


MDMA

SOLO

PHOENIX KASPIAN



*“The brain is not a blind, reactive machine,
but a complex, sensitive biocomputer
that we can program. And if we don't take
the responsibility for programming it,
then it will be programmed unwittingly
by accident or by the social environment.”*

—TIMOTHY LEARY
Founder of The Castalia Foundation



The Castalia Foundation is a global center for research on consciousness expansion. We were established in the early 1960s by a gang of renegade visionaries including Timothy Leary, Rosemary Woodruff, Richard Alpert, Ralph Metzner, and Susan Metzner.

Throughout the early 1960s, *The Castalia Foundation* held events and produced media to expand human consciousness. Under duress, our research hub, Millbrook, NY, was abandoned in 1966 and *The Castalia Foundation* went underground while our founder, Timothy Leary, was pursued around the world by President Nixon's neurosis.

Today, *The Castalia Foundation* funds projects that uphold the values of the the group's original vision: To override social-conditioning and free humanity from the clutches of the hive mind.

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DISCLAIMER

Taking MDMA is statistically safer than drinking a glass of wine, riding a horse, or eating a peanut. However, Earth's governments are immensely fearful of all consciousness-expansion technologies. The authorities that govern your planet tend to get very excited and angry when a person explores their nervous system without the permission of the priest-class called 'politicians'. Given this situation, *The Castalia Foundation* must legally disclaim all responsibility for the use of the information contained herein.

The Castalia Foundation also wishes to emphasize the importance of thinking for yourself and questioning authority. The information in this guide does not constitute medical advice—indeed, if you are looking for medical advice, you should consult the priest class your society calls 'doctors'.

All decisions regarding the use of MDMA, or any other medicine, to facilitate personal healing are taken at the individual's own risk. By reading this guide, you waive *The Castalia Foundation* of any liability should you fuck things up. We're not precisely sure how you'd do this, given the safety profile of MDMA, but humans are endlessly inventive in this respect. Good luck and thank you for reading this disclaimer.

INTRODUCTION

This guide was written in response to an outcry by the MDMA healing community. Many survivors of trauma discovered that the traditional MDMA Therapy model was not working for them. The traditional model appeared to be based on an outdated set and setting: One in which ‘therapists’ sat in a room with a ‘patient’ and oversaw the ‘patient’ as they took the MDMA.

This approach was both expensive and prone to mishap. Typically, ‘patients’ emerged from sessions allegedly ‘cured’ of their PTSD (Post Traumatic Stress Disorder) but, mysteriously, still utterly compliant with the ideologies and belief-systems of their broken societies.

As a result of over six-years of research, *The Castalia Foundation* has discovered that MDMA is far more effective if a person takes it alone, without anyone else present in the room. This discovery came as a shock for many in the MDMA community, not least ‘therapists’. This is because, as Upton Sinclair once said, “It is difficult to get a man to understand something, when his salary depends on his not understanding it.”

Many ‘therapists’ have decided, therefore, not to understand this discovery. This is because it challenges the popular, and financially rewarding patient-therapist paradigm. If MDMA is more effective as a solo-use tool, what will a ‘therapist’ do if they can’t spend their time ‘fixing’ other people? The answer is obvious, but uncomfortable: These ‘therapists’ will have to confront their own deeper traumas. In other words: *Physician, heal thyself.*

This is something therapists like to avoid at all cost.

Even when a traditional MDMA session appears to go well with a ‘therapist’, the traditional MDMA protocol contains numerous traps and tricks that will prevent a person from reaching a state of self-actualization. A person cannot fully heal by outsourcing their processing of trauma to another person, or a so-called ‘therapist’. Inner resources must be built and re-enforced as the person returns to confront their inner world, again and again. *Alone*. It is only through this act of bravery, self-reliance and inner-compassion that the core wounds of childhood can be fully healed.

The old therapist model is one of dependency. It also assumes that the therapist has any idea what is going on. Typically therapists do not. Instead, the therapist-patient dynamic most often re-enforces the core trauma: That hierarchy and authority exist—no matter how well-intentioned or ‘anti-authority’ the therapist might claim to be.

The traditional MDMA protocol advocates for such socially-antiquated concepts as ‘male’ and ‘female’ sitters, who sit above a ‘patient’ on a bed. As most trauma on Earth began with a ‘family’ system comprised of two ‘parents’ looming over the cot of a baby, it is not difficult to see how methods like this serve to unconsciously re-enact, re-imprint, and normalize precisely the same harmful social-dynamics that MDMA has the power to deconstruct.

Researchers like Stanislav Grof, when working with LSD in the late 1950s and early 60s, claimed that traumas of omission must be healed by the presence of a caring sitter who can model the love the survivor never felt as a child; intervening at vital moments during the session to provide support. This is arguably true for classic psychedelics, like LSD, where interconnectivity in the mind is enhanced, while self-compassion remains relatively unchanged. Here, there is a case to be made for the caring intervention of an expert guide. However, *The Castalia Foundation* rejects this approach for MDMA, which is a radically different substance.

MDMA is both the catalyst of *self-transactional* work, as well as a potent tool to activate a person’s inner-resources to self-analyse and self-heal. Adding an additional ‘therapist’ to this dynamic is unnecessary; distracting; often costly, and prone to accident. MDMA allows a person to talk to themselves at the deepest levels of

biographical consciousness. The biochemical sweet-spot of *reduced* fear and *increased* self-compassion invites wounded and previously split-off parts of a person's psyche to dialogue with near-perfect clarity and understanding.

With regularly planned sessions, journeying solo with MDMA teaches a person to provide for themselves the external support and validation they should have received in their formative years. MDMA is unique in that the 'psychotherapist' comes bundled for free with the medicine itself. MDMA is, therefore, both classroom *and* teacher.

As with so many learning-experiences in life, the best thing that can possibly be done for a person undergoing an MDMA session is to leave them *alone*, and in *peace*, to *learn*.

More often than not, a sitter during an MDMA session will cause a repetitive *externalization* of the support that should have been *internalized*. Doing sessions *without* a sitter encourages, instead, the gradual development of internal-resources that ultimately provide a person with a feeling of self-love, self-reliance, and self-respect. With the growth of these internal resources comes the realization that *you are not alone: You have yourself*.

From this place of being *alone* but not *lonely*—which is rare on our wounded planet—a healed person begins to attract others of the same vibration. In other words: Once you no longer feel alone by yourself, then other relationships—if and when they appear—become a playful addition to your pre-existing, inner sense of calm.

WHY GO SOLO?

The Castalia Foundation's MDMA protocol is designed to empower individuals to heal themselves, without the intervention of an authority figure. *The Castalia Foundation* has discovered that only by entering the territory of the wounded psyche *alone* can the trauma survivor fully reverse the damage that was once done. Any other approach invites a host of chaos into the space.

Psychologists call these chaotic phenomena things like displacement, transference, projection and resistance. But these are only a few of the complications inherent in MDMA therapy with a 'therapist' present. The more damaging problems are caused by unconscious, non-verbal direction—including cues and framing caused by the 'therapist's' choice of *set* and *setting*.

A *set* means the mindset or *intention* of the MDMA session, while the *setting* refers to the environment in which the session takes place.

Consciously or not, the traditional MDMA 'therapist' prevents the survivor from ever reaching a state of complete self-actualization. The 'therapist's' presence invariably undermines the healing process by non-verbally re-stating many of the subliminal messages of the core trauma, such as: *You cannot do this alone. And: Authority will heal you.*

To be clear, the 'therapist' does not explicitly state these mantras, and may appear to vocally reject them. But it is the presence of the 'therapist' that inherently disempowers the 'patient', no matter the 'therapist's' claims to the contrary. The very notion of therapy is itself corrupt.

Although it feels comforting to know that another human being is supporting you as you undertake MDMA therapy, ultimately it is fundamentally distracting and coercive. *The Castalia Foundation* has found that there is no other means by which to honestly confront the self than to do it alone. Anything less re-enforces co-dependency and limits the full range of possible experiences by framing the session within the bounds of what the ‘therapist’ and their ideological framework is able to accept or tolerate—consciously or not.

The very reason our societies are headed towards ecological collapse is because we are allergic to the full truth of what is done to us—typically in infancy and adolescence. This truth can only be processed with an enlightened witness who is open to any possibility, and ready to support the revelation of any material without fear, and in infinite love. The only person who is *guaranteed* to be fully open and receptive to your deepest traumas is you. No therapist can do this: Although many will claim they can.

MDMA permits a profound conversation between *you* and *yourself*. Involving another human in this discussion may feel like a good idea; and it is certainly one that the MDMA community has conditioned many of us into accepting. However, using MDMA with a ‘therapist’ or other well-meaning individual is like inviting a third friend to join you on an intimate date. Not only does it sidetrack you from the task at hand: To get to know yourself. But it also sends a clear message to your subconscious mind: *I don't trust myself to get to know myself alone; I am scared of myself.*

The argument has been made (coincidentally, by ‘therapists’) that healing must be relational and transactional. In other words, that we cannot heal ourselves alone, and we need someone else there to help us reshape our means of relating. Although there may be some truth to this during traditional therapies that do not involve the use of MDMA, *The Castalia Foundation* maintains that MDMA is a unique compound. MDMA has the unique ability to allow this *relational* and *transactional* healing to happen between different parts of a single human organism. In other words: During a solo MDMA session, the survivor of trauma has the opportunity to talk with themselves.

Here, we have purposely chosen the plural *themselves* to refer to a the internal landscape of a single human. This is an acknowledgement of a foundational aspect of defensive-restructuring in the human psyche after extreme trauma.

After trauma, splits occur in awareness, and discrete sub-personalities are created. These sub-personalities contain trauma, sealing it off as a protective strategy. These traumatized parts consequently lurk beneath everyday consciousness and, often, only become apparent during sessions with MDMA and similar medicines.

We can summarize this introduction by saying that, during MDMA sessions: “One is company. Two is a crowd.” And also: “Nobody who had truly healed themselves would go around trying to 'helpfully' intervene in other peoples' MDMA sessions.” Anyone who was healed themselves would know that the solo-approach to MDMA healing engenders the deepest work.

Solo sessions also eliminate another substantial risk for those who seek a path of healing using MDMA: This risk is that often we unconsciously choose therapists, and/or sitters, who resemble those in our family of origin. This unconscious casting of ‘family’ members in a healing role will, very often, result in a sabotage of the healing process.

The Castalia Foundation has collected many stories of those who found themselves in ‘therapy’ with doctors who had precisely the same traumatic background as their alleged ‘patients’. While the ‘patients’ avoided their core trauma by acting-out various daily dramas, the ‘doctors’ compensated for their sense of powerlessness as children by role-playing an authoritative position and ‘healing’ other survivors of abuse.

Occasionally, this dynamic can result in a breakthrough of sorts. But, more often, it places a ceiling on the level of healing that can be achieved. A therapist who has not confronted their own traumatic past will, consciously or not, limit the depth and range of experiences of the ‘patient’ during an MDMA session. The ‘therapist’ will not typically do this consciously, or malevolently, but it happens nonetheless. With disturbing frequency. This results in endless therapists visits, over many years, during which very little is achieved

other than upholding the pretence of progress, while avoiding the core trauma.

Solo-use of MDMA completely eliminates the risks inherent in your choice of therapist. The *Castalia Foundation* protocol is designed to circumvent the mechanisms your society has constructed to limit your potential to be healed. These mechanisms include the societal idea of a 'therapist'.

Working with MDMA is a fascinating and rewarding experience. It is often one of going back through many locked doors and opening them. Opening these doors reveals layer-upon-layer of wounded sub-personalities. As you progress through this experience, you may begin to gain a deeper understanding of why Russian culture has maintained the Matryoshka doll as an enduring symbol. This wooden doll structure, with layers upon layers, reveals younger and younger sub-personalities, back to the child within. The core of the Matryoshka doll is an infant: The only doll in the set which cannot be opened. Our enduring core.

Most of us on planet Earth are like this Matryoshka doll, whether consciously or not. We exist as multiple layers of trauma, orbiting an imprisoned core of truth, freedom and creativity: *the lost child within*. Therefore, with each solo-MDMA session comes the opportunity to peel more and more layers of harmful conditioning off the essence of your inner core; to shed another layer of the Matryoshka.

If someone was to attempt to depict the architecture of human consciousness at this point in history, they could hardly do better than to place a Matryoshka doll down on the table, point at it, and say, here, *this*. This is the problem with us. *This* is our sickness. We have too many protective layers as a result of trauma or, as Wilhelm Reich put it, we are 'armored'.

The MDMA healing process does not work at maximum efficiency with a 'sitter' or 'therapist'. This is because two Matryoshka dolls cannot really help each other. They will likely strip off a few layers, but no more. Typically the 'patient' is as lost as the 'therapist'. The therapist plays the role of an 'authority' figure and will only (if ever) pronounce the 'patient' cured once the 'patient' returns to consensus reality. After all, at this point the 'patient' appears to the 'therapist' as

if they are cured: They are now returned to the cult's (or culture's) acceptable realm of conscious awareness: In other words: *The 'patient' is now calmly asleep, and moderately depressed*—just like the rest of society.

To quote the tragic conclusion of George Orwell's *1984*, "But it was all right, everything was all right, the struggle was finished. He had won the victory over himself. He loved Big Brother."

This is most often the tragic outcome of 'therapy'. The 'patient' is returned to their sick society, but now as a calm, docile participant. The patient now loves Big Brother.

Sadly, both the 'patient' and the 'therapist' are likely to be extremely happy with this state of affairs: Nothing fundamental is *challenged*; society is not *confronted*; power is not confronted; it is *painless* and *apolitical*. By contrast: Solo MDMA therapy offers you the opportunity to progress way beyond any culturally or medicinally-sanctioned state of 'cured'.

Solo MDMA-therapy can restore the child within you to full-functionality. It can liberate you. This is possible because, *alone*, during an MDMA session, you are free of any conscious, or unconscious, sociocultural cues which limit the extent to which you can face and process trauma. Solo MDMA therapy compels you to develop the capacity to be your own guru; shaman; priest; doctor (insert your authority figure of choice here). It eliminates one of the most common traps of mainstream thinking: The idea that *someone else will save you*. Or that *someone else will love you and heal you*.

Unconditional love is a reality only for children—and, sadly, not many children. Very often, for children, unconditional love is absent in their families of origin. Many psychologists and 'therapists' have consequently attempted to re-parent their 'patients' and to transactionally 'model' this unconditional love. These 'therapists' hope that the 'patient' will internalize this external model. Invariably, however, this results in mediocre improvements, or total failure.

Not only is unconditional-love impossible to *teach*, but any 'therapist' who truly loved themselves would not agree to be a therapist; knowing the task doomed to failure and unconscious repetition.

When we do not know how to love ourselves, we cannot show others how to love.

Additionally there is the knot at the heart of psychotherapy: The ‘patient’ is inevitably *paying* to be listened to and accepted. This, tragically, is an energetic re-enactment of early childhood. Many of us ‘paid’ as children to receive a simulacrum of love from our caregivers. As children, we did not pay with money, but the currency of payment took some other form: Our freedom of expression; our bodies; our safety.

Once we have left the realm of childhood, and become adults, unconditional love cannot be given to us. We can only give it to ourselves.

The journey to unconditional self-love and deep healing is nothing less than an *heroic* journey—in the most profound and classical meaning of the word *heroic*. The journey requires disciplined-commitment that is precisely the energetic parallel of what *should* have been given in childhood, but may have been *omitted*. The task in healing our deepest traumas using MDMA is, therefore, the exact psycho-emotional equivalent of *caring for a newborn child* all the way through to adulthood.

