease applications (depression, anxiety, etc.) rather than being a birthright to access mystical states with earth medicines as part of innate human rights

Adjusting the Paradigm: Drug or Sacrament?

8 reasons why 5-MeO-DMT should be administered in medical contexts

1. Dosing sensitivity and standardization

- Dosing window highly sensitive, narrow threshold between whiteout and breakthrough experience, alternate routes of administration?

2. Medical Screening

- Complex medical rule outs/exclusions, medication interactions, titration

3. Adverse events

- Choking, hypertensive events, seizures, strokes, reactivations, persistent dissociative phenomena

4. Professionalism

- Boundaries, ethical guidelines, transference/Countertransference, Insurance, widely available

5. Ancillary accredited professional knowledge and experience base required

- Trauma psychology, somatic psychology, transpersonal psychology, psychedelic certification

6. Warrants neuroscientific study, pharmacological analysis, and medical inquiry

7. It occasions mystical experiences more reliably than any other psychedelic medicine studied to date, which would have a plethora of potential psychiatric applications.

8. 5-MeO-DMT exhibits a number of neuroregenerative, anti-inflammatory, anti-tumor properties in vitro which may have medical applications

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