Cannabis enhances the truth of the universe, which is intention directs energy and creates your reality. If you do not set an intention before you use cannabis, then it is going to respond to the intention of your subconscious.

For example, if your subconscious fears the loss of boundaries, or wishes for you to know something that is buried in the subconscious, then the ingestion or inhalation of cannabis will surface these subconscious fears and emotions. This is why many experience the paranoia associated with cannabis use.
The Spiritual Effects of the Incredibly Safe Drugs

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Medical Expose

http://www.medicalexpose.com/
Countless users of cannabis have profited from a cannabis high. Charles Baudelaire, William Butler Yeats, Walter Benjamin, Louis Armstrong, Billie Holiday, Diego Rivera, The Beatles, Bob Marley, Carl Sagan, and many others used cannabis to change their perception, to gain deep insights, to create, write, compose, and perform.[1]

In the following I will list what I think to be the ten most prominent mind enhancements reported by cannabis users throughout history.[2]

First, however, a note of caution: as with other mind-enhancing substances, there certainly is no “total enhancement” of mental abilities during a high. Some cognitive abilities are enhanced, while the performance of other processes may decline. It depends on the skill and knowledge of a user to integrate the high into one’s life so that he or she can actually profit from various alterations in thought and perception.

So, here is the list of ten of the most useful mind-enhancements coming from a cannabis high:
1. Enhanced Focus of Attention

During a high, cannabis users hyperfocus on whatever comes to their attention—be it a sensation, a thought, or a memory. We experience more depth and detail in whatever we perceive or think about. The Belgian poet and painter Henri Michaux experimented a lot with hashish and noted that

“(w)ith Hashish in me I am a falcon. (…) I look for an object in order to follow a trail. If it is a face, then through that face I will follow the trail to the ends of the earth. Nothing can distract me.”[3]

2. Intensified Sensations

The “hyperfocus” effect on attention presumably plays a major role in the often reported subjective intensification of sensory experiences during a high. Being high you also better discriminate new aspekte in your sensations—be it the flavor of a mango, the smell of a pine tree, or the tactile sensation of a kiss.

3. Being in the “Here-and-Now”

Your focused attention and the intensification of experience help you to dwell in the here-and-now of existence. You concentrate on your sensory experience and on your bodily awareness. Past and future become less important. You breathe, feel, perceive, and re-connect with yourself. I have also called this the “Zen-effect” of cannabis.
4. Enhanced Episodic Memory

The often reported enhancement of episodic memory is one of the most stunning effects of a cannabis high. While you can use a high to come to the actual “here-and-now” of existence, you can also redirect your attention to past episodes to bring yourself back to the “here-and-now” of the past. Cannabis users often remember long gone episodes of their lives with incredible detail and vividness. Interestingly, users have often reported re-living even childhood experiences as if the high had transported them back to their former selves.

5. Enhanced Imagination

Another incredibly useful effect of the cannabis high is the intensification of your imaginative abilities. We tend to underestimate the magnificent potential of this enhancement. First, we tend to think of imagination only as the ability to visualize images. But our ability to imagine also includes our ability to imagine how flavors of rosemary and potatoes combine, the tactile feeling of jumping in a cold lake, or the sound of a melody in the composition process.

Second, we use our imagination not only to dream up situations. As neuroscientists like Michael Gazzaniga and Antonio Damasio have reminded us, we crucially need our imagination to make decisions on an every-day basis. When you decide to marry your girlfriend you go through imagining situations, how it would be to live with her for the rest of your life, how your girlfriend would be as a mother, etc..

6. Enhanced Pattern Recognition

Countless users have reported perceiving new patterns during a high; patterns in nature, in art, in their own behavior or in the behaviors of others. Needless to say that this is one of the crucial enhancements of a cannabis high. It can also be used to break with routines and addictions. Once you understand the patterns of your own habits and routines, you can transcend them.

7. Enhanced Introspective Abilities

Many cannabis users described that a cannabis high helped them to better introspect bodily sensations; they reported how they feel cold water going down their throat, or better felt how the heat of a sauna or stretching helps them to relax their muscles. Others have reported deep insights into their own character, their moods or emotions. An enhanced pattern recognition seems to be a crucial element in this introspective enhancement.
8. Enhanced Empathic Understanding

Humans have incredible empathic skills. We can read emotions and moods from facial expressions or from seeing a bodily posture or walking style. We have countless detailed reports from users that a cannabis high helped them to put them in the shoes of others, to understand how others tick and feel. Recently, some courageous mothers have started to treat their strongly autistic children with cannabis with much success. During a cannabis high, these children seem to respond well, hold eye contact, start playing with other kids instead of engaging in solitary play, and seem to generally better understand others. After years of research I found the enhancement of empathic understanding to be such a profound effect of cannabis that I came up with the hypothesis that the endocannabinoid system might play a fundamental role in the functionality of the mirror neuron system or any other cognitive system which underlies our ability to empathically understand others.[4]

9. Enhanced Lovemaking

Many users have reported that a cannabis high enhanced their experience of lovemaking. Looking at the enhancements above it should now be easy to see why. High lovers are more in the here-and-now of existence, concentrate on their partners and understand them better, their tactile sensations become more intense and richer in depth; they can explore the trip of an orgasm better, they break with habitual patterns, listen to their partners, and try out new things. Mindracing and the perception of a slowdown of time (effects that I have described elsewhere)[5] play an important role: lovemaking and the experience of orgasm seem to be timeless, eternal.

10. Enhanced Creativity and Insights

Carl Sagan famously reported in an anonymously published essay “Mr. X” that he had insights on the invalidity of racism during a cannabis high and used soap to draw a Gaussian distribution curve on his shower wall to illustrate his point. In my book “High. Insights on Marijuana” I have explained in detail how I believe cannabis can help with insights. There is a long tradition in psychology that explores the phenomenon of spontaneous insights since the early days of the German psychologist Max Wertheimer’s Gestalt psychology school. If we take a closer look of this tradition and also look at newer studies on insights, [6] and the list of cognitive enhancement during a high, it becomes quite obvious in which ways cannabis can help users to come to deep spontaneous insights about all kinds of issues.

[1] For a great collection of other prominent cannabis users see www.veryimportantpotheads.com/
Scientists Discover Another Way Marijuana Helps The Brain Grow

By for med expose’

Research shows for the first time that CBD, like THC, can promote the growth of brain cells.

In 2005, Canadian researchers made a groundbreaking discovery that would forever discredit the myth that marijuana causes brain damage. What they found was an opposite effect. That is, THC – the main chemical in marijuana and the reason why users get ‘high’ – can actually cause new brain cells to grow.

The process of brain growth is called neurogenesis and does not usually improve with drug use. Marijuana use is a different story, explained Xia Zhang, M.D, Ph.D., associate professor at the University of Saskatchewan and lead author of the study:

“Most ‘drugs of abuse’ suppress neurogenesis. Only marijuana promotes neurogenesis.”

Still, THC is not the only chemical found in marijuana and, eight years later, a team from Brazil is giving marijuana users more reason to celebrate. Their study, published in the July issue of The International Journal of Neuropsychopharmacology, shows that cannabidiol (CBD) can help your brain grow too.
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Looking to investigate the effects of CBD on anxiety and depression in rodents, the researchers went to the source – a part of the brain called the hippocampus. The hippocampus regulates emotion and cognitive function and is also the only area of the adult brain that can grow.

*The hippocampus plays a role in emotion, memory, and learning.*

While previous studies have found CBD to have beneficial effects on anxiety and depression, the new study is the first to explain why. What the scientists found was that CBD, just like THC, also causes brain cells in the hippocampus to grow. This, they say, could explain why previous studies identified CBD as an effective treatment for mood disorders.

“Our results indicate that chronic CBD administration, by promoting neurogenesis, favours a similar anxiolytic response in stressed mice.”

Likewise, other studies have linked depression, anxiety and stress – and even problems with learning and memory – to a lack of adult neurogenesis. Although this can be brought on by frequent substance use (expect for marijuana), neurogenesis also slows down naturally as you age.

But now there is hope, says the team from Brazil. A new understanding of how the brain reacts to CBD, along with other compounds in marijuana, “opens the door for their use to manage psychiatric symptoms in disorders such as ageing, stress and neuroinflammation.”