Most wounded adults in our society choose to ‘have’ (‘give birth to’) children and unconsciously repeat their own trauma on another generation. If you watch most ‘parents’ interacting with their children, you will merely observe the parents’ unconscious play-back of ‘child-rearing’ methods that were programmed into them by their own parents. MDMA, used respectfully and carefully, presents a healthy alternative to this blind play-back.

Before you consider guardianship of children, the healthy alternative is to revisit the child-parts within you, under the effects of the MDMA, and to parent these parts back to inclusion in an integrated whole. This process then eliminates the need to ‘have’ a child to decant disowned pain into. Instead, you can revisit your own wounded-child within, and take steps to heal that child.

Out of the process of solo healing with MDMA comes an understanding of authentic religious practice. Authentic *religious* (or

'reconnecting') practice is to *know* and *love* yourself, free of an intermediary (a doctor, a priest, a guru or therapist). This journey is not an easy one, but it offers a rare gift in our world of fear and shadows: It offers *truth, life, and freedom*.

WHO IS THIS GUIDE FOR?

This guide is for anyone who is tired of the self-appointed priest-class who have decided that MDMA is theirs to distribute, promote and train people in the use of.

This guide is also for anyone who objects to the commercialization of MDMA as a tool for healing and believes that MDMA should be available to everyone, for free, as an immediate means of healing planet Earth. Also, this guide is for survivors of trauma everywhere, who have been misled into believing that in order to heal they must pay money and find a 'therapist' to guide them.

The Castalia Foundation has written this protocol as a complete reference manual for anyone who is interested in using MDMA to deprogram themselves from the societal-conditioning that has led our species to the brink of planetary collapse. However, this book is not designed as an authoritative guide to the process of self-healing and is, instead, a living document that we are open to revising as new information arises. In reading this manual, and in undertaking your own MDMA sessions, it is a good idea to pay attention to your own, intuitive healing instincts.

The very nature of trauma is such that each person constructs their own internal labyrinth to contain wounded parts within. In other words: the self-protective systems that come into play after a traumatic event are, in many ways, a creative expression of your own ingenuity in keeping yourself sane and carrying on. You built the labyrinth you will be navigating back through using MDMA, and so *only you* will know the precise way in which to undo what was done. Consider this manual as a collection of known pathways back through

known labyrinths, but by no means an exhaustive compendium of every possible turn.

The Castalia Foundation has written this manual for explorers who are ready to confront the forbidden realms of both their own psyche, and what Jung called, 'The Collective Unconscious'.

Most of the traumas we experience during our lives are a product of the entire social ocean in which we swim. In healing yourself, you also contribute in a small part to the healing of the entirety of our species. This is an honourable undertaking, but also a difficult one. It is hard to be awake on a planet of many sleepwalkers, but the fear and temporary loneliness that such a journey brings is nothing in comparison to the immeasurable beauty and joy to be found in waking up. We hope you will take this journey.

FREEDOM FROM THERAPY

Before we jump into the details of the MDMA solo protocol, it is important to address the question of whether therapists can play any role at all in the healing process facilitated by MDMA.

Research by *The Castalia Foundation* has found that, with astonishing frequency, therapists are unconsciously avoiding their own traumas by role-playing the part of 'healers'. Sadly, there seem to be very few exceptions to this.

The Castalia Foundation wants to emphasize that this is not entirely the fault of 'therapists' themselves, as many of them are genuinely unconscious of their deeper motivations for pursuing this 'profession'. However, our sympathy for these 'therapists' is outweighed by our compassion for you, the alleged 'patient' in this game.

Readers who are interested in learning more about the problematic dynamics created by 'therapists' might enjoy the extensive work of Polish-Swiss psychologist and philosopher, Dr Alice Miller.

Alice Miller was a practicing psychoanalyst, but later came to recognize that her profession was simply the means by which a corrupt society loosely maintained itself in the face of the break-down of *truth*. Miller was a pioneer in describing the process by which the traumatic programming of a child by their caregivers is the main source of mental illness in adulthood.

Miller wrote in *Drama of the Gifted Child* (1979), "Experience has taught us that we have only one enduring weapon in our struggle against mental illness: the emotional discovery and emotional

acceptance of the truth in the individual and unique history of our childhood.”

Later in her life, Miller completely disavowed psychotherapy. She went on to write about the role ‘therapists’ have inadvertently played in upholding the violence and inequality of The State. A good place to begin with Miller’s work is the book, *Thou Shalt Not Be Aware* (1984).

Another noted psychoanalyst who rejected traditional therapy as a means of healing is Jeffrey Moussaieff Masson. You may enjoy Masson’s books, *Against Therapy: Emotional Tyranny and the Myth of Psychological Healing* (1988), and *The Assault on Truth* (1984). The former book brutally dissects therapy and its underlying assumptions, while the latter deals with the persistent failure of therapists to address the core trauma experienced by their ‘patients’—namely abuse in the family of origin.

If you are interested in learning more about the shortcomings of the patient-therapist model, you may also be interested in the work of R.D. Laing. Although Laing did describe himself as a psychologist, he took every step possible to deconstruct the notions orbiting the ideologies of this profession.

Masson explored the idea that most alleged mental-health conditions do not exist—instead what we call ‘mental illness’ is a rational responses to extreme societal and familial circumstances which are typically hidden from immediate view. In other words: A sick society *nominates* individuals to bear the burden of the sickness of the entire society. A good place to begin with Laing’s work is the book, *Sanity, Madness and the Family* (1964).

If a person undertaking solo MDMA therapy is prepared to view their ‘therapist’ as a hired-friend, and no more, then a formal meeting with a ‘therapist’ who simply sits and listens could, in a small number of cases, be a useful adjunct to MDMA sessions. In theory, a ‘therapist’ who merely listened might help process feelings and emotions in the days following the session. However, most ‘patients’ find that they must lie to their therapist about the means by which they came to be healing so rapidly and effectively. It is also incredibly expensive to hire such a ‘listener’.

Going to a ‘therapist’ also runs the risk of this unhealed ‘expert’ nudging things off track. If the therapist knew anything about MDMA and had used it effectively over many years, they would have abandoned their role as an active ‘healer’. It is therefore, sadly, inherently problematic to involve a ‘therapist’ in the MDMA healing process. This includes ‘therapists’ who have allegedly ‘trained’ in the use of MDMA.

The Castalia Foundation has attempted to provide, in this book, a means by which you can fully heal without the use of a ‘therapist’. For many in our society, this may sound like a radical approach. But it is the only approach that will heal us quickly and effectively enough to reverse the damage already done by these ‘healing’ professions and the society they maintain.

Not only is the MDMA Solo protocol more effective than any traditional MDMA protocol, but it is freely accessible to anyone, at zero cost, aside from purchasing the medicine itself. The *MDMA Solo* method can also rapidly and discretely scale to address the needs of vast swathes of our planetary population.

Using a ‘therapist’ to conduct an MDMA session is like using a stable-boy to maintain a jet airplane. The method by which we transport ourselves into the territories of the subconscious has been completely changed by the discovery of MDMA. Just as many stable-boys were seeking a means of avoiding redundancy after the horse-and-carriage began to fade in popularity, and the age of the motor car began, so too are many wounded healers looking to find a role in the age of MDMA. We wish these ‘therapists’ well. And we bid them farewell. Their time is over.

SOLO PREPARATIONS

The first-time solo-explorer is advised to take precautions before embarking on this most tremendous and forbidden of voyages: A journey into the depths of the human unconscious.

There is a reason why MDMA has been made illegal in most jurisdictions, and it has nothing to do with the safety of the substance. MDMA is provably less dangerous than almost any other known popular social drug.

When Professor David J. Nutt (FMedSci) headed the *Independent Scientific Committee on Drugs*, his group determined that MDMA, LSD and Mushrooms were the safest known social drugs, representing a very low-risk to the user or those around them. In contrast alcohol was found to be the most dangerous social drug—more dangerous than heroin. If you are curious to learn more, you can read the detailed scientific paper on this topic: *Drug harms in the UK: a multicriteria decision analysis*.

The reason MDMA is illegal is that, with proper use, it will ultimately lead you to question many of the societal constructs which were previously invisible to you. You will then pose a risk to ‘authority’.

As Marshall McLuhan said, “One thing about which fish know exactly nothing is water, since they have no anti-environment which would enable them to perceive the element they live in.”

In other words: When you are *inside* something it is often hard to see the thing you are *inside*. In this case, the thing you are inside has a name: ‘Society’.

Society on Earth is currently held together by a series of lies and machinations that are too numerous to go into here. Not only this, but you would likely not believe us if we told you what is actually going on.

The only realistic way to attain this understanding is to have a long and deep conversation with yourself about the period of time in your life when you were relentlessly programmed, via a series of imprints, by those surrounding you as a child.

Although you are likely to have experienced subsequent traumas while living on Earth, the most profound and affecting traumas will have occurred during the first decade of your life. You are also extremely likely to have no conscious recall of many of these formative programming experiences.

Society has normalized childhood amnesia, and for good reason: If you, and a mass of other humans, fully remembered what was done to you as children to reach a point where you readily accept taxation, rent, Kings and Queens, the stock market, and high school (to name just a few bizarre constructs of your age), then the current edifice of power would collapse overnight.

If you have read any history books, you will know that the edifice of power does not like to collapse overnight. In fact, the edifice of power likes it to be exactly where it is: Above you; in a position of exploitation.

This is the reason why MDMA was made illegal: It threatens entrenched power by freeing the individual from trauma-based-programming.

We mention all this because, if you undertake a full course of solo MDMA therapy, then you will slowly awaken to a very difficult geopolitical reality. It is a reality which you will almost certainly feel is almost unbearably corrupt.

The problem is this: As you heal your own trauma, you will begin to raise your awareness of the sociopolitical context in which you were traumatized. And you will begin to discover, as the ancient tribal

cultures have always known, that you were not sick after all. Instead: your whole village was sick, and then they hurt you.

If you feel like you are not ready for this kind of profound awakening, then it is advisable to stop reading *MDMA Solo* at this point and go back to staring at your cellphone feed.

MDMA therapy is a seriously challenging undertaking and we don't want anyone on board with this protocol who is not prepared to see it through to the end. There will be challenges along the way and many times that you will be tempted to stop the protocol, or—as the mind is a very clever thing—you may convince yourself that you are finished with MDMA before you have fully self-actualized.

SELF-ACTUALIZATION

Before we describe the details of the *MDMA Solo* protocol, it is important to define what a successful outcome of the process looks like. However, the difficulty here is that if we wrote a detailed description of how it feels to be self-actualized, it would be relatively useless.

Many people throughout history have convinced themselves that they are self-actualized; or enlightened, while actually being insane maniacs wreaking havoc on the people around them. This is the position of most gurus. We, therefore, will spare you our sales pitch.

We can, however, offer a broad picture of how it *feels* to have fully completed MDMA Solo therapy: You will feel strong, confident, able to speak without fear. You will feel consistently calm and compassionate, and unafraid to confront those who you see doing harm around you. You will sleep soundly, and deeply; you will be attuned to your body and its needs. You will have stopped coping mechanisms including the use of government-endorsed painkillers, like alcohol, and you will find yourself able to easily see through the illusions of your age. You will no longer experience depression—now knowing it to be misdirected anger—and you will have a full recall of the details of your childhood and the programming process you were subjected to in the so-called ‘school’ system. You will see yourself for who you are, and you will intuitively sense the path of grace and walk along it.

Right now, that may all sound like some hippy bullshit, but we assure you it's attainable.

It is the details of this process that we will now share with you. This process has been tried and tested by many in our communities, and it

has proven itself to be the cheapest and most effective means by which to heal pain, process trauma, and confront our deepest wounds.

If this sounds like a path you'd like to tread, then step this way.

BEFORE YOU BEGIN

Unlike therapy with a traditional psychedelic—such as LSD—successful completion of the MDMA solo protocol does not necessarily require that you have a knowledge of depth-psychology and the fundamental psychodynamics of human behaviour.

Depth psychology broadly refers to the study of the relationship between the conscious and the unconscious mind. Sigmund Freud and Carl Jung are the most famous examples of those who practiced depth psychology.

The Castalia Foundation would like to defend Freud at this point, since it is extremely likely you will have been turned against him. Many of Freud's early theories are excellent, but he was later set off-track by his society, who refused to accept the conclusions in his paper, *The Aetiology of Hysteria (Über die Ätiologie der Hysterie, 1896)*. This paper is worth reading. It demonstrates Freud's astonishing insight into the true causes of society's distress. Naturally, it was met with resistance and Freud was forced to recant it. He then promptly became a cocaine addict.

We have found that the best results with *MDMA Solo* therapy come as a result of several hours of self-study into some core psychological concepts. We don't want to prescribe any particular doctrine, but Jung tends to be a useful guide to many of the subconscious forces that ebb and swell within us. Some knowledge of complex underlying psychodynamic mechanisms can be very useful in the periods between MDMA sessions.

It is not the objective of this document to educate you in basic psychology. Instead we offer a list of books which we highly

recommend reading before you embark on the path of self-healing using MDMA. In effect, the best-case scenario for your healing is that you self-educate to a reasonable level of expertise in psychology.

To use a metaphor: If you were going to work alone to fix the engine of your car, beforehand you would—we hope—read a significant amount of material about how the car is assembled, how to access the engine, and what to do once you are there. This is akin to some aspects of the protocol as we describe it in this book. Ideally you want to be in a position where you are your own guru, and your own psychoanalyst.

Some critics would rightly point out that being your own psychologist can create some nasty feedback-loops, where the subconscious mind actively sabotages the work you are doing, while simultaneously convincing you that everything is going very well indeed. However, we have found that by introducing regular MDMA sessions, it is more or less impossible for this feedback loop to occur for any sustained period of time. The chemical inevitability that MDMA will break through your patterns of resistance make this self-psychologizing approach effective despite its limitations and risks when used without MDMA.

WHAT IS MDMA?

MDMA is an extremely powerful psychotherapeutic catalyst which reduces fear while increasing empathy. For this reason, it is said to belong to the empathogen-entactogen class of psychoactive drugs. This class of drugs stimulates feelings of interconnectedness, compassion, love, and emotional clarity.

While some claim to know the precise chemical action of MDMA and its effect on various neurotransmitters in the brain, we have found little evidence to support many of the claims surrounding the precise mechanism by which MDMA functions.

Just as it is one thing to read sheet music, and quite another to actually hear a piano being played, we don't feel that knowledge of the biochemical action of MDMA helps a person undergoing an MDMA solo experience. Specifically, *The Castalia Foundation* disputes the theory that serotonin availability is a core determinant of mood in humans.

Given that much research in the MDMA field focuses on this particular neurotransmitter, we don't find this research offers much value. That said, the issue of neurotoxicity is an important one, and we deal with this in more detail in the section titled *Dosing Strategies*.

What is not disputed is that MDMA reduces activity in the amygdala—a region of the brain which deals with our fear response—while simultaneously increasing activity in the prefrontal cortex—a region of the brain which deals with logical thought. MDMA also increases traffic-flow between the amygdala and the hippocampus. The hippocampus is a brain region believed to be responsible for memory-formation and retention. This increased flow of traffic between the amygdala and the hippocampus is thought to be an observable,

neurobiological marker for the experiential process of excavating, processing and integrating traumatic memories; first into conventional consciousness, and then into long-term storage.

Leaving aside the biochemical tap-dance that MDMA performs in the human nervous system, we will provide a brief outline of the subjective, human experience of taking MDMA within a planned, intentional, self-therapeutic context. This subjective experience is what you are likely to *feel* as you undertake a solo MDMA session.

After taking MDMA, behind the scenes, a dizzying array of neurological transmissions take place in your brain as past experiences and feelings are re-filed by the MDMA. This is rather like a chemical secretary sorting out decades of mess in a dusty back-office. However, your subjective experience will be very different.

HOW DOES MDMA FEEL?

