



CAN LIGHT & SOUND BE PSYCHEDELIC?

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INTRODUCTION

Before we can start, we must first investigate the meaning of “psychedelic” itself as well as concepts such as Non-Ordinary States of Consciousness and/or Altered States of Consciousness.

It is important to reflect on the fact that the name of something is just a designation and names can vary over time. So, to better answer the nature of “psychedelic” and Altered States, we must first take a deeper dive into the concept before any real conclusion can be made.

The term psychedelic, from the Greek for “mind-manifesting”, was coined by Humphry Osmond, a British psychiatrist working in Canada in the 1957. “To fathom hell or soar angelic / Just take a pinch of psychedelic,” he wrote in a letter to the writer Aldous Huxley.

The term “psychedelic” can be used as a noun (eg. LSD is a psychedelic) or as an adjective (eg. That is a psychedelic painting.) The noun “psychedelic” is an objective designation of an object or thing. The adjective “psychedelic” is a subjective description of the qualities or characteristics of something.

So, it is correct to say that “mescaline is a psychedelic” (noun) as well as “mescaline is psychedelic” (adjective).

The “classical” psychedelics, the psychedelics with the largest scientific and cultural influence, are mescaline (peyote cactus & San Pedro cactus), LSD, psilocybin (mushroom genres Psilocybe, Panaeolus and Copelandia), and DMT. Most psychedelic drugs fall into one of the three families of chemical compounds: tryptamines, phenethylamines, or lysergamides.

In our modern times, the various compounds commonly considered “psychedelic” have been assigned a variety of names. The famous German toxicologist Louis Lewin used the name phantastica earlier in this century. The most popular other names for “psychedelic” have been hallucinogen and psychotomimetic.

Aldous Huxley had suggested his own coinage phanerothyme (Greek phaneroein- “visible” and Greek thymos “soul”, thus “visible soul”) to Osmond in 1956. Most recently, the term entheogen has emerged with the “theo/god/divine” spiritual connotation adding a new proposed condition



PSYCHEDELIC, ENTHEOGEN, PHANEROTHYME:

As a group, **psychedelic**, **entheogen**, and **phanerothyme** all carry similar intended meanings.

Psychedelic – psyche-delic:

- "psyche" – "animating spirit, the human spirit or mind," from Latin psyche, from Greek psykhe "the soul, mind, spirit; life, one's life, the invisible animating principle or entity which occupies and directs the physical body; understanding, the mind (as the seat of thought), faculty of reason," also "ghost, spirit of a dead person;" probably akin to psykhein "to blow, breathe," also "to cool, to make dry."
- "delic" – manifesting.

Entheogen – en-theo-gen: The term "entheogen," from the Greek, **en**, meaning "in" or "within"; **theo**, meaning "god" or "divine"; and **gen**, meaning "creates" or "generates." It translates as "generating or creating the divine within."

Phanerothyme – Its roots are **phanero**, a Greek word meaning 'to reveal,' and **thumos**, 'the soul.'

So, collectively, these three terms, psychedelic, entheogen, and phanerothyme all point towards an experience in which the **mind/soul/spirit is made manifest or revealed**.

The other three (listed above)... **hallucinogen**, **psychotomimetic**, and **phantastica** also cluster together in their etymology, although perhaps not quite as tightly as **psychedelic**, **entheogen**, and **phanerothyme**.

HALLUCINOGEN, PSYCHOTOMIMETIC, PHANTASTICA:

Hallucinogen – "seeing or hearing something which is not there" – "a thing that produces or causes."

Psychotomimetic – relating to, involving, or inducing psychotic alteration of behavior and personality – producing or mimicking a psychotic pathological state.

Phantastica – From German Phantastica from ancient Greek φανταστικός having the ability to produce appearances, after Narcotica, Excitantia, etc.; fantasy, phantom, imaginary. These three (Hallucinogen, Psychotomimetic, Phantastica) carry quite a different connotation than the mind/spirit/soul manifesting and revealing characteristics of the preceding three. These three point to anything from simple imagined experiences all the way to negative mental pathological states.

EMPATHOGENS, ENTACTOGENS:

Empathogens increase a person's feeling of empathy and benevolence towards others, as well as feelings of being socially accepted and connected. They can increase friendliness and playfulness, but can also cause mood swings, dehydration, and depression. Empathogens are sometimes referred to as **entactogens**. This class of drugs is distinguished from the classes of hallucinogens or psychedelics and amphetamines or stimulants. Major members of this class include MDMA, MDA, MDEA, MDOH, MBDB, 5-APB, 5-MAPB, 6-APB, 6-MAPB, methylone, mephedrone, GHB, αMT, and αET, MDAI, among others.