*The study was led by Ismael Galve-Roperh of the Centro de Investigacion Biomedica en Red sobre Enfermedades Neurodegenerativas (CIBERNED), Instituto de Universitario de Investigacion en Neuroquimica (IUIN) and Instituto Ramon y Cajal de Investigacion Sanitaria (IRYCIS)*
A marijuana high usually lasts two or three hours, during which a wide range of effects may occur, varying both in intensity and quality. The usual, most noticeable effect is intensification of sensation and increased clarity of perception. Visually, colors are brighter, scenes have more depth, patterns are more evident, and figure-ground relations both more distinct and more easily reversible. Other sense modalities do not have the variety of visual stimuli, but all seem to be intensified. Sounds become more distinct, with the user aware of sounds he otherwise might not have noticed. Music, recorded and live, is heard with increased fidelity and dimension, as though there were less distance between the source and the listener. Taste and smell are also enhanced under marijuana. The spice rack is a treasure of sensation, and food develops a rich variety of tastes.

Skin receptors are also effected. Heat, cold, and pressure receptors become more sensitive. Pain produces paradoxical effects. If attention is not on the area of pain, there is a reduced sensitivity to the hurt. But awareness of pain from a lesion, such as a burn or cut, will often persist for a longer period than usual, even allowing for the changed perception of time under marijuana.

Awareness of proprioceptive responses is enhanced. The person using marijuana may become aware of usually automatic, non-conscious, muscle tensions, small movements, feedback and control processes, and feelings of physical comfort and discomfort. These can be perceived with great clarity and distinctness.

Such effects vary with the individual and the situation. Sometimes one modality will predominate; sometimes a sequence of effects will occur; sometimes nothing will seem to happen. The direction or modality of effect can be often manipulated by the individual if he deliberately exposes himself to the stimulus, such as music, or paintings. However, such setting may not affect the perception if the person is not otherwise ready to respond in that way. Effects more often call attention to themselves; the user observes what he is experiencing in the situation and realizes it is not how he usually experiences the stimuli. On the other hand, some sense modalities may function in a straight pedestrian manner, neither being enhanced nor diminished.

The person himself is the most important determinant of how the enhancement will appear. Some persons orient primarily to visual stimuli and visual thinking, others to sound, others to tactile impressions. Visual orientation seems to predominate among persons in our culture; audile and tactile thinking is less common. It seems likely that sensory enhancement of a marijuana high would be most noticed in the predominate sense modality of the user; it certainly should have a differential response in relation to less used ways of perceiving.

Another factor which affects the response is that persons unfamiliar with the marijuana state frequently must "learn" that they are perceiving experience in a different way. That is, someone
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makes them aware of changed perception by showing them objects, playing music, and calling their attention to the difference in sights and sounds. Then they become consciously aware of the perceptual changes. This initiation procedure has led sociologist H. S. Becker (Becker, 1963; partially reproduced in Solomon, 1966) to suggest that most of the effects of marijuana are learned, not spontaneous. He says (accurately, I am sure) that the user must learn to notice the effects, categorize them, and connect them to the total experience of using the drug. What is learned in most cases is not a new way of perceiving, but the awareness of a change in perception. Few persons observe what they are doing in the sense of observing their seeing, and it is not surprising that many should have to learn how to become aware of themselves experiencing by checking current perception against memory and expectations.

The user's internal psychological needs will also influence his response. A fear of being overwhelmed by too much input will often reduce any changes to only those which the user can cope with or to changes only in certain modes. A fear of losing control over the perception of experience may suppress most of the effects and even shut down responses to below normal. On the other hand, emotional involvement with some part of the environment may enhance its perception. Internal physical needs also affect the response, e.g., hunger may be intensified so the person finds himself ravenous on getting high.

For a person using marijuana for the first few times sensory changes occur sequentially, rather than all at once. First he may notice increased brightness and clarity of colors, then sounds, then visual structures, such as paintings or designs. (Two dimensional photographs and motion pictures may be seen in three dimensions in the marijuana high, a perception which can be transferred to the normal state under certain conditions.) Then proprioceptive sensations may present themselves. Any order of the effects may occur during one high state or several. Often effects will develop to particular levels and then stabilize without further elaboration. I know some individuals who listen to music during a high, and this is their major use and apparently their only enhancement.

There are two states of awareness which relate to these sensory effects. The basic one can be called pure awareness. In this state the person is completely and vividly aware of his experience, but there are no processes of thinking, manipulating, or interpreting going on. The sensations fill the person's attention, which is passive but absorbed in what is occurring, which is usually experienced as intense and immediate. Pure awareness is experiencing without associations to what is there.

The other state of awareness is one which can be termed conscious awareness, in which the sensory experience is connected to meanings, plans, functions, decisions, and possible actions. This is our normal way of perceiving and how we usually go about our daily lives. We do not sense the world directly, but with the incorporation of our memories, meanings, and uses. In the state of pure awareness objects are experienced as sensory qualities, without the intrusion of interpretation. There are examples of this in normal life. The sensation of sexual orgasm may be (and hopefully is) experienced with pure awareness. Natural beauty, such as flowers,
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mountains, oceans, and sunsets, is sometimes experienced from a point of awareness without adding conscious thinking.

These two processes of awareness have been described by Charles Solley and Gardner Murphy (1960, Chapter 14) as non-reflective consciousness and reflective consciousness. Alan Watts compares the awareness state to a floodlight of attention, which shows a broad area and lights up anything that is there. Consciousness awareness he compares to a spotlight, which is focused and can be directed, though on a narrower area. This is a good analogy in pointing out that no deliberate directing is done in the awareness state, although it is sometimes the case that the area perceived in awareness may be a small one seen in great detail.

The awareness state can be called "choiceless" because choice is a part of consciousness functions. Decisions made outside of consciousness are not called "by choice" since choice implies conscious action. In a state of direct awareness there are no choices made and no decisions or actions occur. The stream of sensation flows and the person is aware of what is happening; if he acts he does so without consciously deciding to move. (That is, action is handled by some process other than the consciousness monitoring the awareness experience.) When complicated action becomes necessary conscious attention is activated and the sensation is used as stimuli, criteria, or information for the choices, plans, or action.

The awareness is not always experienced purely under marijuana, but often is mixed with some, though reduced, conscious attention. Consciousness, conscious awareness, or conscious attention involves a connecting function which observes experience in relation to past experience, memory images, memory recording, expectancies, plans, goals, etc. This type of consciousness may intrude on the awareness state at a low level. However, when awareness fills the attention there is a "becoming lost" in the experience, in which there is often not even a memory of what occurred. This seems to be a state in which consciousness functions are not present, and all experience is at the level of awareness. Consciousness, attention, and memory recording are apparently not active. (It is possible that attention was present and either was not remembered or the memory is not accessible to consciousness.) Such a state of pure awareness is at one end of a continuum of varying degrees of conscious activity, with the other end at a state in which the contents of awareness are used for decisions, plans, inferences, etc., and are not experienced for their primary sensory qualities; they are information rather than experiences.

This analysis suggests a reason for sensory enhancement under marijuana, a movement of attention from consciousness processes to awareness processes. We usually think of attention as synonymous with consciousness, but it is an uneasy synonymy. Consciousness seems to be more than attention, but we cannot describe a consciousness without attention. Perhaps it is possible for attention energy to move into sensory processes and operate less in the decisional, deliberative processes of consciousness. If this happens it would provide much more energy for attending to sense data, and we could expect the sensory experience to be more vivid and more detailed.
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Intensity of sensory experience seems related to the total proportion or amount of attention which is involved in the process. If attention is used in conscious or unconscious processes in making decisions, remembering, evaluating, etc., then this much is removed from the awareness of the sense experience. Thus it may be that one of the causes of sensory enhancement under marijuana is that attention energy moves from consciousness processes into awareness processes, which amplifies the experience.

**TIME DISTORTION**

Besides sensory enhancement, the other most immediate effect of marijuana is a change in the perception of time: events take longer to occur. Bach's first Brandenburg Concerto lasts hours. An hour seems to have passed, but the dock records 25 minutes. The person's internal fantasies are long and involved, but only a few minutes have passed in government time. In this state the fantasies and music do not move at a faster pace---they move at their own usual rate, though often more fluently and more dearly. The impression is that external time must have slowed down, while the internal experience continues at the same rate. There is not the impression of speed or rapidity, but that the time available to the user is magnified.

There are similar effects in normal experience. Time spent at a boring talk seems to pass more slowly, and one thinks in dismay, "What, only five minutes have passed since I looked at my watch?"