Please note that the following, brief description is of a typical MDMA session that has been carefully planned and takes place in a safe, quiet space, *alone*. If you do not follow the precautions and preparatory steps outlined later in this book, then your MDMA session may not have the intended healing effect, and your session may end in a ‘comedown’—a ‘depressive’ phase which is sometimes caused by a person using MDMA without adequate respect and insight. This phase can often be avoided with planning and care.

Upon swallowing a carefully chosen dose of MDMA (see the section titled, *Dosing Strategies*), the solo-traveller will often enter a phase of mild uncertainty. A sensation of ‘nothing is happening’ will likely pervade the first hour. This is a mild defence of the ego (the current state of default-consciousness) which does not like the idea that anything so small as a tiny capsule of crystalline powder could fundamentally shift its perceptual field.

At some point during, or shortly after, this first hour the solo-traveller will become aware that something is shifting; that some change is occurring, and that the earlier feeling that *nothing-is-happening* has been replaced by a distinct widening of awareness.

At this point, it cannot precisely be predicted what will occur. Typically, the most pressing subconscious material will begin to rise to the surface of awareness for processing. Often this rising-up of material will begin with a distinct feeling of fear, or panic. This feeling of fear is precisely the subconscious affect-storm that kept the material away from everyday conscious-awareness up until this point. In other words: In order to excavate and process a compartmentalized traumatic experience, we must first disarm the ‘guard’ at that door of

our internal 'castle'. Often this metaphorical 'castle' contains all the unfelt and blocked-off pain and confusion that could not be safely felt at the time of the original trauma.

Provided that the solo-traveller breathes deeply and regularly, with meditative intention and trust, this internal 'guard' will put down its weapons and allow access to the traumatic material.

The overwhelming pain and confusion of a traumatic experience often trips a metaphorical circuit-breaker in the mind at the time of the event. Under the effects of the MDMA, however, an entire traumatic episode can, during an MDMA session, rise up again in astonishing detail.

You are likely to experience a broader understanding of the context in which you were traumatized, as well as an increased sense of compassion and understanding for the effect it had on you.

The next phase of this process will often, although not always, involve a release of sadness and there may be crying and shaking (more on this later in this book). Finally, a cascade of realizations will likely occur, during which you discover that you have made many mistaken assumptions about yourself. These assumptions specifically orbit your sense of responsibility for any trauma you have experienced. Often, and especially as children, we blame ourselves for what is done to us. With the realization that these false self-beliefs stemmed from the *trauma*, and not from *truth*, it will typically feel as if a great weight has been lifted, and this feeling will persist into your everyday life.

These new realizations may then be followed by the excavation of more trauma. And the cycle of revelations will repeat until the *MDMA Solo* session is finished several hours later.

The description above was an extremely broad outline of an *MDMA Solo* session. There are many other possibilities, and not all sessions end in such a succinct and conclusive way. Sometimes it is necessary to run another session in the days following the first—particularly when dealing with very complex and prolonged abuse experiences. Other times it may be necessary to integrate material from a session using dance, yoga, mediation or self-bodywork. Furthermore, some

sessions may only reach a satisfying resolution a day—or several days—after the actual MDMA experience.

Because we have all been hurt in very different ways; and because we have all constructed different internal structures to compensate for, and protect ourselves against, these traumas, it is hard to predict what any one session will bring. However, *The Castalia Foundation* has attempted to describe a generic experience with MDMA. While it may not represent your personal experience, you should be able to recognize elements of it as you progress through your healing.

CHOOSING MUSIC

The music you choose for your MDMA session will have a profound impact on the way that a session progresses, and the way that emerging material is supported. Choosing music for a session will, for the solo-traveller, become an art form in itself. As you begin to learn the various ways that music can be used as both a catalyst and a transformation tool, you will learn to pick music that best supports you as you reflect and heal.

MDMA is one of the latest in a long line of medicinal tools that, throughout human history, have served to reconnect a person with themselves and the world around them. More ancient forms of these tools include ayahuasca.

Ayahuasca, also referred to as yagé, is a psychoactive tea that has been used in Peruvian culture for over a thousand years. Ayahuasca is an integral part of the spiritual practice of many tribal communities in the Amazon. Ayahuasca is brewed primarily from a combination of the *Psychotria viridis* shrub and the stalks of the *Banisteriopsis caapi* vine. The tea induces many hours of mystical experiences during a 'ceremony', and is one of the most intense psychedelic experiences in the world.

We mention ayahuasca in this book because of the way in which this medicine can be intensified by vibrations in the air during a ceremony. Ayahuasca evolved as a healing medicine together with a parallel technology which is used alongside the ayahuasca. This parallel technology is: Music.

During ayahuasca ceremonies, this music often takes the form of songs, or icaros, which are sung by a shaman. These songs have

several purposes: First, they function as a form of reassuring guidance for those who have drunk the ayahuasca. Secondly, as an indication of passing time. Thirdly, the shaman's icaros are a strong catalyst of the ayahuasca tea itself. In other words, the shaman's icaros, or songs, can stimulate and intensify, through vibration, the effects of the ayahuasca.

A rational-scientific exploration of this phenomena may yield an unsatisfying understanding of the underlying mechanism of action, but the subjective experience itself cannot be denied: A person undertaking an ayahuasca session will discover that the shaman's songs indeed appear to interplay with the psychedelic experience. Strange though it may sound, it is as if the ayahuasca can, by some currently unexplained process, be remote-controlled to some degree by the icaros of the shaman.

Music is, in many of our so-called Western 'modern' societies, often not given much consideration in terms of its power to affect our mood, invite thought, or transform a space. Nonetheless, music's power to do so remains. Although the profound impact of music is obvious to anyone who has attended a live concert and been moved to tears, we are often surrounded by music of a relatively low quality and psycho-emotional vibration.

Music is, when directed in a meaningful way, an extremely complex and powerful means by which to communicate. It is, perhaps, our most advanced communications technology. This is because music communicates not only ideas and thoughts, but also *emotions*. The latter being music's most mysterious capability. Music is able to effortlessly transcend all known human language systems and shift the mood of a space. Music is, magically, not reliant on any formal understanding by those present.

A poem read in German, for example, would not be comprehended by the average Chinese citizen. However, a piano piece by Ludwig van Beethoven would likely have a substantial impact and be fully understood on an emotional level. Such is the power of music to energize, empower, and communicate.

The Castalia Foundation hopes that, by this point, you have an appreciation for the ways in which choice of music can effect your

MDMA Solo sessions. We also reach something of an impasse: Your choice of music for your sessions must be your *own choice*. Nobody else can know your specific needs during a session. Luckily, the subconscious mind is a powerful thing: Your choices when preparing a playlist for a future MDMA session will, when you run the session itself, often become oddly prescient. This is because we all have an inner-healer aspect to our psychological constitution. It is this part that will frequently become most active when you prepare for a session.

For reference, we provide here a link to a playlist that has been used to great effect during MDMA-solo sessions at *The Castalia Foundation*. As with all our guidance, we do not expect this to be used as a formula for all solo-travellers, but instead it is designed to be built-on, altered, or discarded in favor of your own personal choices. The playlist can be found on *Spotify* by searching for ‘*MDMA Solo by The Castalia Foundation*’.

This example playlist largely avoids music with lyrics—although it does include some as the session progresses. As a general rule, it is better to use music that cannot be misinterpreted, or is directive or distracting. Hence the bulk of our example playlist is made of music without singing. That said, we have found it very empowering and transformational to include some songs with lyrics towards the end of a session. Songs with lyrics can be healing, particularly if those songs speak to universal human values.

The example playlist is designed to be started approximately an hour after taking the first dose of MDMA. The playlist has been structured to approximately peak with the most common intensity curve of the onset of the MDMA. In other words: as the MDMA increases in intensity; so too does the music. This helps carry the session and potentiate the effects of the MDMA—just as a shaman’s icaros potentiate the effects of ayahuasca.

An MDMA session is typically concluded once the music playlist is finished, but this is absolutely not a rule. Many sessions may run way beyond the limits of this example playlist. For more information on this, you can consult the next section, *Structuring a Session*.

STRUCTURING A SESSION

The Castalia Foundation operates on the principle that you are your own guru; shaman; priest; doctor. On this basis, we are reluctant to prescribe specific session structures. This section has therefore been written to provide you with a flexible starting-point for your own experimentation and is not meant to be an inflexible prescription for MDMA self-therapy. That said, in this section we will specifically describe one possible MDMA session plan. This plan has been found to be effective in a wide-range of cases. It can serve as a framework for the beginner, or as a new method for those who have already experienced MDMA with a therapist but wish to embark on the solo-method.

The most effective MDMA sessions do not begin until a preparatory phase is complete. During this preparatory phase, the solo-traveller takes a week, or more, to consider the session. This allows time for relevant traumatic material to organize itself in the subconscious mind in anticipation of release. This ‘pre-flight’ phase is well-known in traditional LSD or holotropic breath work sessions. This phase also allows various subconscious processes to unfold in the time leading up to a planned psychedelic session.

During this preparatory time, the traveller may find that the intensity of their dreams increases, or other psychological epiphenomena arise. This is a sign that the psyche is preparing itself for the therapeutic experience of an MDMA session. For this reason, it is generally inadvisable to undertake a solo-MDMA session on an impromptu basis. Sessions should—with some exceptions — be scheduled a minimum of a week or more in advance. This will give the subconscious mind adequate time to ‘housekeep’ and ‘arrange’ various

neurobiological systems in anticipation of the approaching session date.

The Castalia Foundation strongly advises that you are extremely well-rested in the days prior to a solo-MDMA session. We also suggest that your sessions are scheduled to begin around sunrise. There are two reasons for this: The first is that the rising of the sun is a symbolically potent parallel to your own journey. The second is that sessions which begin in the morning will typically end before sunset.

Beginning a session in the early morning ensures that you can eat, rest and then sleep at your normal time at night without breaking the natural pattern of the body's circadian rhythm. Although MDMA sessions can be scheduled later in the day, a common consequence of doing later sessions is a restlessness and sleepless as the stimulating effects of the MDMA persist into the night. Without exception, we have found that sessions begun in the morning are much more effective and less draining on the body.

A typical session time is eight hours, but sessions can occasionally be shorter or longer than this. Sometimes the material demands a longer sessions, and other times a relatively short session may feel right. Predicting the length of a session is impossible because it is determined by factors including:

- The material to be processed.
- The speed at which it is processed.
- Resistance and distraction by aspects of the psyche
- The choice of dosing strategies.

It is often the case that we resist the emergence of difficult traumatic material, even when under the influence of MDMA. This is because it has become our habitual pattern to do so. This habitual pattern is our enduring protective mechanisms of suppression, repression, or 'depression' (meaning 'to push down'). This is the very mechanism that saved you from being overwhelmed by your nervous system at the time of traumatic experience. Sadly, many 'medical' providers misdiagnose 'depression' as an *illness*, when it is, most often, a *symptom*.

‘Depression’ is the act of pushing-down. But what is being pushed down? Feelings, memories and—most often—*anger*.

The experienced solo-traveller will soon come to discover that the human mind has an incredible ability to protect itself under extreme duress. It often enacts this protective function by splitting and compartmentalizing traumatic experience. This experience is then separated from conscious awareness as a protective function.

The psychological ‘floodgates’ that are lowered into compartments of the mind during times of trauma can be opened up during MDMA therapy. The experience of opening these floodgates—as sessions progress—runs the gamut from fear (in early sessions) to a calm familiarity (in later sessions).

Although the conscious mind never fully relaxes into the process of wholesale adjustment and re-adjustment demanded by MDMA-solo sessions, there does come a point in self-healing where encountering the *unexpected* becomes more *expected*.

While, in early sessions, you may feel a sense of panic and fear which must be attenuated by deep breathing, in later sessions, you will find it easier to switch into a mode of meditative acceptance. For this reason, it is useful to have an existing meditative breath work practice from which to draw experience.

Solo MDMA therapy is, therefore, not unlike yoga: it becomes much easier to work with MDMA when your breath is used to consciously move *through* and *into* emotional states as they arise. Overall, the subjective experience in an effective MDMA session is one of running *towards* spaces in your mind that you have—consciously or not—previously run *away* from. This can take some practice.

For your first few MDMA sessions, *The Castalia Foundation* suggests one dose of MDMA in the 75-120mg range, followed by a second dose, 80 minutes later, in the 40-60mg range. This second dose is commonly referred to as a ‘booster’ dose and can sustain the effects of the MDMA for a longer length of time.

These doses are not specified as an ‘ideal’ dose, but merely as a known safe-dose that will give the solo-traveller a broad impression of the

capabilities of MDMA. Once you have some experience in this range of dosing, you may later decide to use less, or slightly more MDMA during a session. There are many variables to consider when making a decision about dosing.

In later sessions, you may choose to use different dose combinations. This includes the option to adopt a practice known as *tapered dosing* when, and if, appropriate. *Tapered dosing* is where the booster dose of MDMA is given several times at increasingly smaller doses over several hours. This has the effect of ‘landing’ the MDMA experience more gently—easing the transition between the MDMA state and everyday waking consciousness. This can be vital when processing the most extreme trauma—the type of compound traumas that took place over many days or weeks. Examples of extreme trauma include prolonged episodes of ritual abuse, torture or captivity.

Once the first dose of MDMA has been taken, it is good practice to set a timer for 80 minutes. This will remind you to take the smaller, booster dose of MDMA. Onset of action for the first dose will be approximately one hour, but it is not unknown for the effects, or anticipation of the effects, to be felt within minutes. Conversely, you may feel no conscious awareness of the MDMA taking effect until after you have taken the booster dose 80 minutes after the first dose.

There is normally a ‘this isn’t working’ phase for most first-time explorers during the first hour after ingesting the MDMA. This is entirely to be expected and rather than fixating on this feeling, it is useful simply to find a quiet space to reflect and meditate before the MDMA begins its work.

The reason for a wide variation in the onset of effect is likely to be a combination of psychosomatic reaction, varied metabolism and/or resistance. Diet leading up to and on the morning of the MDMA session will also have an impact on the rate of onset and the quality of the experience. We discuss these factors in more detail in the chapter titled *Optimizing Your Body for a Session*.

Whatever the precise causes for variation in the speed of onset in each individual case, the MDMA will invariably have some noticeable influence within the first two hours of imbibing it. Ironically, whenever the MDMA does actually begin to thread its way into your

neurobiological tapestry, your focus is likely to be on the material emerging from your psyche rather than the fact the MDMA is ‘working’.

Traditional MDMA therapy sessions involve the ‘patient’ lying down on a couch or bed. We reject this prescription and have found more success when solo-travellers are free to choose the environment and position in which they undertake their exploration.

It is often more effective to begin a session sat upright in a meditative posture and then to choose, later in the session, what position best-suits processing of the traumatic material as it arises. You may change position several times during a session, stretch, pace, dance, or even run on the spot. The important thing is to remain in a safe space, permit yourself a full range of motion, and watch out for any defences which may occasionally use unnecessary movement as a means of distracting you from addressing an internal problem. For more information on this, see the chapter titled *Protector-persecutor introjects*.

Much of the work required to heal trauma with MDMA is internal work, and for this reason it is advisable to limit distractions as much as possible during a session. A neutral default position can be returned to if you need to reground yourself. Placing a cushion on the floor and assuming a traditional crossed-leg meditation pose is a popular pose. Sitting upright in a chair can also be a good place to begin a session.

The Castalia Foundation does not prescribe any particular set and setting. Instead, here are a few example which illustrate the variety of *setting* in which MDMA can be used to heal. Please feel free to experiment with your own environment for optimal effect:

- Sitting upright in a comfortable chair in a bright, sunlit room.
- Lying down on a bed in the dark.
- Sat on the floor, surrounded by childhood photograph albums.
- In front of a piano.
- In a quiet, unoccupied garden where you will not be disturbed.