DELIRIANTS:

Deliriant are a class of hallucinogens. The term was coined in the early 1980s to distinguish these drugs from psychedelics and dissociatives such as LSD and ketamine, due to their primary effect of causing delirium, as opposed to the more lucid and less disturbed states produced by other types of hallucinogens. Deliriant are present in different classes of drugs as well. For example, anticholinergics include scopolamine and atropine, while antihistamines include doxylamine, cyclizine, and chlorpheniramine.

DISSOCIATIVES:

Dissociatives, colloquially known as "**dissos**," are a subclass of hallucinogens that distort perception of sight and sound and produce feelings of detachment – dissociation – from the environment and/or self. Although many kinds of drugs are capable of such action, **dissociatives** are unique in that they do so in a way that produces hallucinogenic effects, which may include dissociation, a general decrease in sensory experience, hallucinations, dream-like states, or anesthesia.

The most significant subjective differences between **dissociatives** and the classical hallucinogens (such as LSD and mescaline) are the detaching effects, including depersonalization (the feeling of being unreal, disconnected from one's self, or unable to control one's actions) and derealization (the feeling that the outside world is unreal or that one is dreaming). Some dissociative drugs are used recreationally. Ketamine and nitrous oxide are considered club drugs. Phencyclidine (PCP or angel dust) is available as a street drug. Dextromethorphan-based cough syrups (often labeled DXM) are taken by some users in higher than medically recommended levels for their dissociative effects.



NON-ORDINARY STATES OF CONSCIOUSNESS, ALTERED STATES OF CONSCIOUSNESS:

Non-ordinary states of consciousness (NOCS or NSCs) induced by hypnosis, meditation, and psychedelics have become increasingly popular in research and clinical practice. However, no contemporary unifying framework has been proposed for their study. A NOCS is experienced through sacred technologies developed by ancient and aboriginal cultures for ritual and spiritual purposes. This may include a combination of sound technologies (e.g., drumming, evocative music, chanting), dancing, shifts in breathing, sensory and social deprivation/isolation, stays in specific types of environmental regions (e.g., arctic, desert, high mountains, etc.), and psychedelic plant medicines. Non-ordinary states of consciousness can be experienced through various meditation techniques for awareness, Shamanic techniques, Rebirthing, neo-Reichian approaches, and Holotropic Breathwork.

Altered states of consciousness, sometimes called non-ordinary states, include various mental states in which the mind can be aware but is not in its usual wakeful condition, such as during hypnosis, meditation, hallucination, trance, and the dream stage. An altered state of consciousness is any mental state in which one's ordinary level of wakefulness, attention, or awareness is temporarily shifted in some way. The term "altered state of consciousness," or ASC for short, was coined by transpersonal psychologist Charles Tart in 1972. Tart defined ASCs as "a temporary change in the overall pattern of subjective experience."

NON-DRUG COMPOUND INDUCED ALTERED STATE OF CONSCIOUSNESS:

The line between ordinary and non-ordinary states is different for each individual, depending on their personal level of sensitivity. While it is common to associate altered states with the consumption of hallucinogens, there is, in fact, a broad spectrum of experiences that qualify as non-ordinary states of consciousness. Four recognized non-drug compound-induced Altered States of Consciousness are **Meditation, Breathwork, Trance, and Hypnosis.**

Meditation:

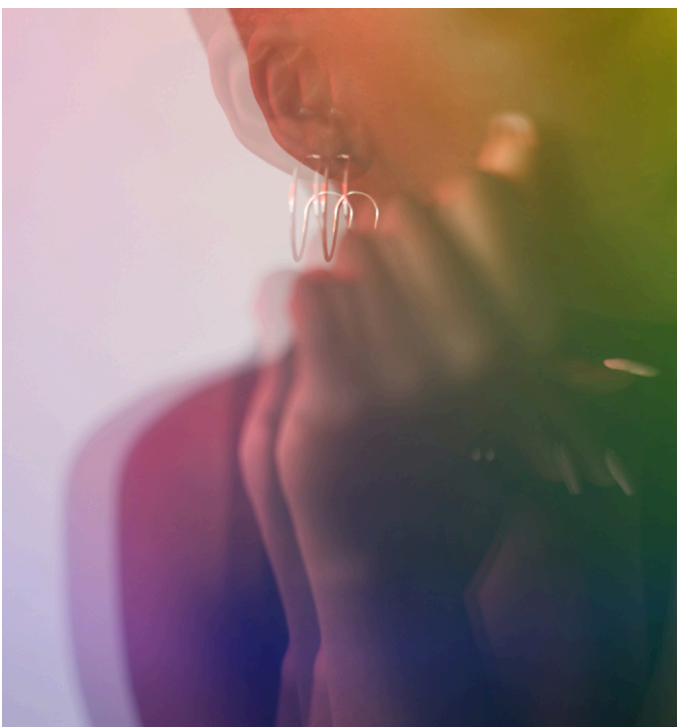
There are many reasons why one might practice meditation, such as reducing stress, enhancing well-being, facilitating personal and spiritual growth, and exploring consciousness. Meditation encompasses a broad range of techniques aimed at shifting an individual's level and scope of awareness. It provides an opportunity to bring subconscious material into one's conscious state.

While the common theme across most meditative practices is to tune into the present moment, different contemplative frameworks resonate with different people. Some may feel called to transcendental meditation, where the individual focuses on a mantra as their psychological anchor. Others may benefit from mindfulness-based meditation, which emphasizes witnessing one's present-moment experience through a compassionate and nonjudgmental lens.

Meditation correlates with shifts in consciousness over time. Research has found that people who undergo meditation training demonstrate more resilience to stress, increased relaxation, and improved problem-solving skills. Regular meditators exhibit less brain activity in the default mode network, the region responsible for rumination and mind-wandering—a result also prevalent among microdosers (Third Wave.co).

**"THE URGE TO TRANSCEND SELF-CONSCIOUS
SELFHOOD IS, AS I HAVE SAID, A PRINCIPAL
APPETITE OF THE SOUL."**

Aldous Huxley, The Doors of Perception



Breathwork:

Breathing is typically an unconscious process that requires little thought or active effort on our part. Breathwork is what happens when we bring our full conscious awareness to this typically unconscious process. Through intentional and structured breathing practices, we can activate the mind-body connection, access non-ordinary states of consciousness, and release stuck emotions and stagnant energy.

One of the most widely-known breathing practices is holotropic breathwork, developed by transpersonal psychologist Stanislav Grof. This practice involves rapid breaths or controlled, voluntary hyperventilation designed to shift the ratio of carbon dioxide and oxygen in the body. The term "holotropic" comes from the Greek words "holos" (whole) and "trepein" (to move toward), reflecting its aim to orient us toward the wholeness of existence and the true nature of reality.

Since breathwork has the potential to evoke intense feelings and sensations, similar to the effects of a peak psychedelic experience, it is important for sessions to be guided by a trained facilitator to ensure a safe emotional container. Research has highlighted the potential of breathwork as a healing modality. In a 1996 study, individuals who received a combination of psychotherapy and six monthly sessions of holotropic breathwork exhibited a significant reduction in death anxiety and an increase in self-esteem compared to participants in the control group who only received psychotherapy sessions.

Breathwork can also serve as a tool for spiritual exploration. In a study involving psychiatric in-patients participating in holotropic breathwork sessions, 82% of the 482 self-reports described having transpersonal, spiritually transcendent, or mystical experiences. Sixteen percent reported having prior life or pre-birth experiences through this breathing modality. No adverse outcomes were reported in over 11,000 patients across 12 years, demonstrating that the holotropic breathwork experience, while intense, poses minimal risk to participants when guided by trained facilitators (Third Wave.co).