A method used by Linn Cooper (1956) to induce time distortion under hypnosis is useful to note here. A metronome set at one beat per second is used. The hypnotized subject is told that the metronome is slowing down to one beat every two seconds, every five seconds, once a minute. Verbally or conceptually we can now say that the subject's internal rate has remained the same, but external time relative to the subject has slowed down. Has the subject's own pace actually speeded up? I do not know, and I can think of no reliable criteria for determining this. Brain wave research shows that the basic alpha rhythm can be speeded up by a flickering light (called photic driving), but not very much, and not even to twice its normal rhythm. Cooper's subjects report that they do mentally imagine the amount of thoughts appropriate to the expanded time available, including counting imagined objects. This may be a convenient hallucination or it may be an accurate description of what they do. (Even calculation of real problems would not be a valid test because calculating geniuses can answer complex mathematical problems almost instantaneously, and this ability may be available under hypnosis, though it has never been reported to my knowledge under marijuana or hypnosis.) In this procedure under hypnosis and also in marijuana the subjective experience of time is disconnected from the marking of social or government time.

The effect under marijuana is analogous to effects in visual and sound modalities. Visual scenes often have more depth, sounds are heard with more dimension; so too with time—there is an expansion of the fabric of time so there is a feeling of depth instead of the usual two dimensional flow.
The explanation of this sometimes given by marijuana users is that more is happening: they are thinking faster or more thoughts are occurring in the same time period. This could cause external time to be relatively slower. Although it need not be the case that internal processes change at a faster rate it is possible that a person is aware of more perceptions in a given amount of time as a result of the enhancement of sensory data. With visual enhancement more details of the movements of the self and others are attended to. This means that more information is perceived in the same amount of time. This is also true of proprioceptive and tactile responses. Time is somewhat conditioned to a normal rate of information input in particular contexts. One has a "standard rate of intake" and if the amount of information is increased for a unit of time, then one of the responses may be that time is going slower. To be conscious of any change in experience there must be a comparison with previous similar situations. Thus if the time experience while high is compared with a similar normal experience, or with a time pace constructed from normal experience, it may be perceived as slower.

A more important cause for time distortion under marijuana can be found by noting how persons normally judge the passage of time, then investigating the changes in these criteria caused by marijuana. This is rather difficult because no one knows how we judge time. Nevertheless there are some relevant observations which can be made.(1)

Notice the situations in which time seems to alter for many persons in everyday experience and out-of-the-ordinary experience. These are situations in which the experience itself is the focus of attention, they are not means to extrinsic goals. Persons totally involved in making love seem to have no awareness of how much time may pass. Persons in a state of anger do not become aware of time lapse until the emotion subsides or ego controls are invoked. Psychotherapy hours in which emotional material is covered seem to be out of time awareness. Mystics become unaware of the passage of time during meditation, as do persons having peak experiences (Maslow, 1964). In dreams, daydreams, fantasies, ecstasy, and strong emotional states, the sense of time is absent or changed. And in the state of pure awareness, as I have used the term, there is no perception of the rate of time. These are all personal experiences in which conscious attention is not dominant, and immediate experience, rather than goals, expectancies, plans, and decisions, is predominant. Time perception is a socially reinforced response. The experiences and states I have described are not states which are socially conscious; they are not internally subordinated to social time or schedules. Anger cannot be paced with conscious control, nor can ecstasy. Feelings, fantasies, dreams, and awareness do not incorporate the sense of time which is built up by and maintained in the consciousness. Thus when one is experiencing such content there is no marking of the passage of time, and to the extent this material is the content of awareness, the less social time is noted. Immediate experience is always timeless; time is perceived in relation to the uses of experience in controlling or predicting the future or interpreting the past, the present being perceived in relation to past or future. This is one of the major functions of consciousness. In a normal conscious state when the internal or external input is to be changed or manipulated the time required is automatically projected, based on past experience. This imposes the knowledge of time on the consciousness. One of the effects of marijuana is to reduce the strength of expectancies and goals which are
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socially reinforced. Thus non-time experiences are increased in relative strength and time oriented associations are decreased, which creates the sense that time is expanded.

Some indication that this is what occurs may be seen in reports of marijuana users that time passes instantaneously. One girl reported that when high she suddenly discovered 45 minutes had passed without her realization of this. And there are reports of listening to music when the individual realizes the music had stopped, without his remembering hearing the selection as it was playing. What happens in these cases is that most of the person's attention is in non-time processes, so that time passage is not noted until the social consciousness returns. Then it seems that no time has passed, since there was no process noting its passage. Just as in sleep, amnesic hypnosis, or anaesthesia, there is no consciousness of the duration of the state, and the conscious time flow seems unbroken from the moment of falling asleep to the moment of waking.

When observing sensory stimuli, listening to music, fantasying, etc., there is the feeling of expanded time because the outside experiences are overwhelmed by the mental, internal experience which is not marking time and there is no way to gauge their pace. The quantity of the time change varies. If the user is almost totally involved with the awareness processes, with little conscious attention, then there will be little sense of duration, and long periods of clock time will go by quickly.

Events themselves are timeless, in that they are always in the present---they do not echo their past nor presage their future states; we alone do that to them, for ourselves. And we ourselves do not experience the past or the future; we experience memories or expectancies, which may be realistic or fantasies. So our experience of the passage of time is based on our comparison of present experience with our remembrance of the past, usually the immediate past, or our anticipation of the future and how we get there.

Marijuana decreases the strength of the automatic memory, expectancy, and anticipation processes; thus the perception of an experience is not surrounded by the usual multitude of past encounters, future possibilities, and potential uses. In contexts requiring action on the basis of expectations and plans, such as driving an automobile, they are available and often with more focused attention. Given a situation not requiring activity or decisions, the penumbra of response patterns, functions, and potentials surrounding experience decreases, and the immediate experience per se is perceived, rather than its position in a pattern of change. This decreases comparison of the present with the past, and again reduces the feeling of duration or passing of time. ("Passing of time" is a curious phrase, because time passing cannot be empirically observed. One may conclude the passage of time by observing changes in experience, but it is not really an inference either. What seems to be described is the mental reviewing of the preceding changes which led up to the present point. Re-running the succession in memory from some point up to the present gives the sensation of passing time. We are aware of events which are different from the ones we now experience but that are connected by physical changes in which we have participated (directly or through observation). This awareness may be "awareness of the passage of time."
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In summary, under marijuana, the sense of time is distorted. First, because mental contents and awareness processes which are not connected to time needs or markers are strengthened. These include daydreams, fantasies, event memories, peak experiences, emotions, and the pure awareness state. Second, because goals, anticipations, and expectancies are decreased in prominence, reducing attention given to possible changes in the environment, which decreases awareness of future states. Third, memory of immediate past experience is decreased in strength, which reduces knowledge of change and moves attention to the present. If consciousness is completely passive, and non-time elements fill attention, then the experience seems timeless. If some consciousness processes and associations are maintained time will seem to have slowed, as attention moves among the various contents.

EXPECTANCIES

Both the intensification of sensory experience and the expansion of time are part of an increased attentiveness to immediate experience in contrast to memories of the past or plans for the future. Memories and plans are experienced but only as they arise out of the immediate content and needs of the person's internal and external experience; they do not automatically operate as in normal consciousness. Every action and potential action, in the normal state, is evaluated according to its consequences: what results will follow. Mental processes imagine as many consequences as they have experience to do so, both immediate and long range, testing these consequences against criteria or goals of valued states. The consequences which are most valued control the action. For example, if a person feels angry toward another he may want to insult him verbally. He mentally anticipates the possible consequences of this action, which may include the release and satisfaction of the anger, feelings of masculinity, enhanced self concept of strength, etc., on the positive side, and the anger or disapproval of the other person, loss of self control, fear of his own impulses, what his mother would think of the action, etc. on the negative side. Depending on the person's past experience, his needs and strengths of various values, the action will be taken, modified, or inhibited. Every action a person engages in is surrounded and extended mentally (consciously and unconsciously) by such expectancies, and every situation experienced by a person is responded to by anticipating its potential consequences and relating them to desirable and undesirable conditions. (Of course, the opposite of such action---its inhibition---is also subject to the same processes.) Some of this process is conscious, especially when the situation is new, unfamiliar, very important, or ambiguous, but most of the expectancy and anticipation process is done preconsciously. Normally persons are not aware of the activity which occurs to determine an action; expectancies have become incorporated into automatic responses.

The mind is efficient in making its activities automatic. First an action is consciously made in response to a need or situation. If it is successful (reinforced) it becomes habitual, and is taken automatically without the need of conscious attention, much as driving a car, sewing, tying your shoes, and smoking a cigarette are all composed of large blocks of now automatic actions which once had to be done with conscious attention at every point. Later only the major elements must be controlled with conscious attention, such as changing lanes when driving, searching for an ashtray, etc. How can an action be released without conscious attention? What must happen is that criteria for action and the particular action are connected by the conscious
mind; then the process can be made automatically. When the criteria are fulfilled, then the action is made. (2) This suggests that there is some process or energy which releases action but which does not need conscious attention. Similarly, most of the expectancies around experiences are not conscious---only the more important ones or ones which are so complex as not to be automatically used.