- In a hotel room with a 'do not disturb' sign on the door.

These are just a few examples to give a sense of a variety of spaces in which MDMA can be safely used by a solo-traveller. The most important considerations are solitude, privacy, peace, and quiet.

Provided distractions are kept to a minimum, we have learned to trust a person's instinctual sense of how and where they want to heal. As a broad rule-of-thumb, you can choose the location where you want to undertake your solo-sessions based on asking yourself the following question: "If there was a quiet, gentle space, where I would like to meet myself as a child again and have a conversation with that child: Where would I meet this child for eight hours, without distraction, and what else would be in that space?"

The most important thing is that you feel safe, comfortable, and away from people. Although this might sound somewhat unnerving to begin with, it is precisely this feeling of not wanting to be alone, or fearing what doing a session alone might entail, that is your *resistance* to the process of truly meeting yourself. If you cohabit with others, you will need to ask them to respect your need for time alone. The process can take place while others are nearby, but resist the impulse to make contact with them before your session is complete. It is very easy to get distracted. Socializing during a planned *MDMA Solo* session is often a form of psychological resistance to confronting your own internal landscape.

As a precaution, for the first two sessions, at the minimum, we recommend that you have access to the telephone number of a trusted friend who you can call in an absolute emergency. We also strongly advise you to write a note to yourself before the session and display it prominently in the room. This note should read something like, "You can do this. Trust yourself. I love you. Everything will be okay."

This note should be sufficient to remind you to persist in your inner journey alone, without reaching out for external help. The objective here, after all, is to build strong internal resources, not to build new dependencies. The more persistent you are in visiting, and re-visiting your traumas in a safe, trusted space, alone, the more you will build the infrastructure of self-care that was stripped from so many of us as children.

It is critical, on the morning of an MDMA session, to eat a light, simple breakfast—porridge, for example. It is also advisable to make at least three fresh-fruit smoothies (approx. 300ml each); a light snack (for half-way through the session); and dinner (for afterwards). Consuming these three smoothies at intervals during your *MDMA Solo* session will minimize the chance of a ‘comedown’ after the effects of the MDMA have worn off. The smoothies can be drunk at approximately two-hour intervals as the session progresses. Dinner can include a fruit salad as dessert. You can also supplement after the session with a standard multivitamin pill.

With adequate self-care, and sleep, the nutritional-causes of side-effects from the MDMA (in the doses described in the next chapter) can be eliminated.

If, after our nutritional guidelines are carefully followed, a ‘comedown’ is still felt, this feeling is extremely likely to be a counter-attack from internal defences and not an inherent side-effect of the MDMA experience itself.

There has been a significant propaganda campaign waged against MDMA by authoritarian governments. This propaganda has been compounded by the popular use of ‘ecstasy’ (a commonly adulterated street form of MDMA) in club settings.

Casual use of ‘ecstasy’ (the street drug) has added to the hysteria surrounding respectful use of MDMA (the pure, crystal compound). Many clubbers neglect their health when using ‘ecstasy’. Additionally, many clubbers use ‘ecstasy’ which is not pure MDMA. Street ‘ecstasy’ is commonly mixed with all kinds of other substances, including speed (Methamphetamine)—a notoriously unhealthy additive.

Even pure MDMA—when it is available on the street—is often improperly used in a club situation. As a result, many people claim that the sensation of a ‘comedown’ is a natural consequence of the ‘ecstasy’ or MDMA experience. This is misleading. *The Castalia Foundation* has observed that most so-called ‘comedowns’ are a clear consequence of dehydration, lack of sleep, poor eating-habits, or using MDMA to escape feelings rather than engage with them. Comedowns may also be a consequence of clubbers using a completely different substance to the one which was purportedly sold to them.

DOSING STRATEGIES

For the purposes of undertaking solo MDMA therapy, government propaganda has raised one primary concern for the traveller, and this is: *What are the risks to my brain and body in taking MDMA?*

While we encourage every reader to do their own research, *The Castalia Foundation* has found that MDMA, at doses below 300mg (in three or more tapered-doses over a single session) does not cause perceptible long-term negative side effects in the human population. In fact, quite the opposite.

We refer to this 300mg dose not as a starting point for solo-sessions, but as an absolute maximum session-total that can be used when dealing with the most extreme traumas—for example, extensive ritual abuse. An example of a 300mg tapered-dosing strategy for confronting extreme trauma is:

- 120mg MDMA first-dose
- 60mg MDMA 80 minutes after first-dose
- 50mg MDMA 160 minutes after first-dose
- 40mg MDMA 240 minutes after first-dose
- 30mg MDMA 320 minutes after first-dose

The Castalia Foundation is not aware of any trauma that would require more than 300mg of MDMA in total for processing. More typically, two low doses (75-120mg, first-dose; 60mg second-dose) can be used very effectively in solo sessions without the need for additional, or tapered, dosing.

One objective of solo-use MDMA therapy is to reach a point where you are able to choose your own dose—within known safe ranges. *The*

Castalia Foundation has determined that the most cautious dosing strategy for a beginner is a single dose of 75mg. This will allow you to understand something of the nature of the MDMA experience. However, at some point during your self-healing program, you will begin to develop an intuitive sense—consciously or not —of what might arise in the next session, and dose appropriately.

Lower doses of MDMA can occasionally be insufficient in providing support to a survivor when extreme trauma rises for processing. This can result in a feeling of uneasiness and ‘being on a precipice’. Equally, too high a dose can cause a person to sail blissfully past traumatic material. It can then be difficult to focus on the objective of the session.

The optimum MDMA dose for a solo session is, therefore dependent on two factors:

1. The severity of the trauma to be healed.
2. Known safe limits / personal tolerance of the MDMA.

After approximately ten sessions, solo-travellers will reach a state of symbiosis with the MDMA and can choose their own dose for sessions, within known safe ranges. We recommend running these initial ten sessions using the 75-120mg, first-dose; 60mg second-dose strategy. This will provide a good grounding from which to make customized dosing decisions later in your journey.

AFTERCARE

In the hours or days following a session you may feel a variety of emotions. These emotions can range from calmness, a sense of connection and joy, all the way through to depression, anxiety and confusion. Recovery, especially from deep trauma, is rarely a linear path. Instead, you are most likely to experience a journey of healing using MDMA that oscillates from positive to negative feelings then, over time, trending towards improvement.

The process of long-term healing using MDMA tends to be one of two-steps forward, one step back. Breakthroughs are often followed by counter-attacks by those internal processes which have habitually protected you from the full affects of early trauma.

To use a metaphor: Each time you use MDMA to break through the 'castle gates' of your psyche to free the part-selves of you that are imprisoned in the rooms within, there tends to be a short but uncomfortable counter-strike. This counter-strike is an indication that those 'guards' who abandoned their posts under the calming effects of the MDMA are now re-activated and shocked to discover the doors of the 'castle' have been opened and prisoners freed.

This might sound like a somewhat bizarre situation: *Why would your psyche contain 'guards' that attack you?* The simple explanation is that these 'guards' were created at the time of severe trauma as a means by which to shut-down and close-off regions of experience that would otherwise have debilitated you.

With time, the function of these internal 'guards' became unnecessary, but they have persisted in their work. Hence, these 'guards' or 'introjects' are both 'protectors'—they *protect* you against

the overwhelming traumatic material; and also ‘persecutors’—they *persecute* you by limiting your freedom of feeling and expression. This is a superficial explanation and you can learn more about internal mechanisms of trauma-management in the section of this book titled *Protector Persecutor Introjects*.

Post-session aftercare is extremely important. The objective with aftercare is to calm and soothe yourself in the hours and days after an MDMA session. There are many different ways to do this, but at the most basic level, *The Castalia Foundation* has found that preparing a soft, quiet sleeping area; fresh-fruit smoothies; and a light meal are good ways to close a session.

Do not expect to necessarily feel immediately better after an MDMA session. It may take one or two days to fully determine what effect a session has had on your general wellbeing. It is often the case that significant breakthroughs come in the days following an MDMA session rather than in the session itself.

In order to maximize the opportunity for such breakthroughs to occur, it is advisable to ensure that you have a minimum of one free day after a session. This space and time will give you the opportunity to reflect on material that emerged during the session and to explore any emerging feelings and emotions that typically rise up to be felt. Naturally, with a typical working schedule, this means that you may need to commit many weekends to your therapy work.

MDMA is a powerful therapeutic tool, but it is a mistake to assume that your session ends when the tangible effects of the MDMA wear off. More often, solo-MDMA therapy is a process that unfolds over days, weeks and months.

Your solo-sessions with MDMA will punctuate this process with moments of deeper revelation and the excavation of traumatic material. However, the intervals between sessions are part of the experience. New realizations, discoveries and healing moments can occur at any time once your journey is begun.

Healing with MDMA is a journey that, with full-commitment, is a new *lifestyle choice*: It is the choice to *feel* and *accept* yourself at all times; *everywhere*. Do not expect moments of grief, sadness, joy or confusion

to confine themselves only to the allocated hours of the MDMA session. By the end of the healing process, you will have become an expert in listening to yourself, and caring for yourself both during a session, and in the world outside.

Many of us who undertake solo-therapy with MDMA have, because of the very nature of our early trauma, struggled to adopt a healthy self-care routine. It is important, then, to be vigilant during the recovery process. You will, in effect, self-teach yourself an entirely new way of relating; personally and interpersonally. As the MDMA healing process unfolds, it is normal to suffer momentary setbacks which then bring you more understanding about the ways that you were taught to neglect, ignore or mistreat yourself. These behaviours were, most often, programmed into you by the way that caregivers related to you during your most vulnerable and formative phase of life: *Childhood*. In short, as children, we learn to treat ourselves *inside* as we are treated by others *outside*.

The repetitive commands and rebukes of our caregivers often come to supersede our *inner voice* as children. Many of us, as adults, have forgotten how and when our inner voice was taken from us. We have forgotten how our self-confidence was hijacked by a long-gone caregiver.

Many humans, consequently, do not have full-control of how they *think* and *act* because they remain joyridden by the ghosts of their childhood 'programmers'.

In summary: Do not expect any single MDMA session to improve your general sense of wellbeing. Sometimes the opposite can happen. However, over several sessions you should notice an upwardly-trending improvement in your sense of calm and connection with the world and other people.

Looking after yourself immediately after a session is critical. Prepare for the eventuality that you may feel extremely drained and tired after processing difficult material. Try to relate to yourself in these moments as you would to a child: Give yourself healthy food; stay hydrated; get to bed at sunset; and remind yourself that the process has its moments of setback but overall it is worth the journey.

As always, mediation, yoga, or adjunctive therapy with low-dose LSD, can be extremely useful when managing the occasionally difficult after-effects of deep trauma-healing work with MDMA.

INTEGRATION

As with traditional psychedelic work, MDMA benefits from an ‘integration phase’. *Integration* means to bring something into a whole; to *unite* it. For the purposes of MDMA therapy, integration is the process of introducing and re-introducing yourself to the previously depressed (meaning ‘pushed down’) material that rose up for healing during your MDMA session. An integration phase is undertaken by the solo-traveller in the days or weeks following an MDMA session and can take many forms.

An MDMA integration phase takes place in the interlude between MDMA sessions. It is a time during which you process and reflect on the material that rose up in the previous session. This phase typically involves an activity or task that is undertaken with the specific intent of releasing any abreactions or feelings from the body that remain unresolved from an MDMA session.

For example, when revisiting an experience of childhood violence while supported by MDMA, you may re-experience a series of feelings and tensions that related to this specific act of violence. Although the bulk of these feelings will be released during the solo MDMA session itself, often others will be released in the days that follow a session.

It is often the case that—particularly with more severe traumatic episodes—these difficult feelings persist into everyday life after the session. A conscious effort must therefore be made to find space and time to safely defuse these associated tensions.

Integrating an MDMA session is as important as the session itself. Integration is an opportunity to work through previously denied emotions and to establish a new sense of personal wholeness.

Integration is the process by which you accept and interleave your previous self-identity with an updated self-identity which includes the previously shut-off traumatic material.

Walking, swimming, meditation, yoga, drawing, journalling or playing music are all possible means by which to integrate material from an MDMA session. You may choose to set an intentions, during these activities, to reflect on whatever rose up during your MDMA session, and to consciously defuse the psycho-emotional payload of your past through movement in the present.

The Castalia Foundation does not wish to prescribe any particular method for integration. We have, however, observed great results in those who take long, quiet walks in nature, especially around a lake, and set an intention to use this time to integrate their MDMA session. Any quiet, thoughtful activity that gives space and time to think can be a great way to process a session. We reject the tradition approach of integrating with a 'therapist' or 'support group'. This is prone to re-enactment, distraction and displacement.

Those solo-travellers with complex traumas that spanned many years, and involved many abusers, may find it is useful to draw a large 'map' of experiences which is added to after every session. In effect, excavating trauma of this scale can be like piecing together a complex jigsaw puzzle and will require prolonged integration phases in which shattered aspects of the psyche are given time to fully defuse their affect-storms. Anger can be a significant emotion during these integration phases, so it is advisable to find a safe, convenient way to express this without displacing it onto another human. Some solo-travellers find that acquiring a punch-bag and some boxing gloves is an essential way to release anger during this time.

Hitting a punch-bag, a pillow, or something similar, is not necessarily a long-term solution to the problem of split-off anger. Expressing this anger is a release valve for the energy that was previously fuelling depression, and must now be directed somewhere else. If we don't hit the punching bag, or pillow, there is a risk we will 'hit', literally or psychologically, another person. This previously latent energy must go somewhere even if this process of release is not the ultimate

resolution of the problem. The ultimate resolution, of course, is to integrate the split aspect.

SESSION FREQUENCY

After observing hundreds of MDMA sessions, and listening to the reports of solo-travellers, *The Castalia Foundation* has determined that an initial session frequency of once every two months is a good starting point.

The Castalia Foundation has determined that, in the most severe cases, it can take over one-hundred MDMA sessions, undertaken over many years, to fully heal and deprogram a human. A broad rule-of-thumb is that the younger a person is, the less harmful social-conditioning and trauma-based programming they will have experienced, and the less time will be required to heal this.

Do not let the prospect of a long healing-journey dissuade you from the self-healing path. It may sound like a difficult and arduous process to fully embrace this process, but with almost every session comes another peeling-back of defensive layers. And with many sessions comes an increased sense of wholeness, love, and interconnectedness.

As you progress through your sessions, you will likely come to the realization that your culture has devised all kinds of elaborate terminology to trap you. For example: Many doctors have bundled together various symptom-clusters of severe trauma and labelled them with all kinds of bizarre and elaborate terminology in a priestly handbook called the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*). This was a mistake.

Everything from anxiety to schizophrenia, depression, ADHD, and anorexia is a *symptom* of trauma, not a discrete illness. Unfortunately, many doctors on Earth have, for decades, treated these symptom clusters as if they have no cause.

Thomas Szasz, who wrote *The Myth of Mental Illness* (1961), observed that diagnosis is the means by which doctors, psychologists, and psychiatrists control and stigmatize people. Szasz observed that, in our societies, “If you talk to God, you are praying; If God talks to you, you have schizophrenia.” In other words: Mental illness is a social construct in the head of the diagnostician.

R.D. Laing came to an equally refreshing conclusion after extensive work as a psychiatrist, writing that, “Insanity is a perfectly natural adjustment to a totally unnatural and negative environment”.

The perfect modern example of a modern diagnostic myth is ADHD (Attention Deficit Hyperactivity Disorder). ADHD is a common symptom-cluster resulting from extreme abuse in childhood. Yet, it has been popularly misunderstood as a rootless affliction.