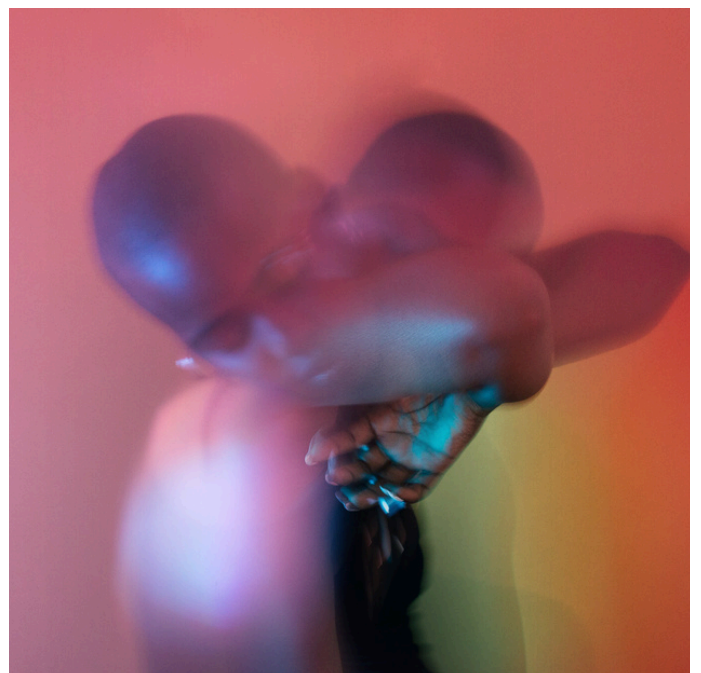
Trance:

In the altered state known as trance, one becomes absorbed by internal cognition and becomes less aware of external stimuli. Someone in trance is neither fully awake nor fully asleep. This state of semi-consciousness derives from the Latin term *trānseō* ("to cross over"), suggesting that there is some degree of transcendence to be experienced within a trance state.

Traditionally, trances have been used by shamans to facilitate healing within spiritually-oriented and indigenous cultures. Shamans enter into trance states through activities such as singing, chanting, drumming, dancing, or a combination of these practices—typically in ceremonial contexts—and are able to access profound insights while under trance. Trance allows the practitioner to transcend the conscious mind and explore subconscious realms of knowledge.

Neuroscience research emphasizes the role of the auditory context in inducing this altered state of consciousness. Functional magnetic resonance imaging (fMRI) scans reveal that the trance state correlates with decreased connectivity in the auditory cortex of the brain. Repetitive drumming, singing, and chanting serve as predictable external stimuli that require minimal cognitive processing, allowing the individual to turn their attention inward and enter the extended state known as trance.

While the original trance state was typically embodied by shamans in ceremonial contexts, there is another way to experience a version of trance in modern society: through music. Given the connection between soundscapes and trance states, it is reasonable to assume that trance music—a genre of electronic dance music with repetitive, rhythmic tunes—can induce the altered state after which it is named. In fact, any music with repetitive, rhythmic elements creates the conditions for consciousness-altering experiences that are conducive to inner journeying (Third Wave.co).



Hypnosis:

Hypnosis is a non-ordinary state of consciousness characterized by an increase in focus, concentration, and suggestibility. Awareness of external stimuli diminishes, and the boundary between what is real and what is imagined becomes temporarily blurred.

The hypnotic experience is co-created between the hypnotist and the subject. One person induces hypnosis in another by verbally guiding them into a state of relaxed yet focused awareness. The hypnotist then provides suggestions to evoke imaginary experiences within the subject's mind and body. For example, the hypnotist may suggest that the subject is experiencing a heavy weight in their right arm, and when the subject attempts to lift their arm, they may genuinely feel as though there is additional weight in their limb.

Brain activity responds to imagined experiences in a manner similar to how it responds to actual experiences in physical reality. For instance, hypnotically induced pain and physically induced pain elicit activation in similar parts of the brain. Similarly, an individual who is guided to experience peace and calmness while under hypnosis is training their brain to recognize and replicate these positive sensations in the future.

Experiences that occur during hypnosis provide a neural blueprint from which the conscious, non-hypnotized mind can evolve and grow. Hypnosis harnesses the power of the imagination to demonstrate what is possible when we step out of our conditioned ways of being. When used in a therapeutic context, hypnosis has proven to be effective in treating anxiety, phobias, chronic pain, smoking addiction, and PTSD (Third Wave.co).

According to Dr. Dieter Vaitl from the Bender Institute of Neuroimaging in Germany, altered states of consciousness can be categorized as follows:

- Pharmacological states, induced by the consumption of psychoactive drugs.
- Psychological states, such as hypnosis and meditation.
- Physical and physiological states, such as dreaming during REM (rapid eye movement) sleep, fasting, and sex.
- Pathological states, such as episodes of psychosis or epilepsy.
- Spontaneous states, such as dissociation caused by daydreaming, near-death experiences, and out-of-body experiences.

In addition to these categories, there are other experiences that are not explicitly mentioned within this framework but are commonly known to induce altered states of consciousness. These include sensory deprivation conditions, trance states, spiritual possession, mystical or religious experiences, ecstatic dance, and breathwork (Third Wave.co).