Such expectancies and anticipations function to keep behavior consistent, goal directed, and reasonably integrated. They help avoid conflicts within the personality and with the environment, including other persons. They have obvious survival value and undoubtedly are reinforced by our society and our own needs. The function of reinforcement is clear: The reinforcement value of the projected consequences of an action come to affect our decision to take or not to take the action. These expectancies are responses to possible futures, and orient our actions to the future, not the present.

One of the major effects of marijuana is to decrease the strength of these expectancies and anticipations, on both conscious and preconscious levels. Thus in the high state the expectancy processes decrease their influence on behavior. Since these are always oriented to future states, they take attention away from perception of immediate experience and turn it to following imagined states. Thus when attention given to imagined states is reduced, the perception of the present experience will increase in strength or intensity, either because more energy is available for such awareness or because there are fewer processes to attend to, and present experience becomes relatively more predominant in the mental field. This enhancement of immediate experience is reflected in the effects of marijuana on sense data and time perception. Indeed, the decrease in expectancies, which are connected to goals, may be one of the reasons for the change in the awareness of time, since time is perceived in terms of changes, including changes in relation to a potential state of affairs. If the knowledge provided by expectancies is reduced, then the immediate experience will not be seen as a point in time with a future, but more as an event, per se.

The reduction in the strength of expectancies also contributes to the increase in intensity of sensory experience. Objects as well as situations and actions are surrounded by our potential responses to them, such as our past experiences with them, how we might use them, other forms they have taken, how they are made, their qualities in other sense modalities, etc. When we perceive an object, whether a fire in a fireplace, a photograph of a fire, a fire engine, or a fiery speaker, not only are we aware of the object, but also we have incorporated in our awareness these other elements which give structure and meaning to the sense data. Thus we know that the object is a bird cage or a rib cage, and we know its qualities, functions, and potentials. Usually these are keyed to our verbal response, our classification, but they are known non-verbally as well (e.g., we can have emotional responses or motor responses without verbal responses).

**FUNCTIONAL ASSOCIATIONS**

Particularly important to us is the function of objects. (3) One sees this in a child's definition: a hole is to dig. A bridge is to walk over to get to the other side. Someone said that home is "A
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place where when you go there, they have to take you in." There is an essential effect of these operational definitions: they force classifications rather than specificity. Any hole is to dig and how hole X differs from hole Y is not important so long as each can be dug. My home is not different from your home, since they will both take us in. Such definitions attempt to capture some particular criteria of whatever they define. The criteria of definition are the only characteristics which need to be observed in perceiving the object, and we are trained to perceive in this way. We learn as children to see the function of objects and to see the similarities of objects, rather than experience them in all possible ways. The advantage of this is obvious: we survive because we can use the environment, we can generalize, we can cooperate within a socially constructed reality. The disadvantages are obvious: we may not see reality except in terms of functions, which shuts out an enormous amount of reality (some of which would be functional in various contexts). And often persons see objects only in terms of their own functional needs, which narrows their perspective considerably. (Psychologists might see persons as experimental subjects, an insurance salesman might see one as a prospect, etc.)

This leads, incidentally, to failures of discrimination in perception, illustrated by the classical occidental observation that all Chinese look alike, and no doubt Chinese observe the same about occidentals. One of my friends took an astronomy course and discovered that stars were not all the same color, as he had previously perceived, but were red, blue, yellow, and white. This led him to realize that all trees looked alike to him. Of course he would not have said that they were identical, but I doubt if he could have told the differences between an elm and an oak, even standing in front of them, because a tree is with leaves and to be shaded by. And after all, which of us could easily describe essential differences between two holes dug by a child in the sand at the beach? Though the child probably could.

Under marijuana the functional associations of objects are decreased in strength. In addition to this specific association, other associations such as verbal labeling and memory constructs of such objects are decreased in strength. Normally all these elements are imposed on the conscious experience of the object, some incorporated into the perception (such as seeing the object as a teapot) and some claiming attention on the periphery of consciousness (such as knowing it is hot and not touching it). When these associations are decreased there are fewer mental impositions on the sensory perception of the object. Aspects which would normally be shut out (such as a blemish on the teapot or the shape of the handle) are given equal attention, and hence are seen instead of being ignored. When attention is directed by goals, as it usually is in the normal state, it is simply not given to non-functional stimuli, i.e., elements that do not have anything to do with what the person wants at the moment.

The person under marijuana is not seeing this object as "flowers" with a mental image of flowers and his memories of flowers being confirmed by these flowers, which are to look at and smell and if one can look at and smell these one has confirmed that they are flowers and that settles that part of reality, and so on to another. Rather he has a great deal of time and it is not urgent what uses these have or what consequences could result and much more of his awareness is filled by these flowers. And there are textures, colors, shades, shapes, feels, crevices, shadows, smells; all things that are there; experienced rather than used.
An important principle is that you can experience something only if you do not think in terms of its function. You can know what it is only if you do not impose what it will be or could be or ought to be. This often becomes quite evident under marijuana.

This suggests a principle regarding processes of attention. When attention is reduced for some elements in perception, the amount given to other elements increases, as though attention is a mobile amount of energy, and when a quantity is not needed at one point it moves to another point. This is consistent with Freudian theory, which holds that as energy is released from conflict points it becomes available to the general system. With marijuana, when association processes reduce their demands on attention, it flows to whatever else is in the consciousness. (I am using a fluid metaphor, but other models will do equally well. Electrically one can speak in terms of activation. Cybernetically we could refer to homeostatic balancing of elements. Or we could talk of homunculi leaving the study and going to the patio.)

ASSOCIATIONS

This reduction of associations is an important basic effect of marijuana. It contributes to the expansion of time, to sensory enhancement, and to the increase in attention which is given to the focus of consciousness. However, not all association patterns are decreased in strength in the high state. Well known are the flights of fantasy and dreaming stimulated by hashish and cannabis. (And in non-fantasy high states users have reported that they can perceive connections and associations of ideas that were not accessible to them in the non-high state (usually called "straight" by users). This seems inconsistent with what I have just said about the decrease in association strength. However, while associations, particularly those based on social learning, are reduced in strength, any association may gain in strength if it becomes the focus of the detailed attention possible under marijuana. Thus fantasies and creative thinking may have increased associations and may be more fully developed than in the normal state of consciousness.

The associations which are reduced in strength seem to be those which are learned through social reinforcement: meanings and behaviors which are taught by society. Functions of objects are socially taught. Patterns of communication are social. Language and verbal knowledge (Columbus discovered America in 1492) is social in origin. Inhibitions and controls on behavior are socially reinforced, and are often incorporated into the verbal system through "should" and "should not" statements. When social norms are the same as personal needs, desires, and meanings, there is consistency in the response to a situation or object. When conflict between social and personal directions occurs it must be resolved, and usually it is resolved in favor of social meanings, functions, and approved behavior (usually called rational). Thus the social perception of a situation may exclude many of the potential meanings, behaviors, and emotions. Under marijuana this excluding function of socially learned associations is reduced in strength. The excluding function has certain survival value. It keeps our consciousness from being dogged up with unnecessary and distracting contents. Thus a scholar looks at a book and notices the title but not the binding; for a book binder the opposite is the case. Associations which contribute to the goals of society are learned by persons through social reinforcement, and one effect of these associations is to inhibit other associations.
Marijuana decreases this inhibition and lowers the reinforcement value of the association. In effect this makes all associations more equal, and the network of associations is less guided or channeled in socially reinforced directions. A person who is high may be aware that an object is a pencil, but he may successively also see it as a shape, a phallic metaphor, a geometrical solid, the printing on it, etc. He has more associations once they are away from the strict control of social perception.

**INHIBITIONS**

The same pattern can be seen in expectancies and anticipations. Socially oriented behavior makes great use of expectancies to control behavior in an effort to maximize approval and minimize or avoid disapproval, which are social reinforcers. Such behavior thus involves a large amount of inhibition. By inhibition I mean any kind of control to prevent activity from reaching a certain level. The activity can be thoughts, action, fantasies, or emotions. Inhibitions in Freudian terms are controlled by anti-cathexes, in learning theory by aversive stimuli, and in terms used here, by expectations of aversive stimuli. Inhibitions need not be on anti-social acts, but are often to direct behavior into patterns normal in our society. Persons maintain appropriate social distances (which are arbitrary), you do not tug at the beard of someone you have just met (though the thought may cross your mind), and a man does not cry in public. These may seem minor but they are controlled with great power by social reinforcement, as can be seen by the strong rejection of the behavior if it occurs. Of course, inhibitions are also placed on behavior which would be dangerous to society, such as aggressive or destructive acts.