One reason why ADHD is such a popular modern diagnosis is that by pathologizing the *symptoms* of distress we avoid challenging the *causes* of distress. Therefore, those caregivers who create the ‘ADHD’ symptom-cluster though abuse avoid being held to account.

The Castalia Foundation does not deny that ADHD exists conceptually: That is to say, it is a term that some doctors use to describe a cluster of symptoms. But we have seen no evidence that this label is anything more than a way of distancing a person from the reality of their childhood circumstances, the causative reason they have this symptom cluster.

The symptoms of ‘ADHD’—being hyper-alert, distracted, and obsessively overthinking—kept many people alive as a child. The child who is under threat has to constantly monitor the environment and anticipate the abuser’s next move.

This eventually becomes habitual and migrates, ultimately, to become the child’s, default way of relating to the world. What doctors call ADHD is a functional-adaptation to adverse circumstances: A logical reaction to persistent chaos and risk in the immediate environment of childhood.

Then, in the clinic, the child's logical reaction to their environment is turned into a ‘disease’ or ‘illness’ by the short-sightedness of a ‘doctor’.

In other words: The survivor's reaction to abuse is labelled as the problem. The environmental trigger for these symptoms is never properly investigated. As Alice Miller observed, "The victimization of children is nowhere forbidden; what is forbidden is to write about it."

To use a metaphor: With ADHD it is as if you have a bullet wound, but instead of acknowledging that you have been shot, all the doctors around you say that you have a condition called BFTS – Bleeding From The Skin.

This is the current state of medical science on Earth. A place where, metaphorically, nobody considers the bullet that caused the wound; or wants to talk about the gunman. This is because the gunman is often running things.

'Gunmen' are often in positions of power. It is therefore taboo to discuss them or the effect they have on us. One primary example of a taboo 'gunman' is that 20 percent of girls (1 in 5) and 8 percent of boys (1 in 12.5) will be sexually abused before their 18th birthday (*Pereda et al*, 2009), many of them within their family of origin; and certainly all of them within the broader 'family' of humanity itself. These figures are likely to under-represent the problem. Other researchers (2012 *Canadian Community Health Survey on Mental Health*) have discovered a figure closer to 1 in 3 children experiencing abuse.

Abuse of this severity and scale can only take place within a society that collectively consents to such abuse. This consent is given through participation, enabling, and denial: In other words, many of the medical and governmental institutions that come up with terms like ADHD, and write manuals like the DSM-5, operate precisely within the same ideological construct that permits this widespread abuse to take place.

Anyone reading this book who has been labelled by 'professionals' with a mental health condition may find it interesting to watch the movie, *Family Life* (Ken Loach, 1971). This remarkable movie follows the life of a young woman, Janice, whose reaction against her abusive caregivers is deemed to be mental illness. This movie is the best example of R.D. Laing's theories in practice: Society cannot accept the reality of abuse, so the victim is labelled as the problem and 'medicated'.

Many medical institutions seek to obfuscate the true causes of mental health conditions by using dead-end labels such as ‘depression’.

Put another way: The medical community is given certificates of validation by the exact same institutions who have a predatory stranglehold on your planet. These institutions will rarely give a certificate to anyone who refuses to hide their abuses—consciously or not.

It is also likely that you have been conditioned to believe in a condition called PTSD (Post Traumatic Stress Disorder) that affects a *small* proportion of the planet. The reality is that almost *everyone* on Earth is living in a post-traumatic state. Those who we label as sufferers of PTSD have merely crossed the threshold of an arbitrary red-line that some doctors have used to categorize those of us who exhibit the *most severe* symptoms of trauma.

This is an important consideration when determining how frequently you run your MDMA sessions, and how many sessions, in total, that you undertake. Some of the more popular theories orbiting MDMA suggest that the objective is to treat a person until they fall beneath the threshold of a PTSD diagnosis. At *The Castalia Foundation*, we completely refute this idea. Our objective is to self-actualize humans, allowing you to reach your full potential as inventors, creators and lovers. These may sound like lofty, even idealistic, objectives, but they are within the reach of everyone who chooses to self-explore with MDMA.

During traditional MDMA-therapy, when a person falls below the threshold for a PTSD diagnosis, often they have merely reduced their level of suffering to below the *worst possible* category of suffering. This is, in our opinion, hardly cause for celebration. It is akin to celebrating because the prison-guards of the jailhouse in which you are being held have released you from solitary confinement and placed you in a ‘regular’ jail cell.

The Castalia Foundation advocates for a completely different objective. We believe that the only escape worth making is a complete escape. For this reason, our MDMA-solo protocol is designed to take a human being who is subservient, socially-conditioned and a natal-amnesiac, through to someone who is alive, free-thinking; fully cognizant of

their childhood; and self-determined. This is no small feat and will require a long and, at times, gruelling climb to the top of Mount Awareness.

To return to what this means for session frequency: The solo traveller will, after a year of sessions, each spaced two-months apart, begin to notice an increase in the speed and effectiveness of their integration phases. As time progresses, the solo-traveller will become more adept at ancillary practices like yoga, meditation and self-reflection. As these practices become more efficient, the interludes between MDMA sessions can be correspondingly reduced.

In other words: The better you get at processing an MDMA session in the days following it; the more often you can schedule sessions. Ultimately, session-scheduling at the four or five year mark can be increased to frequencies as high as bi-monthly and, in specific cases, weekly.

Again, this discovery stands in direct opposition to the propaganda of some who claim that MDMA is fearfully neurotoxic. If this is a concern for you, and you want to learn more about the health practices that considerably eliminate the risks of harm from MDMA, please refer to the chapter titled *Optimizing Your Body*.

Each solo-traveller will have their own unique way of working with MDMA and session-frequency should ultimately be determined by your intuition and experience. You may feel, at an early point in your healing, that you do not have a strong, or reliable, sense of intuition. It was taken from you as a child. However, your intuitive skill, together with other new capabilities, will grow as you progress through the solo-MDMA therapy experience.

The MDMA healing experience itself could be viewed as a training-camp for building trust in yourself—a self-trust that was conditioned out of so many of us by the sociocultural practices of ‘child-rearing’ on this planet.

In some cases, it is possible that a person experienced only a few significant traumas. In these rarer cases, it is plausible that a lower number of sessions will be necessary. However, more often, there will be a vast constellation of experiences to process.

Because of the way that social systems interlace on this planet, the old shamanic adage is true: Our *village* is sick. This means that while any one of us on the planet is in pain, confusion or servitude, we *all* are, and we *all* carry various aspects of this trauma in our own lives.

Most early trauma is like a pebble dropped in a pond. Even if there was only a single inciting event, the ripples of this experience will have caused many subsequent traumatic events to occur. It would be unlikely (but not impossible) to process this all in, for example, two sessions. But we do not totally rule it out.

You are the best judge of your healing path: Wait and see if a 'depressive' or difficult phase arises again; or if you return (or feel the impulse to return) to any compensatory behaviours or addictions. *The Castalia Foundation* uses these as strong markers for the need to do an additional session.

Depression is *repression*. And we do not say this lightly: Experience has borne it out time and time again. Every MDMA session *The Castalia Foundation* has seen scheduled during a depressive phase has almost immediately uncovered the traumatic material below consciousness that necessitated the person 'depressing' (meaning 'pushing-down') their emotional state.

WHEN AM I FINISHED?

For thousands of years, Earth's cultures have used psychedelics and other consciousness-shifting technologies to connect with themselves, each other, and the planet. Our modern consumer-culture is unique in that it does not currently endorse a psychedelic sacrament as a central part of the community experience. The closest our society has to such a sacrament is alcohol—the world's most dangerous social drug, and a consciousness-*contracting* (rather than *expanding*) agent.

Contrast our societal prohibition of psychedelics with, for example, what we know of South American cultures in which ayahuasca was (and still is) used regularly within society to resolve disputes, connect with the flora and fauna, heal sickness, and restore balance. Ayahuasca *expands* consciousness, creates *awareness* and resolves problems.

MDMA, like ayahuasca, has potential to be used as a tool not merely for healing, but also as a communications facilitator between the planet's living biosphere, and us as humans.

You could view MDMA, like ayahuasca; LSD; and others in the family of consciousness-shifting agents, as a kind of cosmic telephone — a way to make contact with the broader planetary ecosystem and beyond. We mention this because you will ultimately reach a point in your MDMA journeying where the trauma of your biography is largely resolved. This, however, would not indicate the need for a cessation of MDMA in your life. Instead, you might, at this point, decide to use MDMA once-a-year within a quiet, respectful setting, as a means of maintaining contact with the greater realms of awareness that surround us.

If you have yet to experience any of these consciousness-expanding technologies, the idea that MDMA can potentiate your connection with a kind of super-material planetary-meta-consciousness might seem extraordinary. Necessarily, then, we will leave this topic here, as those who have already experienced such a cosmic communication-uplink will already know what we are talking about, and those who have yet to experience it will understandably doubt it is possible. This is, sadly, the extent to which many of us have been socially conditioned by our wounded cultures: We have been told, since childhood, that there is no magic.

In fact, *there is magic everywhere.*

Another important thing to bear in mind when embarking on MDMA self-therapy is the risk of a 'false-finish'. This occurs when, several sessions into a course of solo-MDMA therapy, you reach a state of confidence that you have excavated the core of the trauma. Sometimes this can be a clever way of the 'ego' (current self-image) avoiding confrontation with new material that, as a child, threatened to destroy the organism. Other times, it may genuinely represent a finish to the therapy work.

There is a simple way to determine whether you have authentically defused the full extent of your trauma: Keep running solo MDMA-sessions at respectful intervals until no traumatic biographical material arises in the session.

To use a metaphor: *The well is dry when no more water comes up in the bucket.*

At the point where sessions are clear, bright, and gentle you know you can stop hoisting the bucket up. At this point, you can either make the decision to replace MDMA with meditation, yoga or another reconnecting practice, or you can choose to continue using MDMA as a religious (in the true sense of the word, meaning to 're-connect') sacrament once or twice a year.

DE - PATTERNING

Long-term behavioural change is extremely difficult to induce in a full-grown adult human. This is because our habitual behaviours become etched into our personal neurological landscape. This etching process is similar to the way a river erodes a deeper and deeper channel into its bed with every passing year.

As with this river, the water of our thoughts will tend to run down the same pathways it has run down in the past, again and again, until those shallow rivers become great canyons. This process takes place from childhood into adulthood.

Most adults, then, have these great metaphorical ‘canyons’ worn into their minds. This is why behavioural change is so difficult to make for an adult: Adults are not neuro-biologically designed to change their minds.

Luckily, we do have a means, as adults, to *change* our minds and re-route these ancient rivers of childhood-indoctrination. We have had these methods for centuries but, in the so-called ‘developed world’, we have forgotten them. Such methods include meditation, yoga and other esoteric practices. However, by far the most infallible means by which to change our behaviour as adults is to use a psychedelic.

A psychedelic (meaning ‘soul-revealing’ or ‘mind-manifesting’) medicine allows you to examine your existing inner landscape and, with practice and determination, to re-program it. This is easier said than done.

The Castalia Foundation must re-emphasize at this point: Long-term behavioural change in adults is *very difficult* to induce. However, it can be achieved. Such a state of self-programming has been described by

scientists such as John C. Lilly as a *meta-programming* state. Lilly wrote a book titled, *Programming and Metaprogramming in the Human Biocomputer* (1968). This book put forward the idea that humans are elaborate, programmable systems but that, for many of us, this programming remains unconscious.

Lilly observed that, “All human beings, all persons who reach adulthood in the world today are programmed biocomputers. No one of us can escape our own nature as programmable entities. Literally, each of us may be our programs, nothing more, nothing less.”

A meta-programming state, however, is an escape from this predicament. A meta-programmer is a person who becomes aware of their previous capacity to be programmed, or conditioned, but then—instead of being buffeted about on the winds of society’s prevailing ideologies—chooses to *program themselves*.

Timothy Leary, who founded *The Castalia Foundation* in 1964, warned us that, “The brain is not a blind, reactive machine, but a complex, sensitive biocomputer that we can program. And if we don't take the responsibility for programming it, then it will be programmed unwittingly by accident or by the social environment.”

This, then, is the enduring secret of our age—understandably omitted from any school curriculum. The secret is that we are all, in fact, *human biocomputers*—very complex, intelligent, programmable neuro-biological robots. This is not to say that we are not potentially *magical*. And it is not to say that we are not potentially more than mere robots. But it is essential to understand the programmable nature of the human mind if we have any chance of undoing what was done to us by our ‘cult’ or ‘culture’.

Most of us are running on old, broken code, programmed into us by people who sought control over us—consciously or not. We are, to a greater or lesser extent *mind-controlled*.

Just as a sufficiently sophisticated robot might become aware that it has been programmed to attach bolts on a production line and then decide, with this new level of awareness, to leave the factory and become a poet, we—as *human biocomputers*—also have the capacity to

wake-up to our specific set of programming routines; alter them; or reject them entirely and create new ones.

Reaching the status of self-metaprogrammer is an extremely difficult undertaking. It is only achieved by a small subset of those who undertake it. This is because, as we have described: Adult humans are biologically predisposed to revert to their habitually worn neural pathways.

In other words: just as a river flows down the path of least-resistance (the path previously worn by the river over time) so too does thought flow through the mind. Our core programming as children is, for many people, never questioned or altered. As a result, many of us live, and die, as unconscious robots—slaves to the early imprinting of our family-of-origin.

Not only do we have to fight our existing programming to enact change, but we also have to overcome very strong internal resistance to this change. Often a survivor of sustained trauma will have an internal system populated with *protector-persecutor introjects*.

These introjects are virtual-installations of the people who wounded us. These introjects roam our neural subsystems beneath the level of everyday waking consciousness, rather like a computer virus which has burrowed its way into the kernel (or ‘deepest’) level of an operating system and is running malicious code.

Those who hurt us most profoundly in early-life will typically become *internalized* in our psyche. These internalized versions of those who hurt us in the physical world will then attack us *internally* before we are attacked *externally*, so that can avoid external pain. This is a protective mechanism adopted by the human nervous system: To anticipate the external abuser, and take evasive action.

Causing the *internalization* of an *external* abuser is a known method of trauma-based programming that is sometimes used unconsciously by parents, or consciously, by organized groups—such as those who participate in ritual abuse. We will return to this topic in much more detail in the section titled *Introjects*.

Anyone who has worked significantly with psychedelic and/or empathogenic medicines (like MDMA) will know that people have a frustrating tendency to revert to their previous behaviour patterns even when a session appears to have been radically transformative.

Although an MDMA session may appear to have shifted a person's outlook, it is almost inevitable that, without further interventions, they will return to old habits in the months following a session.

The Castalia Foundation has observed that an 'epiphany' or 'breakthrough' in a single session is rarely an indication of long-term change. Although these single, powerful, moments of realization can have an effect on a person's way of life, and make existence more bearable, it is only by conscientious, sustained re-sculpting of the neurological landscape that long-term change is possible.

A sustained re-sculpting of habitual behaviour can, with milder trauma, be induced by a regular meditation or yoga practice. However, very often, a stronger, more reliable de-patterning and re-imprinting agent is required. For this purpose *The Castalia Foundation* has seen great success in those who choose to microdose LSD (10-30ug) bi-weekly in the interim between MDMA sessions.

We are not aware of any other MDMA therapy protocol recommending LSD-microdosing as an important adjunct. This may be another significant reason why many traditional protocols find such limited success in fully self-actualizing anyone. These non-LSD methods tend to produce compliant 'cult' (culture) members ready to return to a wounded 'society' but, sadly, not freed of their core code.

We assume you would rather be a free-thinker.

An entire book could be written on the power of LSD as a therapeutic tool and, indeed, many have been. You might enjoy reading Stanislav Grof's definitive book on this topic, *LSD Psychotherapy* (1980).