When behavior is inhibited, the psychological tendency is to inhibit any mental activity which might lead to such behavior. Feelings, impulses, images, fantasies, etc., may be inhibited and decreased in strength, or even prevented from entering consciousness. Such inhibited feelings and impulses may appear in consciousness in the high state, often without effort of the person. This may cause anxiety and the person may use ego defense measures to block their appearance or diminish their threat. On the other hand, he can also use methods of analysis and self-therapy in the high state to deal with conflict material, and may free himself from neurotic responses.

The effects of the reduction of social inhibitions can be seen in various ways. At marijuana social gatherings persons may not feel pressure to participate in conversational games, play behavior increases, physical activity may increase. The decrease of socially reinforced inhibitions also accounts for the actions of users which claim public attention: jumping over fireplugs and parking meters, uninhibited dancing (erotic and non-erotic), and playful behavior (which is subtly taboo in our society). Here the person is expressing impulses in behavior which would usually be inhibited by expectancy of negative social reinforcement (frowns, rejection, blame, punishment and other expressions of disapproval). However, this reduction in strength of social inhibitions does not usually result in anti-social acts (unless jumping fireplugs is considered anti-social). This is curious because social inhibitions are usually considered the bulwark against committing crimes, aggressing against others, raping women, etc. But we do not have cases of contemporary users of marijuana burglarizing or attacking
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others, though such effects are evident in the use of alcohol, where users are much more likely to express violent and aggressive behavior.

Why then if inhibitions are reduced in strength do not users become violent and aggressive? One reason may be that aggression is usually specific to situations and expectancies about situations, and the use of marijuana today rarely is in a conflict situation. With reduced pressure from memories and expectancies one would also expect less non-relevant feeling. Beyond this, one of the psychological effects of marijuana is euphoria. Thus anger and aggressive impulses are less strong and do not draw much support from the rest of the personality. This effect may also be related to the decrease in the strength of social reinforcers, since chronic anger is often the result of conflicts between social requirements and personal desires.

ATTENTION

The process of attention is clearly affected by marijuana. The most obvious effect is to narrow the amount of diverse contents in the focus of attention. The person under marijuana usually perceives fewer objects of attention, which may mean physical objects, actions, social elements, emotions, etc. We have already noted this effect: a person who is high may become absorbed in an object, event, or process to the exclusion of everything else. A train of fantasy may occupy all of a person's attention. This is a psychological analogy of tunnel vision, with the contents of the tunnel expanded.

In the normal, straight state, conscious and non-conscious processes give continual attentiveness to many internal and external stimuli, with responses such as awareness, memories, expectancies, and the many associations we have already noted. Many of these are conscious, especially those on which decisions are necessary. Others, and probably the bulk of the responses, autonomously operate without being consciously attended to, and come to consciousness only when necessary. These are in a preconscious state, but nevertheless involve perception, associations, memories, and expectancies.(6) Such processes often regulate behavior when consciousness does not intervene (as in driving a car automatically). But whenever novel stimuli appear or more than routine decisions must be made, the contents become part of the conscious state.

In the consciousness processes connections can be made among several types of information, and in different contexts of meaning---making connections with the many factors relevant to a decision or the resolution of conflict. Conscious attention moves easily from one interpretation to another interpretation of information, with the various memories and expectancies which go with each interpretation, thus obtaining more information for the decision. These interpretations and associations are drawn from the preconscious processes, which, alone, cannot make interconnections among themselves as fluidly as can consciousness. Connections of ideas are made in preconscious states, but these seem based on almost any relation, from contiguity to puns. Consciousness can select the significant or realistic connections and systematize their use.
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We can regard the conscious system as the system which does just that: selects and interprets information in relation to a goal or purpose. It does this when it is activated by attention energy. It may be that attention is the activating energy of awareness. Attention usually is in the conscious system, which consists of processes which select information to make decisions. It can also be activated in preconscious contents, which contain information, emotional values, and random associations. Most of the time awareness is of the conscious processes.

Under marijuana attention-awareness energy may move into the preconscious system and be less in consciousness processes. Since there are fewer elements in attention the person is more strongly aware of any individual element of meaning, memory, emotion, etc., and less of its relation to other elements which would be relevant in the conscious system. Whatever is in the center of attention occupies all of awareness: this may be sensory data, such as visual stimuli, or imagery, such as fantasies. The effect can be termed a unity of attention, in that all attention is focused on one subject. In normal conscious states, several channels can be used at once, e.g., reading a book while listening to music. Attention may alternate, but even so keeps all channels of input on the edge of attention. This does not occur with marijuana, which so far as awareness goes, fills the attention with one thing at a time. If one is recalling an experience from the memory, then almost all attention is on the event, and almost none on the external environment, expectancies or plans. Processes in normal states which seem to parallel this would be extreme concentration on a book or television, exciting conversations, and the state of romantic love.

It is not the case that there is less attention, for the quantity seems at least the same. Analogically it is as though a portion of a photograph were blown up to the size of the original picture, thus maintaining the size of the print but increasing the magnification of a smaller relative section.

Some of the processes which contribute to this effect are obvious. The reduction in expectancies and associations reduces peripheral contents of consciousness. Many of these elements are maintained continuously at a low level, appropriate to the environment and needs of the person. Some items are continuously monitored, much as a hostess may habitually check how each of her guests is getting along. Such monitoring takes some attention away from any central content, just as the hostess may not concentrate fully on her own conversation if she is attending to the state of her party. However, without the need for these side glances, attention flows to the central subject. This means that the plans, anticipations, etc., are not automatically attended to, although if such an element enters the central position it receives the intense central attention and is attended to in great detail.

Peripheral attention and its contents are reduced in the high state; central attention receives the energy which would otherwise be used in peripheral attention. This could be because each type of attention is different, and thus differentially affected, or because the peripheral contents are reduced in strength because of the reduction in the strength of associations. The latter seems to be true; the former may be also.
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MEMORY

One of the processes important in perception is the comparing of current input with similar past experience. When we see a friend, a memory image of his face is presented to our consciousness along with the sensation of his actual present appearance. This memory image (which can be called a schema) blends with the current sensation, so that the perception is a combination of the two. The relative strengths of each source of information probably vary from person to person. Some primarily perceive the memory image, with the sensory input serving as confirmation of the identification. For others, the memory image may be so weak that reorientation and identification is continually necessary. Though the construction and recall of this image is not clearly understood, it must be partially constructed from previous experience of the stimulus (including verbal knowledge) up to a point where the person knows all he needs to know for purposes of his response. After this, encounters with the stimulus do not add to the memory image appreciably; further discrimination is unnecessary and the image stabilizes. (Of course, the person may continue to make discriminations. One of the valued behaviors in science is to make perceptual discriminations for which we have no functional need, assuming that such information is valuable per se or may be valuable later.)

Most persons rely principally on memory images in perception unless there are evident differences in the immediate situation, and their responses are keyed to the memory image. Consequently we do not respond only to immediate experience. We identify current experience according to past experience and then respond on the basis of past experience, modified by whatever differences we perceive to be significant in the current information. Our actions originate from past experience, they are connected to the structures built up in our memories, and these memories are elicited by the immediate stimulus. In unfamiliar settings, no memory image is available. Then we must deliberately and consciously act, randomly act, follow instructions or models, or act according to the most similar memory image. Any situation is a combination of elements, and may call for complex combinations of memories and response patterns, some new, some familiar.

Marijuana has two effects on this process. The first is to reduce the general automatic availability of memory images; the second is to increase the strength of memories when they are relevant to central needs. We have already discussed the general reduction in strength of memories in response to current experience, which is principally in the automatic recall of memory schema. The strength or visibility of the mental image is reduced, with a resulting increase in the brightness of the data themselves (there being nothing else to look at). This explains also why experiences seem new: they are observed without the feeling of familiarity caused by memory images. For most persons in straight consciousness it is likely that sensation is checked against a memory image (at a preconscious level) and what is seen from the current stimulus is what is necessary to fulfill the criteria for identification, based on the memory schema. The relevant elements, the criteria, are affected by the goals or functions which are important to the person. We do not perceive dust on a typewriter when we look for something to type on. When we look for a friend in a crowd we do not look at his face, we identify it. Similarly, in conversation and daily life we generally know what we are seeing, so perception is more identification than observation. However, when fewer memory images are available, as
when high, one must respond to the sense data as unfamiliar material. This may cause anxiety, depending on the individual and the environment, or it may result in pleasure at the enhancement or challenge of current perception. It may also increase the potential responses, since there is less pressure for a learned habitual response, which would normally inhibit other responses.

(This may, incidentally, suggest an explanation for the *jamais vu* sensation, in which there is the feeling that a normally familiar situation is totally unfamiliar. Several experiences of *jamais vu* reported to me seem to have occurred when there are unfamiliar emotional elements present, as though the usual memory schema and their associated responses were not available.)

At the same time, some memory images may be strengthened if they are emotionally salient. A person having paranoid fears, for example, may find his imagery increased in strength. One person reports that once when high he observed a friend sitting to one side of him staring directly at him. He turned to face his friend and found him looking in another direction, his face turned partially away from him. Apparently a fear activated the image of a full staring face, which was superimposed on the profile of the other person. It may be that psychotic or schizophrenic perceptual projections are partially caused by increased internal imagery. Under marijuana, at least, emotional force may activate internal imagery which is used to search for, identify, or interpret incoming stimuli.

So also if the person deliberately attempts to recall past experiences there will often be increased recall, either of events in great detail or Hashes of experiences. This is particularly true if there is salient emotional content. Recall which appears to be eidetic may occur under marijuana, and images which are like playbacks of the original perceptual experience may become accessible at will to conscious attention. If the conscious attention is allowed to unfocus, so that only monitoring is going on, almost instantaneous images can be obtained of visual and sometimes auditory or tactile stimuli. The image must be seen when it occurs; if there is an attempt to hold it in consciousness a mental composite image takes its place. It is possible that what occurs is an activation of the actual memory record, selected from the stream of consciousness which is recorded in the brain. Only one flash comes at a time. This ability, incidentally, has been transferred to straight, non-high control after it has been observed under marijuana. The essential feature seems to be in allowing the conscious attention not to try to hold on to the image when it appears. One must learn to see rather than look.

Another type of memory which is strengthened is that for emotion-laden events. Strong emotional responses, such as grief, fear, guilt, etc., often arise under marijuana. These are responses to remembered events, responses which might normally be suppressed. Usually the person's sense of identity is functioning, so he can either accept the emotion and be a part of it, which is usually therapeutic, or reject it, which may produce dissonance and anxiety. "Bad trips" are sometimes caused by emotions or pressures which threaten the person's self concept or his sense of control. While suppression processes are usually not too effective as defenses, distraction is, because of the mobile flow of attention under marijuana. For this reason,
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movement such as dancing, running, exercise, showers, etc., will usually change the emotional tone.

One other effect on memory should be noted. Normally we have a short-term recall process which holds memories in access for about 20 minutes, and then a long-term storage, which is permanent. In the high state, short-term memory becomes shorter, and in very high states the sequence of thoughts is not remembered past one or two transitions. The sequence can sometimes be recalled with an effort, or reconstructed, but there is no automatic remembering as there is normally. On the other hand, after the high, events within it can be remembered, indicating that at least some of the experiences are being filed in long-term memory.

Partly due to the reduction in strength of memory there is less intellectual control over the stream of consciousness. Memory seems to be needed to maintain concepts or goals under which to manipulate thoughts. Another cause of the reduced control is the lowered inhibition processes, which are used in thinking to filter irrelevant material and keep it from cluttering the conscious attention. Logical ideas and connections may also be enforced by such inhibitions; these would be loosened by the decrease in association strength.

VARIABLES

In general for marijuana to have effects the user must cooperate with it and facilitate the effects. He must learn to allow himself to respond. There are some persons whose response to marijuana is almost unnoticeable; their consciousness seems not to change. These may be persons who have fears about and strong defenses against losing control, and elements of their feeling, thoughts, or action which threaten their control are strongly rejected. Such personality systems are endangered by marijuana effects and often maintain their structure against these effects. Sometimes they will respond, but what effects are occurring will be blocked from their conscious awareness. The most noticeable effect is often time distortion, indicated by long silences and broken often by a comment that nothing is happening.

The effect of the physical and interpersonal setting on the response to marijuana is strong and usually controls the tone of the experience. The basic fact is that the individual creates the reaction, not the drug. If the person feels under pressure, then the drug will enhance his feeling of stress, and the effect will depend on how the person can deal with the stimulus. If he feels energetic, the drug will enhance his willingness to be active. Some persons become less self-conscious, others more self-conscious. Some move physically, others sit quietly. Some talk, others are silent. Users of marijuana are as individual as they are. For this reason, one must expect different effects to occur from different times and varying physical and interpersonal surroundings. For some the effect is quite different when smoked alone than with other persons, probably because social situations elicit different personality elements and present various pressures.

These variable factors should be noted in considering research and investigation of the effects of marijuana. The plant probably does everything anybody has claimed for it, but only in a situation which enables it to do whatever is claimed for it. One highly respectable philosopher
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and author, who has explored a variety of chemicals, says that marijuana will take a person as far as LSD. To which I would add, especially if you can go as far as LSD on it. This is not tautologous, for it cannot be said of coffee or orange juice; even if you are ready, coffee will not take you there.

There are further effects of marijuana which relate to complex structures of association, learning, values, intra-personality communication, interpersonal perception, and consciousness. It is difficult to separate the awareness of these effects from the effects of the awareness. It seems best to stop at this point, having discussed what seems verbalizable at present.

Given facilitating conditions, the effects I have described will develop. Sensations are enhanced and clarified: sight, hearing, taste, touch. Time perception changes. Attention becomes more unified, and moves more into preconscious material and the state of pure awareness. The many broad processes of association, such as social meanings, memory images, expectancies, and plans are reduced in number and relevance. Inhibitions and suppressions relax, allowing emotions, thoughts, fantasies, and memories to How more freely. The development and strength of these effects will depend on the individual, the times he has used marijuana, how he has used marijuana, and the environment.

(1) See "Time and the Unconscious" by Marie Bonaparte (1940) for speculation on this problem from the framework of psychoanalysis.

(2) This is the behavior structure described insightfully in Plans and the Structure of Behavior, by George Miller, Eugene Galanter, and Karl Pribram (1960).

(3) An excellent discussion of this and other relations of language to perception is in Semantics and Communication, by John C. Condon (1966, Chapter 3).

(4) Accounts of such experiences can be found in The Drug Experience (Ebin, 61).

(5) Julian B. Rotter (1955) discusses this process in "The Role of the Psychological Situation in Determining the Direction of Human Behavior."

(6) By preconscious processes, I mean a state of mental functioning which goes on outside of conscious attention. Lawrence Kubie describes this foggy territory in Neurotic Distortion of the Creative Process (1961).

(7) This kind of recall can be obtained by electrical stimulation of the brain. See Wilder Penfield and Larnar Roberts' book Speech and Brain Mechanisms (1959), Chapter 3.
The medical science is strongly in favor of hemp oil as a primary cancer therapy, but contrary to popular belief, smoking cannabis does not assist a great deal in treating disease within the body as therapeutic levels cannot be reached through smoking. Creating oil from the plant or eating the plant is the best way to go about getting the necessary ingredients, the cannabinoids.

If there was such a thing as a safe drug, then magic mushrooms would be it— that’s what a new study by the Global Drug Survey (GDS) found.
Researchers found that of all people who tripped on psilocybin hallucinogenic mushrooms in 2016, only 0.2 percent needed emergency medical attention, according to the annual recreational drug survey released Wednesday. Meanwhile, harder psychedelic drugs such as LSD and MDMA were almost five times more likely to send users to the emergency room in 2016. The survey analyzed the drug use of nearly 120,000 participants in 50 countries based on questions regarding drug use patterns, effects of drug use and the various substances people use to get high. Of those surveyed, 65.1 percent said they had used illegal drugs recreationally within the last year while 79.3 percent said they used illegal substances at some point in their life.

A fly agaric (Amanita muscaria) fungus grows in the western city of Thorigne-Fouillard on November 18, 2013. One of the most iconic and distinctive of fungi, fly agaric, with its red cap and white spots, is renowned for its toxicity and hallucinogenic properties. A Global Drug Survey released May 23, 2017, found magic mushrooms to the safest recreational drug.
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About 24,000 people said they had used shrooms, as they’re commonly referred to, at some point in their lifetime while 12,000 admitted to consuming the substance derived of certain types of mushrooms—usually indigenous to areas with tropical climates in South America, Mexico and the U.S.—within the last 12 months. 
https://www.youtube.com/watch?v=81-v8eXPd4

Nearly 82 percent of people who had taken mushrooms in their lifetime said they indulged in the hallucinogenic drug in search of a “moderate psychedelic experience” and an “enhancement of environment and social interactions.”