However, most literature describes the therapeutic value of high-dose LSD (200-300ug, or more) used in much the same way that MDMA is now. In other words: LSD has been used in many studies as a catalyst to confront our deepest traumas and heal the damage of abuse. The reason that *The Castalia Foundation* does not recommend LSD for use

in this way is that LSD does require a sitter, and is not the idea solo-use tool. The LSD experience can be extremely unpredictable and—unlike with MDMA—cannot easily be exited through choice.

For our purposes, we will focus instead on the unique qualities of *low-dose* LSD as a *de-patterning agent* in the interim between MDMA sessions. A de-patterning agent is a chemical which encourages novel thought and the experience of thinking-outside the metaphorical ‘worn rivers and canyons’ of the adult human mind.

To extend our metaphor, we could describe microdosing LSD as a means by which to flood, and re-flood the river of your ingrained-thoughts. The flooded river bursts its banks and spills out across the plains of the mind, forming a wide-ocean. Here, your thought processes have the opportunity to explore new territory and etch new tributaries. The established patterns can now be superseded by new ideas.

As the LSD wears off, this metaphorical ocean will recede back to fill the mind’s rivers and canyons of habit. However, with every ‘flood’ new pathways can be worn and re-worn into the landscape. Through this process, repeated a sufficient number of times, an entirely new geography of rivers can be created in your mind. Gone, ultimately, are the rivers and canyons etched by childhood trauma, sustained neglect, or lovelessness. In their place, new rivers are formed; new tributaries; new ways of relating to yourself, and to the world around you.

Microdosing LSD between MDMA sessions is an opportunity to return to a child-like way of perceiving and experiencing the world. This time, with a caring, loving parent in constant attendance. That parent being *you*.

Children, neuro-biologically, experience the geography of their minds like the wide-ocean induced by low-dose LSD. A child’s thoughts and ideas conform to some structure, but these structures can easily shift and change. This state of thinking-feeling has been described by scientists as a highly neuroplastic state.

As we age, our level of neuroplasticity is reduced. This reduction in neuroplasticity is said to have a biological parallel in the slow aggregation of a myelin-sheath around nerve structures in the mind.

This myelin-sheath, in effect, concretizes belief structures; ideologies; self-perceptions and thought-patterns. In other words: It forms the metaphorical river-banks that, for many of us, remain unchanged for a lifetime. These river-banks confine us to pre-established ways of thinking and do not allow for behavioural change.

That is, unless a person undertakes solo-MDMA therapy with an LSD adjunct.

As a child ages, they are encouraged through force, by their society, and the dominant power-structures within it, to conform to the 'culture' of the day.

It is no accident that the word 'culture' includes the root 'cult'. Culture, as we know it in early 21st Century Earth, is precisely that, it is a *cult*. This cult seeks to indoctrinate children with a matrix of ideologies that advance the interests of the cult, or 'culture's' investment and profit strategies. In other words: Many of us had certain rivers-of-thought forcibly eroded into the landscape of our minds as children. These rivers were worn deepest by abuses like being left as an infant to 'cry out' in a room, all the way through to having our ideas and imagination crushed by a 'school' system.

Each 'river' in the psyche includes with it a pattern of self-belief. One worn 'river' tells a child: *I will always be abandoned*. Another: *I should not think freely*. Eventually we are, many of us, a barren landscape etched with millions of these rivers of self-belief. Many of these 'rivers' were formed under traumatic circumstances, but they none-the-less form our habitual patterns of thinking.

The problem is then compounded: Often the brutal force with which these rivers were eroded made the experience inherently traumatic: Therefore the memory of being programmed with these ideologies or 'rivers' is lost to conscious awareness.

We are often in such distress at the points in our childhood during which we are manipulated into conformity with the cult, or 'cultural' norm, that we anaesthetize ourselves to the memory of it. This process of anaesthetizing, or *amnesia*, is invisible once it has occurred. It operates on a subconscious level. On the surface, however, a

disturbance can be detected. This disturbance shows itself in a symptom cluster commonly called *depression*.

Depression means ‘pushing down’. But what is it that a *depressed* person is *depressing*? They are, quite simply, pushing down feelings, memories and experiences. Depression is, most often, a learned adaptation to adverse childhood experience. We are taught, as children, to *push down* the parts of ourselves that cry out in pain. And how are we taught this? By being *pushed down* as children.

The tendency of a caregiver to push a child away when they express strong emotions is eventually internalized by the child. The *external* depression (meaning, ‘pushing down’) becomes an *internal* mechanism of depression. The child learns they will be rejected if they fully express their emotional needs. So, as a survival mechanism, the child depresses those needs. This habit then becomes worn into the landscape of the child’s psyche, and we end up with adults who habitually push themselves down: who are *depressed*.

This is something of a simplification of the gamut of circumstance that can lead to a depressive mode of relating to the world. A child may be required to depress, or push-down, more profoundly traumatic experiences than merely rejection by a caregiver. This is why, during MDMA sessions, you will often experience a process of unlocking the doors of many rooms within you, each containing a ‘lost child’.

This process embarked on during an MDMA session is essentially a reversal of the procedure you undertook as a child. Many of us learned to lock-away parts of ourselves at various stages of our childhood, or adult life. This is a basic protective feature that appears to have been built into the human nervous system. It is a means of closing the floodgates, or tripping the circuit-breaker, on experience that threatened to totally overwhelm the nervous system. Were this full affect to be felt at the time of the trauma, it would have threatened the ongoing survival of the organism—*you*.

The internal children who are repatriated with waking-consciousness during an MDMA session are the children you once were — they are split-off parts of you. The process of *pushing down* your part-selves in everyday life is an active one and requires a huge expenditure of

internal resources to sustain. Hence, *depression* is often accompanied by a feeling of *exhaustion*.

The protective mechanism of depression in the face of overwhelming trauma is an elegant and awful one. It both separates us from ourselves while, inadvertently, protecting those who abuse us.

Those in power who indoctrinate children traumatize these children during the process. This is done specifically so that these same children cannot, as adults, remember being indoctrinated.

The active process of depressing the experience of past abuse is often one that an adult must constantly maintain, below normal-waking consciousness, for many years, often decades. Therefore, undoing this mechanism is not a simple matter of releasing the traumatic material during an MDMA session. Successful healing also requires a means by which to completely dismantle the programmatic set-up in a survivor's internal system.

The survivor must teach themselves to *release* feeling where they have been trained as children to *retain* it. They must learn to *express* pain and anger where they have been taught to *depress* it. They must discover how to *connect* where they have been taught to *isolate*. This list could go on. The essential point being that healing from deep trauma often requires a *total reversal* of all habitual psycho-emotional functioning in a person.

The difficulty in reversing this flow cannot be overemphasized. It is hard to reprogram the human-biocomputer and switch the system's entire polarity from a position of *fearful retention* to a position of *free expression*. This is because, in childhood, when the original trauma-programming was done, the child often learned that free expression would result in rejection; pain; injury or threat of death by the caregiver. For this reason, it is often critical to microdose LSD between MDMA sessions if you want progress to be made.

Neglecting an important aspect of healing—and not using a de-patterning agent like LSD—can result in slower-progress. It also risks a repeated return to engrained habitual patterns of relating and behaviour. Worse still, relying on MDMA alone can result in a return to

the hive-mentality of compliance with whatever prevailing cultural ideology the political salesmen of your day are pushing.

To break free, the solo-traveller often requires more than one tool in their kit. The primary means by which to access and process traumatic material is MDMA. Then, in the interim between sessions, LSD is the best known means by which to re-imprint new experience, and engender sustained behavioural change in everyday life. Used respectfully, as adjuncts to each other, over several months or years, these two medicines are enough to engender a state of self-actualization.

If you are interested in learning more about the topic of LSD microdosing, you might also enjoy the book *A Really Good Day: How Microdosing Made a Mega Difference in My Mood, My Marriage, and My Life* (Ayelet Waldman, 2017). In it, Waldman describes her journey to greater self-awareness and healing using low-dose LSD. Her method does not use MDMA in parallel, but the book is nonetheless a reassuring read for any solo-traveller who wishes to rid themselves of a culturally-indoctrinated fear of LSD before using this medicine.

Finally, we do not want to discourage anyone who does not have access to LSD. Other medicines can be used in low-doses as de-patterning agents. Psilocybin (magic mushrooms), or mescaline (San Pedro Cactus), are two possible alternatives. The precise means by which to use these alternatives falls outside the scope of this book, but we mention them here in the event that you wish to do your own research into these medicines as an adjunct to your *MDMA Solo* sessions.

ADVANCED SESSIONS

In this chapter, *The Castalia Foundation* outlines a variety of different techniques that can be used to guide the course of a solo-MDMA session. This list is by no means exhaustive, nor it is prescriptive. You should feel free to adapt any of the methods here; create a hybrid of two or more of them; or design your own entirely new method.

The ideas presented in this chapter, therefore, represent the best currently-known practices for enhancing or focusing MDMA therapy sessions. Do not feel obligated to use any of these methods. Most often, MDMA is effective without any specific, preconceived plan.

The most important aspect of a solo-MDMA journey is to give your subconscious mind freedom to excavate, express, and process any underlying material. What is *subconscious* is inherently beyond conventional awareness. A quirk of this situation is that you can never really plan for, or anticipate, precisely what will arise in a session. Nonetheless, the following methods have been found useful in focusing sessions in the event that the solo-traveller finds that their MDMA sessions become consistently unfocused and confusing.

These methods are also useful in directing the session towards trauma material when there is a high level of aversion to confronting this—for example, when strong defences attack, or a bliss-state generates a high level of disinterest in working on the traumatic material.

This is not to say that the solo-traveller should be wary of the occasional bliss-state during an MDMA session, but we simply wish to remind travellers that using the MDMA-induced heightened sense of calm and self-empathy to confront difficult material is the work which *must* be undertaken if healing is to occur. If the traveller chooses,

instead, to ‘party’ or otherwise revel in the MDMA-induced ‘high’, there is a high risk of the session failing.

We define a ‘failed’ session as one in which a temporary sense of euphoria and self-love is soon replaced by ‘depression’ or a ‘come down’ as the effects of the MDMA wear off. The ‘trick’ with MDMA is to use the initial euphoric state to address traumatic material deep in the psyche. The result of this addressing of deep trauma is to reduce the sense of euphoria during the sessions itself, but to increase your sense of euphoria in everyday life, *once the MDMA has worn off*.

The question many ‘depressed’ people ask themselves is: ‘What can I do/get to become happy?’ This question is fundamentally flawed because it presumes that ‘depression’ is present because of a lack of something; because of something you *don’t have*.

More often, however, ‘depression’ is present because of something you *have*. Specifically: unhealed trauma which must be constantly and actively ‘depressed’ through down-regulation of the entire nervous system. This active depression of traumatic effect is exhausting and debilitating. MDMA, however, can allow you to uncover the primary-cause of this learned-adaptation and release the pain of the inciting incident.

Using MDMA to address core-trauma is, metaphorically, akin to pulling the knife out of your heart where, sadly, most modern medicine merely offers to mop up the blood—and keep mopping it up—while never speaking of the knife.

The tool that most doctors use to mop up this ‘blood’, are ‘antidepressants’. What modern medicine calls ‘antidepressants’ are in fact, *re-depressants*, or *pro-depressants*—chemicals which serve to further *depress* (*‘push down’*), or *hide*, the original cause of a person’s pain. To return to our knife metaphor: Many of us live in a world where people are bleeding invisibly everywhere, but very few of us ask: *Who stabbed us?*

Denial on a social, inter-personal, and personal level is extremely pervasive in our cultures. You can see this in operation when abusers are uncovered: Society simply cannot confront and talk about its *collective* traumas any more than it can its *individual* traumas.

Even under the influence of MDMA, there remains a natural inclination by the psyche to avoid difficult material. This habit of avoidance is greatly reduced in comparison to conventional-waking-consciousness, but it is nevertheless residually present. Avoidance during an MDMA session can take many forms, and it is only through *experience* and *practice* with MDMA that you will be able to determine if, or when, you are distracting yourself from going deeper in a session.

There is a nuance and skill to detecting your mind's defensive maneuvers before or during an MDMA session. For example: At times, during a session, dancing or singing may be necessary epiphenomena indicating that you are healthily expressing and processing a traumatic effect-storm. While, on other occasions, dancing and singing may be a means of revelling in the temporary euphoria of the MDMA and avoiding the deeper traumatic material.

Using MDMA for temporary escapism is obviously a common problem in the 'club scene', where the experience is typically less therapeutic.

This is not to completely denigrate the use of MDMA in a communal setting, but it is an unfortunate waste of such a powerful tool not to have at least some intention set when embarking on a journey with it. It is equally unfortunate that, if the MDMA experience was used by clubbers, instead, to confront trauma and release pain, they would, later, not need to use MDMA to feel a sense of euphoria during the clubbing experience. Euphoria would, instead, be their normal state of being.

Naturally, it is difficult to judge precisely when and where MDMA use is healing, and where it is frivolous or wasteful. It is not the purpose of *The Castalia Foundation* to arbitrate your life. We mention the pitfalls of casual MDMA-use here only because we assume that, in reading this book, your focus is on using MDMA as a tool for long-term self-enlightenment, self-healing and social change.

The committed solo-MDMA traveller must, then, ask themselves when using MDMA, "Am I running *towards* the traumatic material, and my fear, or am I running *away* from it? Am I using this remarkable medicine in a safe and respectful context where I feel free to express a

full range of emotions, and confront my deepest fears; or am I using it to distract myself?”

In the next few sections, then, we offer some ideas for any solo-traveller who feels they are regularly distracting themselves during MDMA sessions. We also hope to offer some practical guidance for any solo-traveller who comes away from an MDMA session feeling that something significant has been left unresolved or undiscovered. This is especially true if you feel that you struggle to engage with the perinatal and infant traumatic material that most commonly disturbs the tranquillity and social-interconnectivity of our everyday lives as humans.

If you have experienced multiple sessions in which you instinctively feel there were strong avoidance, denial or defensive mechanisms rising up in you, it might be worth trying some of the methods described in this chapter to focus and refine the MDMA-healing process. Similarly, if you find that MDMA sessions repeatedly touch on a traumatic memories that remain frustratingly undigested, or unprocessed, then these methods can also be used to stimulate greater involvement with difficult material. In the cases of the most extreme trauma, if these Session Plans still fail to satisfactorily assist you in healing your deepest wounds, you could consider fractionally increasing your dosage, or using one of the more advanced dosing protocols discussed in the section titled, *Dosing strategies*.

In summary, the following Session Plans describe the means by which to *catalyze, amplify* and *focus* the effects of the MDMA during a session.

QUESTION WRITING

Many solo-travellers have reported that writing down a list of questions before an MDMA solo-session can help to focus the healing journey. These questions can be written down in the weeks leading up to a session, or on the day of the session itself.

Writing questions down before a session is not unlike the ancient process of going to ask an oracle for guidance. Except, in this case, you are the oracle. It is very likely that you will find, under the healing influence of the MDMA, your ability to honestly, directly and intuitively answer questions is significantly enhanced.

Write questions clearly and simply on a large sheet of paper before you begin a session, and have a pen nearby during the session so it is easy to write answers.

It is also possible to use questions as a springboard to deeper mediation: If there are certain topics you would like to visit and explore, note these down prior to a session and then use your notes as guidance.

You might, for example ask, “What was I like as a child?” Or: “How did my mother relate to me?”. Or: “What was school like?” In essence, you are playing the role of a traditional psychoanalyst: Asking yourself relevant questions which serve to reveal more information about the causes of your everyday distress or anxiety.

The critical difference between this method and traditional psychoanalysis is that, using MDMA solo, you are your own therapist. While under the medicinal influence of the MDMA you will be in the best position to answer these questions honestly, and without fear.