GDS founder Adam Winstock told The Guardian Wednesday that despite its low emergency room rate, the main reason people end up in the hospital after taking psilocybin hallucinogenic mushrooms was because people were picking and eating the wrong types of mushrooms.

“Magic mushrooms are one of the safest drugs in the world,” he said. “Death from toxicity is almost unheard of with poisoning with more dangerous fungi being a much greater risk in terms of serious harms.”

Although an illegal drug, there have been studies released claiming that mushrooms have some medical benefits and could help people battling depression and anxiety, including a separate
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2016 New York University study in which participants saw decreases in cancer-related demoralization and hopelessness, improved spiritual well-being and increased quality of life.

As for LSD, more than 22,000 people said they had tried the hallucinogen at some point in their lives while almost 11,500 said they had used the drug within the last year, which sent 1 percent of users to emergency rooms, compared to the 1.2 percent of MDMA users—including 35,500 people who had tried the party drug in their lifetime and 19,000 users within the past year—who found themselves in the emergency room following their experience with the drug.

“LSD is such a potent drug,” said Winstock. “It’s so difficult to dose accurately when tabs you buy vary so widely. It’s easy to take too much and have an experience beyond the one you were expecting.”

https://www.youtube.com/watch?v=hgS_BGMxXpY

Drugs including methamphetamine and synthetic cannabis had the highest rates of users needing emergency medical attention, with 4.8 percent and 3.2 percent of users, respectively, being hospitalized in 2016.
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How Magic Mushrooms Enlighten The Brain, And Improve Psychiatric Conditions

Nov 18, 2014 07:00 AM By Anthony Rivas
Magic mushrooms expand users' consciousness, allowing them to realize the importance of life, no matter their condition or vice.

The 1960s saw the height of *psychedelia*, a subculture that embraces the use of psychedelic drugs. And while there were many, many instances in which Tom Wolfe’s *The Electric Kool Aid Acid Test* could paint a good picture of what it was like — colorful lights, lots of noise, and school buses full of people high on acid blasting the Grateful Dead — there were others looking into the therapeutic potential of psychedelics. A psychologist and user of psychedelics himself, Dr. Timothy Leary was one of these people; he spent a few short years at Harvard University working on the *Harvard Psilocybin Project*. He believed that psilocybin, the active chemical in magic mushrooms, had the power to change people’s brains for the better. Fifty years later, scientists are beginning to realize Leary may have been on to something. Psilocybin profoundly alters consciousness, rearranging the brain so that new connections between neurons are made, and accessing them becomes easier. This doesn’t occur randomly, but instead, the neurons assume a new order, which brings clarity and new perspectives on old and new thoughts. Those effects are then combined with what scientists have found to be activation in the area of the brain — the hippocampus and anterior cingulate cortex — responsible for emotion and dreaming. “People often describe taking psilocybin as producing a dreamlike state,” Robin Carhart-Harris, a researcher who studies psilocybin, told *Reuters* earlier this year. Meanwhile, with the activity in the emotion region of the brain working at full-force, the area that helps us find a sense of self-awareness (the ego) goes quiet.
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These effects are gone within five to 10 hours, however, the enlightenment they bring is long-lasting. Studies have shown that the psilocybin in mushrooms may be an effective chemical for treating post-traumatic stress disorder, depression, and anxiety. In a 2011 study, researchers enlisted 12 participants suffering from an advanced stage of cancer, and diagnosed with acute stress disorder or anxiety disorder. After giving them either a small dose of psilocybin, niacin (it induces a mild psychological reaction), or a placebo, they found that those who took psilocybin alleviated some stress, as measured by the STAI anxiety subscale. These effects were consistent up to three months after treatment.

Smokers may also benefit from taking a magic mushroom here and there. In September, researchers from Johns Hopkins University found that 12 out of 15 smokers were able to quit while sitting in a room, tripping on psilocybin, and listening to calming music. Those whose experiences were the most profound were more likely quit, the researchers said. “The rates of quitting were so high, twice as high as what you typically see with the gold standard medication,” researcher Matthew Johnson told Bloomberg News.

Science is only beginning to unravel the mysteries that surround drug use as treatment for psychiatric conditions. In the past few years, studies have shown that other drugs, like LSD and MDMA, also offer some benefit despite sitting next to marijuana and psilocybin on the list of Schedule I substances. Offering them to patients in a controlled manner, like the Johns Hopkins researchers did, could be a good way to procure their benefit without risking the dangers associated with fully dosed drugs.
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WHAT MAGIC MUSHROOMS DO TO YOUR BODY AND BRAIN

You may feel more open or imaginative.

Time may seem to slow.

Shrooms’ psychoactive ingredient is psilocybin. It acts on neural networks in the brain that use the chemical messenger serotonin.

You may see sounds or hear colors, since shrooms affect how different parts of the brain communicate.

Your pupils may dilate.

You might feel relaxed.

On the other hand, you may feel extremely anxious or agitated.

In a study of cancer patients with anxiety, some users also experienced a decrease in their anxious symptoms.

Most of shrooms’ effects begin after 20-90 minutes but can last up to 12 hours.

You may have an out-of-body experience and feel as though you’re observing yourself from afar.

Shrooms may be linked with a rare disorder called HPPD, where hallucinations linger long after use.

In a small study of depressed people, some users experienced a temporary decrease in symptoms.

SOURCES: Journal of the Royal Society, 2014; National Institute on Drug Abuse; New York University Psilocybin Cancer Anxiety Study; Proceedings of the National Academy of Sciences of the USA; The Lancet, 2016

Medical EXPOSE

http://www.medicalexpose.com/
Psilocybin cubensis, a psychedelic species of fungi commonly known as “magic mushrooms,” has been part of human culture for thousands of years. Known to both ancient cultures and to modern science as being able to reliably produce a mystical experience, these mushrooms have been used for healing, vision quests, and divination by cultures across the globe, and our scientific understanding of their effects is growing immensely every year. While a complete understanding of how these entheogenic fungi operate in our brains, minds, and bodies still eludes us, we now know more than ever about their many uses and therapeutic benefits thanks to a surge in research and scientific interest. These new scientific findings also echo the understanding of the indigenous cultures who use magic mushrooms, highlighting just how advanced their understanding of these entheogens is, even though it’s based on generations of observational use rather than modern science.
The Spiritual Effects of the Incredibly Safe Drugs

The Mystical Effects of Mushrooms

One of the most famous scientific studies ever conducted with magic mushrooms was the Good Friday or Marsh Chapel Experiment. Conducted in 1962 by Harvard graduate student Walter Pahnke under the direction of Timothy Leary, this experiment showed that psilocybin was able to reliably induce a mystical experience in a majority of the people who took it, with many participants claiming it was amongst the top five most meaningful experiences in their lives. Subsequent follow-up studies by Rick Doblin of MAPS (in 1991) and Roland Griffiths of Johns Hopkins University (in 2006) yielded similar results.

The fact that magic mushrooms can produce mystical experiences is a major revelation in and of itself, but researchers have taken it a step further to see how this experience might be useful to people in great need of a transformative awakening. Along these lines, a recent study from Imperial College London found that psilocybin was highly effective at treating depression, with 12 out of 12 subjects experiencing major reduction in depression symptoms and 5 of 12 being completely cured of their depression 3 months later. Additionally, magic mushrooms have been used to treat end-of-life anxiety in terminally ill cancer patients with similarly positive effects.

Therapeutic Effects

Aside from the transcendent experiences that psilocybin can induce, researchers have also found that they can be used to treat a variety of mental and behavior disorders. Scientific studies have shown that magic mushrooms are effective at reducing the symptoms of obsessive-compulsive disorder and are powerful tools in helping people quit smoking and alcohol addictions. One study known as the Concord Prison Experiment also showed that two psilocybin experiences paired with group therapy sessions reduced rates of recidivism by nearly 40%.