This fearlessness to '*confide*' in '*yourself*' gives us the roots of the word 'self-confidence'—meaning to 'confide' (or 'share information') with the 'self'—*you!*

But what is real self-confidence? Is it smart clothes; a gold crown on your head; giving a popular *Ted Talk* or leading a political party that reveres you? No; it is *none* of these things.

True *self-confidence*, as the words suggest, springs from a deep connection and honesty with yourself. Sadly, in our culture, the word *self-confidence* has been manipulated to mean a kind of brash-arrogance, loudness, or 'successful' way of living.

Many of us have been taught that *self-confident* people are those who lead countries, or command vast corporations. The exact opposite is true: Such 'successful' people rarely, if ever, *confide* in themselves. Power and status-acquisition is a common defensive-strategy against confiding in the self—it is a way of avoiding the *self*; it is a retreat from intimacy; a fleeing from traumatic material; and a symptom of a deep sense of *powerlessness*. Nobody who felt powerful in themselves would *seek* power. We do not seek what we already feel we possess.

Public-achievement and attainment of high-office or 'status' in our cultures is the primary means of *avoiding* the self, while presenting the illusion of *control* and *authority*. Politics, as we know it today, could broadly be defined as a global failure of self-confidence.

In summary: Using the question-writing method during an MDMA session offers you the ultimate experience of 'self-confidence', or *confiding* in the *self*. This confidence is manifested in a direct, open-dialogue with your innermost self. Typically, this process will take place during an MDMA session regardless of whether you have formulated a list of specific questions. However, the benefit of writing questions is to re-focus sessions when you feel that material is being actively avoided, or that distractions have waylaid the healing process. As with all these methods, you do not have to use it, but it is there if you need it.

PARALLEL PROCESSING

If you find yourself struggling to move-through, process and integrate traumatic material you can consider using a method called ‘parallel processing’. The ‘parallel processing’ method is where MDMA is used in conjunction with a gentle activity—anything from yoga to painting a wall in your apartment.

The physical activity provides an *outer, simple, material* focus which can propel your movement through *inner, complex, psychological* territory.

In other words: While painting the wall in your apartment, you might simultaneously process experiences of childhood-abuse: Your growing inner calm is *paralleled* in the change in the wall as it is freshened with paint.

This method is most useful when used to aid in the processing of traumatic material that took place over days, months or years. Sometimes very intense compound-traumas may seem unassailable during MDMA sessions, and are imbued with a sense of *timelessness*, or infinite-duration. This is a consequence of the way our brains process trauma.

Extreme experiences that threaten to overwhelm the nervous system may not be processed properly into long-term memory. These experiences remain, instead, in an ever-present state, floating in ‘general awareness’ as an ‘affect’ without a ‘cause’.

Subsequently, these dissociated feelings will be mistakenly pinned to contemporary issues: A person’s job; their relationship; their politics. While these things may, indeed, be problematic, they function

primarily as an *object* on which to conveniently *displace* deeper, earlier feelings and emotions. In other words: A person who struggles with controlling bosses, may find they have unconsciously sought-out controlling bosses because they have not processed their early relationship with their father. This is just one possibility. The permutations are numerous because our formative childhood experiences vary.

Parallel-processing then, allows a person to work-through these seemingly timeless *internal*-states of trauma while experiencing the definite, undeniable, *outward* passing of time: As you paint a wall; or color-in a picture during an MDMA session, you may find that this helps to resolve inner-conflicts, anxieties and memories.

It is important to choose a parallel task that is simple and repetitive. For example, sorting beads will work well, but reading a book, or flying an airplane will not. The latter is not a good idea on MDMA anyway, but you take our point: Keep the task simple, and repetitive, but with a definite conclusion: The beads are sorted; the wall is painted.

Again, this Parallel Processing method is entirely optional. It is just one of several methods that have been found useful in focusing MDMA sessions, if the emerging material seems to defy processing when simply sitting and breathing with it

PHOTOGRAPHS

Looking at old photographs of yourself, your friends, and your family, can be extremely useful during early work in solo-MDMA sessions. This method involves bringing photographs—most often from a family photo album—into a solo-MDMA session and using these photographs as a stimulus to provoke thoughts, feelings and recollections. Photographs of childhood seem to be the most provocative and stimulate the most substantial breakthroughs.

Often, our family photograph albums are heavily curated by those who took and arranged the photographs. A superficial reading of a photograph album brings with it a limited perspective on the truth of family life. We often see smiling-faces and idealized moments of experience captured from thousands, perhaps millions of other moments which were *not* recorded.

What is most interesting then, when reviewing photographs, is not to accept the narrative as it has been *curated*, but to look more closely at the faces of the people in the photographs, and to explore the feelings that these photographs elicit in you. These *feelings* are the most reliable barometer of the truth of your childhood.

Sometimes it is enough to bring two or three photographs into a session and use these as a basis for meditation and exploration. On other occasions, an entire album can be used as the focus of a session.

The Castalia Foundation wishes to make solo-travellers aware that there is a risk in becoming preoccupied with photograph-based work. Photographs should not form the basis of every session. The risk is that some solo-travellers make the mistake of assuming that these photographs will reveal a deeper truth if only examined sufficiently.

Photographs can provide a powerful stimulus for self-healing work, and provide a tantalizing, *coherent* glimpse into a past that is often frustratingly *incoherent*. But there is a limit to their usefulness.

Typically, one or two solo-sessions with a photo-album is enough. Any more, and there is a tendency for the solo-traveller to become distracted by the album itself: Expecting it to reveal more than it possibly can.

After work with these photographs has been completed the photographs should be placed aside. The solo-traveller may then embark on their future MDMA sessions with a newly-invigorated *inward-focus*.

YOGA

'Yoga' tends to elude easy definition, although many books have tried and many will. We use the word *yoga* here as a way of broadly referring to physical movements made by the body which serve to ground us; focus attention; draw awareness to the breath; release tension; and reduce *dissociation*.

Dissociation is an inevitable consequence of trauma. *Dis-association* is a state of things not-being-associated. When we experience trauma, the affect (or 'feeling') of that trauma is *dis-associated* from the literal experience (the 'physical reality') of the circumstances under which we were traumatized.

For example, in our society we talk of a person who 'jumped out of their skin'. This metaphor precisely describes what has happened to a survivor of trauma: They have jumped out of their skin *because remaining there was unbearable*. The extent to which a survivor has left their body depends on the extent of the trauma. This process of dissociation has a very tangible effect on our civilization: Many of us in this society are simply not *there*; we are not *present*.

We are not present because many of us learned, as children, that being present was extremely painful. We learned this lesson time and time again. Dissociation therefore became habitual; a means by which to survive.

The task, then, for many adults, is to re-establish contact with the body. To re-associate feeling with *movement* and thought with *action*. Yoga, for the purposes of *MDMA Solo* work, can be summarized as the process of reconnecting with your body, and the ongoing practice of maintaining that connection.

The Castalia Foundation acknowledges the various alternative Eastern-philosophical definitions of ‘yoga’, and the myriad schools orbiting the practice of ‘yoga’. Our short definition in this book hopes to happily co-exist with any preconceived idea of yoga that you already hold.

For the purposes of using yoga in combination with MDMA therapy, you might find that stretching and moving during a session helps you to move through a difficult memory, or to release previously trapped traumatic-affect during *somatic-abreaction*. A somatic-abreaction is defined as an energetic release from the body that was constrained or restricted during the time at which a significant trauma occurred.

When we are traumatized, especially as children, we often revert to a ‘freeze’ response. This freeze response is one in which the body restricts movement in an effort to subjugate itself to an attacker and minimize damage to the organism. Freezing is one of a number of choices the organism can make in response to danger; the others are *fight, flight* or *fawn*.

The side-effect of freezing is that all the energy that would otherwise have been used to run or counter-attack becomes locked within the musculature.

Arguably, this locked-up energy also encodes information on the trauma itself. One theory being that the nervous system stores ‘data’ on the trauma extra-cranially—or ‘outside the brain’. During an MDMA session, this ‘data’, or constriction in the musculature, can be released, resulting in shaking, shouting, screaming or other abreactions. This is an extremely limited description of the processes involved. *The Castalia Foundation* recommends Peter Levine’s book *Waking the Tiger* (1997) for a more detailed explanation of the forces and processes involved.

For the purposes of solo-MDMA therapy, it is useful to be aware that your body may start shaking or making other unexpected movements during a session. These movements should be accepted and explored. The best approach is to let your body do what it needs to do and stay out of the way. Obviously, caution is advised: No abreaction should threaten your safety and wellbeing, nor should it harm another person or damage the room you are in. *The Castalia Foundation* has never witnessed a session where traumatic abreaction caused harm,

but some caution is useful. Give yourself plenty of space to safely shake, roll about, or flail, if necessary.

If you have a background in a traditional yoga practice, you may find it useful to try some of your favourite postures during a session. These can help to release abreactions, or to calm and stabilize you during difficult phases in the MDMA therapy process. Do not, however, feel obligated to stick to traditional, established, postures. You may want to invent your own postures, or radically adapt those poses you already know. Equally, if you have no formal background in yoga, you may simply wish to move and stretch the body in whatever way feels natural and instinctive during an MDMA session. The key is to trust your body and to *experiment*.

OPTIMIZING YOUR BODY

Before you consider undertaking a course of MDMA solo-sessions there are steps you can take to optimize the effects of the MDMA. The most obvious, and potentially challenging, preparatory step you can take is to adopt a plant-based diet.

It is not the intention of this guide to evangelize on the morality of imprisoning, killing and eating animals. Instead, *The Castalia Foundation* has simply found that all participants in MDMA solo-therapy eventually adopt a lifelong plant-based diet, without intervention from us. Moving to a plant-based lifestyle appears to be an inherent part of the healing process.

When, as humans, we fully realize the scope and depth of the traumas that we have been subjected to in our lives, we simultaneously become aware of the ways in which we have *repeated* these traumas on other conscious beings. It becomes clear, usually within the first ten MDMA-sessions, or less, that our cult, or 'culture', indoctrinated us into participation in mass violence against animals during a socialization process in infancy.

Do not worry if you feel an aversion to this idea, or a resistance to the concept of adopting a plant-based lifestyle. This is entirely normal. The early trauma of being forced into meat-consumption by your 'cult' is, as with all severe traumas, *depressed* into the subconscious landscape and resistant to discovery.

Most people find that that a sense of anger or self-righteousness rises up and displaces itself onto anyone who questions the 'cult' or culture's ritualized mass-killing of other sentient lifeforms. The

traumatic affect that is exorcised through the habitual killing of animals—*anger and sadness*—would need to find another outlet if the killing of animals was no longer part of the individual's repertoire. In other words: the killing of animals in our culture serves as an outlet to displace our collective and personal sense of anger. It is then rationalized as 'natural'.

Because this process of displacing our anger onto animals is unconscious, there is no purpose in entering into a long debate on the ethics of animal-killing in this book. The beginner will simply resist this information until they discover it for themselves. We only mention the plant-based lifestyle here because the topic of animal welfare invariably arises as an issue to be confronted by those who undertake solo-MDMA therapy. This is because during the process of peeling-back layers of programming, we find that the psyche reveals more and more 'code' that has been programmed into us.

As you progress with MDMA therapy, you will discover that many lines of your internal 'code' included things that you thought were 'normal' or 'socially acceptable'. However they are, in fact, entirely contrived by the dominant power-structures on Earth and their industrial, economic and 'educational' systems.

Excavating the origins of our human 'impulse' to participate in the mass-murder of conscious beings is accompanied by a strong resistance to acknowledging the origins or this 'impulse'. This resistance has protected you from ostracism from your peers. These peers were also indoctrinated in infancy by the power structures that shape our predator-dominator societies. The global system of animal-killing is therefore *self-reinforcing* and resistant to change. The change itself would mean acknowledging the horror of what has gone before. It would mean acknowledging that you were programmed by your 'cult'.

Psychodynamically, what is resisted at the individual level—a *confrontation* with trauma—is also resisted at a societal level. Most allegedly 'normal' behaviour is very difficult to both recognize as a repetition of trauma, and then to change.

Solo-MDMA therapy can be undertaken, initially, by those who participate in the killing of animals. However, MDMA-therapy will

gently rid you of this behaviour. Stopping in advance will save you the time that would have been spent in reaching this realization during the therapeutic process. It will also optimize both the effects of the MDMA and reduce the risk of any side-effects.

The Castalia Foundation's protocol has been designed to completely eliminate the risk of any 'comedown' or adverse consequences from the use of MDMA in solo sessions. A substantial part of this elimination of side-effects is the adoption of a plant-based lifestyle. It may interest you to discover that one of the oldest known psychedelics, ayahuasca, is traditionally associated with adopting a plant-based diet in the weeks prior to a ceremony. This practice is known as a *dieta*.

Ideally, prior to undertaking an MDMA solo-session, you will be in good-health and have an existing exercise routine that includes yoga. Again, these are not essentials, but will potentiate a much quicker and more effective healing experience.

Alcohol and other drugs that are used by humans to mute their feelings and mask traumatic symptoms are not compatible with MDMA therapy—either before, during, or after a session. Again, alcohol, caffeine and other drugs can either be entirely eliminated from your life immediately (or as soon as safely possible). The realizations that you arrive at during your MDMA sessions will result in dropping them regardless. You will, however, save months of work if you are able to recognize and stop these popular social coping-mechanisms prior to beginning your sessions with MDMA.

INTROJECTS

The main challenge while undergoing long-term solo work with MDMA is confronting and integrating those parts of yourself that will inevitably seek to stop, sidetrack or sabotage, your healing process.

In order to understand these internal systems of control and sabotage we can look at what we know of visible systems of control in the external world. For example, consider North Korea, or Berlin during soviet occupation. These systems of control require architecture in the form of walls and barbed wire. They also require 'programmed' guard mechanisms.

In the case of the Berlin Wall, guards were posted at intervals along the length of the wall and instructed to shoot anyone who attempted to cross from the East to the West. These guards had been trained, under duress, to believe that the integrity of their body, the 'state', would be threatened if the wall was to be breached. This training, under duress, is precisely the kind of training that your internal 'guards' have received.

We learn—typically when traumatized as children—to construct internal walls, barbed wire sections, and to train guards in our psyche to keep our 'state', or 'body' intact. The core principle under which these internal 'guards' operate in the psyche is this: To attack ourselves *inside* before we are attacked *outside*.

To give just one example of how a wall in the psyche is constructed, and a guard is installed: Consider a little girl who is beaten by her mother if she expresses any emotions.

This girl will learn to create her own, *internal* version of her *external* mother. The girl will, as a protective mechanism, do whatever she can to internally *model* her violent controlling mother and install this 'mother' as 'code' in an internal simulation of reality. This simulated 'mother' will serve, as best it can, to act and react like the girl's real mother.

Internally modelling the violent mother will allow the girl to anticipate the violence of her mother *externally*, and pre-empt that violence by attacking the girl *internally* first. By attacking herself internally, the girl avoids the external attack.

Ultimately, this internalized modelling of the *outer*-mother results in an *inner*-mother known as a 'protector-persecutor introject'.

The inner-mother (simulated mother) reacts to the girl's emotions before they become visible on the girl's face; attacking the girl and preventing any outward expression. This prevents the real, external mother from attacking the girl: There is no longer any external sign of the girl's internal emotions.

The abused girl has, effectively, installed her mother as a piece of rogue code in her psyche: The *internal* mother protects the girl from *external* attack by anticipating the attack, and attacking the girl *internally* first.

The internally modelled mother is, at this point, fully *introjected*.

Additionally, because many violent abusers are relatively predictable and two-dimensional in their limited repertoire of reactions to the world, it is not computationally very complex to model them. The result is that many trauma survivors carry around with them fairly detailed 'virtual models' of the people who abused them. Multiple 'virtual models' or 'protector-persecutor introjects' inhabit the subconscious territory of the psyche of many citizens in our societies. Then, behind the scenes, they restrict a full range of expression and sabotage attempts at healing.

It is important to note at this point that we are not referring specifically to the psyche structure of those who have been diagnosed with multiple-personality disorder or any other arbitrary label.

Instead, *The Castalia Foundation* has discovered that almost everyone on Earth at this point in history is *fractured* and *dissociated*. Those who are clinically described as multiple-personality simply exhibit the most strong and visible symptoms of a condition that is universal in our broken social landscape.

It is inevitable, during MDMA therapy, then, that a person will encounter part-selves within their internal landscape.

The theatrical dramatization of people with split-personality in movies and books is often merely an exaggeration of most people's everyday lives. For example, consider the 'religious' person who claims to love life, but never questions paying taxes to a government that profits from global arms dealing and wars. Or, consider the 'animal lover' who eats hamburgers.

Split-personalities therefore, are not the territory of science fiction, or tattered outliers wailing in the basements of sanatoriums, they are, quite literally the centrepiece of most peoples' way of relating to the world. They are you, they are *us*.

We are, as humans in the early 21st Century, a global community of split-personalities, trauma-survivors who spend large amounts of our time denying, covering up or ignoring the gaping contradictions and inconsistencies in what we claim is a whole and integral 'person'—*me*.

One reason these part-selves are particularly difficult to confront and integrate during work with MDMA is that they may identify as entirely separate from the conscious self that is doing the MDMA work.

As apparently *separate* entities, these part-selves will have survival objectives on both a personal and systemic level.

An example of a personal survival objective is a part-self's fear that when it is exposed as a protector-persecutor introject it will be killed or destroyed. This is, paradoxically, the fearful position of many people's normal-waking-consciousnesses. You can see this fear and defensiveness in action when many people resist the idea of psychedelic use, or work with MDMA. Some part of them is aware that

the 'game' will be up under the effect of these consciousness-expanding medicines: The performance of 'I-am-okay' will be halted by other aspects of the self emerging from behind the scenery on stage and demanding answers.

Somehow, many humans instinctively know that psychedelics and empathogenic medicines actually *work*; that *something will happen*. It is for precisely this reason that many people in our wounded societies avoid solo-MDMA work and psychedelics so vigilantly.

The entire medical model on planet Earth is built around a tragic pantomime: The *avoidance* of the known cures, while maintaining the constant illusion that a cure is being sought.

Sadly, many of us have a false-self that manages our day-to-day perspective on the world. In other words: It is very possible that the *self*, or *you* who is reading this book is itself a fractured sub-part of a much larger system in your subconscious mind.

Often we are dominated by a caretaker 'ego'—or sense of self—that is best equipped to maintain all the locks and guards on the larger subsystem. This is why, during intense psychedelic-therapy sessions with medicines like LSD, there is typically a sense of 'ego death' or a collapse of the construct of self. This is the point at which your default view—or 'working idea'—of yourself disintegrates.

For many, this process of 'ego death' feels like actual death, and in fact, it is a sort of death—death of the previous self-construct. This type of 'death', however, is short-lived and subjective, hence the lyrics to John Lennon's song, *Tomorrow Never Knows*:

"Turn off your mind, relax and float downstream, it is not dying."

Once this current sense-of-self is disintegrated, it becomes clear that other aspects exist in the system. It is as if we have silenced the loudest person at our internal dinner party. In this silence, we realize there are many other guests at the party, previously unnoticed. Many of these guests have important stories to tell now that the dominant voice has quieted. Metaphorically, you could view your deep work with the *MDMA Solo* protocol as a much-needed dinner party with yourself. Or, technically, *yourselves*.

Now that we have a very basic understanding of the architecture of the fractured psyche, *The Castalia Foundation* wishes to draw your attention to the most obvious ways in which internal protector-persecutor introjects can sabotage healing. The first, and most common way is to assure you that, after two or three MDMA solo-sessions, you are completely healed and should stop. You will also find encouragement from your wider community to stop.

Your healing-path threatens both your *internal* systems and your *external* systems; it threatens your *internal* wounded part-selves, who shut themselves away to contain unbearable pain. It also threatens your *external* 'community'.

Many communities have an unspoken central function: This function is to distract those in the community from their own pain, and then to self-medicate with lethal drugs like alcohol. Often your community will attempt to persuade you *not* to probe deeply into the cause of their distress, or your own. For these distresses are the same distress, and discussing them is *taboo*.

Witness, for example, how those who speak out against sexual abuse are marginalized or shunned in family and social systems. This is because those social systems are hierarchically-ordered based on abuse: By exposing the underlying mechanism that supports this power-dynamic, you risk upsetting everyone who has consented to varying degrees of silence in exchange for 'power'.

It is important to watch out for a counter-strike from protector-persecutors in your internal system, and your external society. Pornography and alcohol both represent the major pain-soothing mechanisms of a post-traumatic world. As the trauma specialist Dr Gabor Maté often says, "Don't ask why the addiction? Ask: Why the pain?"

Using this MDMA solo-protocol, you have chosen to make the wise decision and ask, "Why the pain?"

Severe anxiety; somatic release; deep depressive states; the anxiety of 'going mad' and intense feelings of guilt and hopelessness are all typical feeling-states that will emerge as you peel back a *COEX* to its core. *COEX* is a term coined by Stanislav Grof in relation to LSD

psychotherapy and is an acronym for *Systems of Condensed Experience*. This structural theory also relates to the MDMA healing process.

A COEX is a group of experiences that were filed under the same broad 'class' of trauma, and find their root, often, in the birth process itself.

For example, later experiences of near-drowning in a lake may be classed in the same COEX as the suffocating feeling of emerging from the birth canal. Similarly, traumatic experiences of being strangled will lead back to related experiences of the same genotype; including the aforementioned near-drowning, and the birth experience. These are merely examples; a COEX could consist of an entirely different subtype of experiences and does not necessarily lead back to perinatal (meaning 'around the time of birth') experience.

We mention the concept of a COEX here because you will often confront many, many traumas as you progress through your solo-MDMA therapy. Each of these traumas will constellate a much earlier trauma which, at the time of experiencing, created the 'label on the filing cabinet' in which all subsequent traumas of that type were then stored in the psyche.

In other words: The first time the human mind encounters a certain type of trauma, a category for that type of experience appears to be created in the mind.

For example, we might call one category an *I-can't-breathe experience*. Then, when we heal the subsequent traumas that bore a spatial-emotional similarity to the core trauma, we find that layers in the psyche are slowly peeled back in an order that has a kind of biographic coherence: We can see, during the MDMA therapy, how experience is categorized and ordered in the mind—a series of ripples in a pond, each smaller ripple leading back to a larger one until, hopefully, we reach the moment of birth itself: The primary trauma.

This is why working with MDMA can be difficult and demanding—it engages you with the actual, root cause of your present-day problems. Rather than the superficial conversations that we tend to engage in with 'therapists'.

MDMA will typically get to the root of things. It is, therefore, not a medicine to be used by anyone who is still playing the game of avoiding their problems. MDMA's greatest strength is also the reason it is so feared and demonized by authoritarian governments and a medical community that profits from disease: *MDMA actually works*.

During the healing work, aspects of your psyche may release many of the feelings you were unable to process at the time of your abuse. They may also mount an attack; a *learned-adaptation* to prevent the release of the material; to protect you.

To reiterate; The 'prison guards' in your psyche may be concerned during or after an MDMA session to find the 'castle gates' of your psyche open. They may freak out. They guarded this material for years, and it will take them time to relax. It is therefore advisable to listen to any aggressive, attacking or denigrating voices in your psyche that attempt to send you off-track during a session, or between sessions.

Rather than ignoring, or counter-attacking these aspects of yourself, *The Castalia Foundation* recommends that you open a dialogue with them. You are effectively involved in a hostage negotiation with internalized protector-persecutor introjects. These introjects are part of you, and, deep-down, these aspects of the psyche want acceptance; even acknowledgement that they have done their part to protect you but are no longer needed.

The Castalia Foundation has found that the strongest indicator of a person's success in self-healing with MDMA is their tolerance for things to feel *temporarily* worse before they get a lot, lot better.

As we have mentioned before, the escape trajectory with MDMA is not linear, but instead an oscillating line which trends upwards. Some sessions bring very difficult material to the surface, and the interim between sessions can be extremely challenging. You will need to find creative and non-violent ways to express anger. This emotion, *anger*, is the fuel of those introjects who are responsible for your most depressive phases.

Denial and suppression of emotions is the jackhammer of 'depression'. Anger is the fuel line plugged into this terrible machine. In

unplugging the jackhammer, you will have to find a new place to connect this 'pipeline' of anger and release the reservoir of energy related to your traumas.

You must find a way to express anger outwardly, rather than using it—as many of us were taught as children—to attack yourself. At the most basic level, screaming into water in a bathtub is a good way to quietly release a lot of anger; as is punching a mattress, or dancing.

The psychodynamic term *protector-persecutor introject* is not entirely dissimilar to the ancient concept of 'demonic possession'. Although 'possession' is viewed as quite an archaic term to use within a field that has comforted itself with terms like 'neuroscience', some solo-travellers have reported to *The Castalia Foundation* that, "It literally feels like a demon has been beaten, screamed and punched into me and I am struggling with that anxiety."

Psychologists and trauma therapists are acceptant of the idea of a *protector-persecutor introject*, yet the idea of a 'demon' possessing a person seems hopelessly irrational. However, the phenomena of a *demon* may have many parallels with protector-persecutor introjects. What a *demon*, or protector-persecutor introject, represents is an internalized model of the person(s) who abused you. Given this, it's not surprising that many survivors feel like they have been battling a demon. In a way, they have. The solution is to breathe with the feelings and trust that they will pass.

Finally, one other way to deal with a severe attack from internal protector-persecutor systems is to run another MDMA session shortly after the one which excavated the material.

When meditation does not work—and sometimes, especially with ritual abuse survivors, it does not—then waiting a month or more for another session is effectively a form of torture. The survivor is left to struggle in an affect storm with no relief. After witnessing hundreds of MDMA sessions—and provided there is adequate food, rest and water—*The Castalia Foundation* maintains that there is strong justification for running closely-spaced sessions for some forms of trauma. In the most severe cases, even as soon as 48 hours later.

Caution is advised here: Just as an internal part-self can be soothed and integrated through the respectful use of MDMA solo-therapy, some part-selves can be extremely inventive in how they sabotage your healing. Try to remain conscious of your health and wellbeing: It is not unknown for sabotage to take the form of overusing MDMA. The only solution is to build a level of self-trust and understanding whereby you remain vigilant to your core needs (food, rest, sleep and self-compassion) while treading the verge between overuse and over-caution. Your society errs to the latter, while the addict errs to the former.

Jung told us that, “Enlightenment consists not merely in the seeing of luminous shapes and visions, but in making the darkness visible.”

The litmus test, for *The Castalia Foundation* is this: Are you taking MDMA to connect and heal yourself; to confront pain and shadow, and to bring light into yourself and the world around you. Or are you seeking temporary bliss; an escape? Provided your heart steps with each beat closer towards the child within, we see no reason to fear MDMA.

Remember that the same society that hurt you now claims to have authority in deciding how you should cure yourself. It does not.

Think for yourself, and question authority.

APPENDIX

In response to suggestions by readers of the first edition of *MDMA Solo*, in this edition we offer a few extra notes on the healing process:

OTHER MEDICINES

The Castalia Foundation has focused on just two tools in this book: MDMA and LSD (the latter, at microdose-levels). However, there are a variety of other medicines which may be used in addition to, or substituted for, those mentioned in this book.

In the interests of outlining a simple and clear healing-path for the newcomer, we have left out a considerable wealth of information on other medicines like ayahuasca, psilocybin (magic mushrooms), mescaline (San Pedro cactus), 2CB, cannabis, and numerous other naturally-occurring plant allies.

These omissions were not made because *The Castalia Foundation* discounts the value of these other medicines, but simply because MDMA is unique in its capabilities as a solo-use tool.

MDMA is the only medicine we know that can probe the depths of the psyche while rarely, if ever, tipping the solo-traveller into a state of chaos, panic and confusion. This means MDMA technology can scale rapidly without the need for a ‘technician’ to be present. The same is not true, for example, of Ayahuasca, where in most cases, a ‘technician’ or ‘shaman’ is often justified—at the very least to keep travellers safely in the ceremony room.

If you are interested in learning more about these other medicines—and more about MDMA and LSD—there is a short list of relevant books at the end of this appendix.

ADDITIONAL POST-SESSION SUPPORT

The Castalia Foundation has received many reports that arranging to meet with a trusted friend after an MDMA session can, in some cases, help to ‘land’ the experience more gently. This is particularly true if extremely difficult material rose up during the session. If you have a friend you trust to simply be present with you in the hours after an MDMA Solo session, then gentle hugging can be a very comforting experience after the turbulence of various traumatic abreactions. Ideally, this friend will respect your need for quiet, gentle touch and silence in the hours after a session.

USING A STUFFED TOY AS A SHAMAN

Although this may sound somewhat bizarre at first glance, several readers reported that they found considerable success in appointing a well-loved toy animal as a ‘shaman’ during their session. From an object-relations perspective, this does make logical sense: The consciousness of another being is generally *assumed* or *implied*: In other words, we can ascribe consciousness to objects which may, or may not (depending on your world-view) have consciousness.

This can be used to your advantage. Whether you actually believe that the toy animal in the room with you is somehow magically imbued when you assign them as ‘shaman’, or if this is simply a phenomena of the mind, is not important. This technique seems to work as a means to run a session with a ‘sitter’ who will not interfere or question you.

From a psychological perspective, it can be speculated that the more compassionate aspects of your own being are *displaced* onto an external object (in this case, for example, a toy animal) and then used to reflect back a feeling of support into the room.

PETS AS SITTERS

Readers have reported that some pets — especially cats — can provide excellent emotional support during an MDMA session. Animals are often — but not always — good sitters during a session because they are intuitive, loving, and typically do not have a complex agenda, or spoken language system. As a result, animals generally do not get in the way of your healing work.

Enlisting a trusted animal may be a good solution if you feel that you absolutely must have some external support during your MDMA work. Animals are, often, expert ‘sitters’ because almost none of them have psychology degrees, or have any interest in ‘healing’ people for money.

FURTHER READING

The Psychedelic Experience: A Manual Based on the Tibetan Book of the Dead, Timothy Leary, Ralph Metzner, and Richard Alpert.

The Doors of Perception & Heaven and Hell, Aldous Huxley.

Food of the Gods: The Search for the Original Tree of Knowledge, Terence McKenna.

How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence, Michael Pollan.

LSD: My Problem Child – Reflections on Sacred Drugs, Mysticism and Science, Albert Hofmann.

LSD Psychotherapy: The Healing Potential of Psychedelic Medicine, Stanislav Grof .

Pihkal: A Chemical Love Story, Alexander Shulgin.

Storming Heaven: LSD and the American Dream, Jay Stevens.

The Ayahuasca Test Pilots Handbook: The Essential Guide to Ayahuasca Journeying, Chris Kilham.

Psychedelic Shamanism: The Cultivation, Preparation and Shamanic Use of Psychoactive Plants, Jim DeKorne.

Mescaline: A Global History of the First Psychedelic, Mike Jay.

Therapy with Substance: Psycholytic Psychotherapy in the Twenty-First Century, Friederike Meckel Fischer.

The Secret Chief Revealed: Conversations with Leo Zeff, pioneer in the underground psychedelic therapy movement.

Myron J. Stolaroff, Stanislav Grof.

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