As we seek to understand exactly how magic mushrooms are able to have all these benefits, researchers have been looking at at the brain while under the effects of this powerful entheogen. A startling and fascinating finding by the University of South Florida found that psilocybin stimulated the growth and repair of brain cells in the hippocampus of lab mice, the brain region associated with emotion and memory. They also observed that mice who were given a low to moderate dose of psilocybin were able to extinguish fear conditioning much quicker than other mice, hinting that psilocybin might be an effective treatment for post-traumatic stress disorder (PTSD) in humans.
As indigenous shamans have done since perpetuity, modern science is beginning to recognize that a mystical psychedelic experience can make a huge difference in people’s lives with benefits that help an almost unbelievable array of mental conditions. Cultures like the Mazatec who used psilocybin cubensis ceremonially understood that the symptoms of trauma and mental disease (which we have a million different names for in modern medicine) are all fundamentally related to an individual’s relationship with their deepest self and understanding of the universe. When we treat the roots of a person’s relationship to their soul and how it intersects with the outside world, a myriad of benefits issue forth. Psilocybin it not just a hot new emerging treatment for modern stress and mental disorders, but an ancient ally from the plant and fungi world that has coexisted with and benefitted humans from the dawn of civilization. As we celebrate the modern renaissance of psychedelic research around psilocybin, we should be sure to remember that this is not so much about new discoveries, but rediscoveries of one of our most ancient spiritual and psychological coevolutionary assets.
### Medicinal Mushrooms

<table>
<thead>
<tr>
<th>Latin</th>
<th>English/ Common</th>
<th>Also Known as</th>
<th>Extracts, Other</th>
<th>Therapeutic Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agaricus brasilensis/ Agaricus blazei Murill (ABM)</td>
<td>Royal/Sun Agaric</td>
<td>Himenostotake (Japanese), Cogumela del sol (Portuguese)</td>
<td>AndoSoa</td>
<td>Cancer, hepatitis, allergies</td>
</tr>
<tr>
<td>Antrodia camphorata/ Antrodia cinnamomea</td>
<td></td>
<td>Niu Chang Chih (Taiwanese)</td>
<td>Fruiting body or mycelium</td>
<td>Liver disease</td>
</tr>
<tr>
<td>Armillaria mellea</td>
<td>Honey Mushroom</td>
<td>Mi Huan Jun (Chinese) Naranake (Japanese)</td>
<td></td>
<td>Neurological disorders</td>
</tr>
<tr>
<td>Auricularia auricula/ Auricularia polytricha</td>
<td>Wood Ear/ Black Fungus/ Jews Ear</td>
<td>Mu Er (Chinese) Kikurage (Japanese)</td>
<td></td>
<td>Cardiovascular support</td>
</tr>
<tr>
<td>Cordyceps sinensis</td>
<td>Caterpillar Fungus</td>
<td>Dong Chong Xia Cao (Chinese) Tochukas (Japanese)</td>
<td>Cs-4, cordycepin</td>
<td>Fertility and sexual function, lung/liver/kidney support</td>
</tr>
<tr>
<td>Flammulina velutipes</td>
<td>Velvet foot/ Winter Mushroom/ Golden Needle Mushroom</td>
<td>Jin Zhen Hu/Dong Gu (Chinese) Ezoikake (Japanese)</td>
<td>Fve, RA-6, flammulin, velutin</td>
<td>Cancer prevention, allergies, viral infections</td>
</tr>
<tr>
<td>Ganoderma lucidum</td>
<td>Reishi Mushroom</td>
<td>Ling Zhi (Chinese) Manaetake (Japanese)</td>
<td>Ling Zhi 8 (LZ-8), FYGL</td>
<td>Allergies, anxiety/insomnia, cancer, lipids, anti-microbial, anti-inflammatory, HTN, diabetes</td>
</tr>
<tr>
<td>Grifola frondosa</td>
<td>Maitake</td>
<td>Hui Shu Hua (Chinese)</td>
<td>MaitukeGold 404 D-Fraction MD-Fraction</td>
<td>Cancer, Diabetes</td>
</tr>
<tr>
<td>Hericium erinaceus</td>
<td>Lion’s Mane</td>
<td>Hou Tou Gu (Chinese) Yameshihtake (Japanese)</td>
<td></td>
<td>Alzheimer’s disease, dementia, MRSA</td>
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<tr>
<td>Inonotus obliquus</td>
<td>Chaga</td>
<td>Bai Hua Ron (Chinese) Kabasamaitake (Japanese)</td>
<td></td>
<td>Cancer, viral infections</td>
</tr>
<tr>
<td>Lentinus edodes/ Lentinula edodes</td>
<td>Shiitake Mushroom/ Fragonit Mushroom</td>
<td>Xiang Gu (Chinese)</td>
<td>LEM, leitin, leitin, AHCC</td>
<td>Cancer, cholesterol control</td>
</tr>
<tr>
<td>Pleurotus ostreatus</td>
<td>Oyster Mushroom</td>
<td>Ping Gu (Chinese) Hiratake (Japanese)</td>
<td></td>
<td>Cholesterol control, anti-aging</td>
</tr>
<tr>
<td>Trametes versicolor/ Coriolus versicolor</td>
<td>Turkey Tail</td>
<td>Yun Zhi (Chinese) Kawaratake (Japanese)</td>
<td>PSK, Krestin, PSP</td>
<td>Cancer, CFS/ME, HIV</td>
</tr>
</tbody>
</table>
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Benefits of Psilocybin Mushrooms in DHT-microdoses

Homeopathy does not mean always extremely dilute. In fact, homeopathy can be a concentrated tincture. Homeopathy seeks the lowest dose needed for the purpose, and sometimes this is not so dilute. Mushrooms are safe in most any normal dose, and using a dilute microdose can be very useful. As a tea, or a liquor magic mushrooms can help your life in many safe ways.

Whether it’s an artist struggling with creative blocks, an athlete wanting to upgrade performance and technique, or just someone seeking natural alternatives for alleviating symptoms of depression, more and more people are turning to the emerging field of study that is on psilocybin mushrooms. Psilocybin mushrooms, commonly and aptly referred to as “magic mushrooms” are an organic naturally growing mushroom that is psychoactive when consumed in copious quantities. Like marijuana, psilocybin mushrooms are generally considered a drug and are illegal in the United States. However, research and scientific studies are now showing that mushrooms may have profound medicinal applications.

Why DHT-microdose with Psilocybin Mushrooms (versus Taking a Full Dose)

Taking regular large doses of psychedelic mushrooms might not be a feasible long term plan for most people. I mean, who has time to set aside multiple days in a row to have soul illuminating realizations about reality and the cosmos, let alone one day? (Well, actually... a lot of people, as it turns out.) However,... if you are in the category of people whom happen to work a regular job, have a family structure to up hold, or engage in any other number of activities and commitments to fill your day with, tripping on mushrooms can end up seeming like a pretty low priority. So, micro-dosing is a good idea for people who want to be able to have the mind expanding and therapeutic health benefits of magic mushrooms while still being able to do the laundry.

DHT-microdosing with psilocybin mushrooms could offer a lot of potential support in the way of alleviating depression, anxiety, and helping with brain repair and cell growth, based on recent research and studies. With a micro dose of mushrooms, you can still operate all of your basic functions of daily life. The effects can be so subtle that you may not even notice that it’s there. This “sub-perceptual” dose is just enough to experience the myriad benefits mushrooms have to offer, but not enough to have a “psychedelic” experience.
Athletes, sufferers of cluster headaches, and individuals suffering with anxiety or depression are among some of the types of people who may deduce benefit from DHT-microdosing. Dr. James Fadiman, in his book *The Psychedelic Explorers Guide* conducted research on a range of people using DHT-microdoses of LSD and psilocybin mushrooms. In a recent interview with Tim Ferris, Fadiman is quoted as saying that DHT-microdosing is an “all-chakra enhancer, where everything’s just a little bit better… People behave better, are happier, are more tolerant; not necessarily more creative, but more in the flow,” he told Ferris.

**PSYCHEDELICS AND THEIR SOURCES**

<table>
<thead>
<tr>
<th>KNOWN AS</th>
<th>PSYCHOACTIVE INGREDIENT</th>
<th>TRIP LENGTH</th>
<th>LEGALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magic mushrooms</td>
<td>Psilocybin</td>
<td>3-6 hours</td>
<td>Illegal globally except in Austria, Brazil, British Virgin Islands, Czech Republic, Netherlands (where legality varies)</td>
</tr>
<tr>
<td>Acid</td>
<td>Lysergic acid diethylamide (LSD)</td>
<td>6-11 hours</td>
<td>Illegal globally except in Czech Republic, Ecuador, Mexico (where legality varies)</td>
</tr>
<tr>
<td>Ayahuasca</td>
<td>Dimethyltryptamine (DMT)</td>
<td>4-7 hours</td>
<td>Illegal globally except in Brazil, Peru and Ecuador (for religious ceremonies), and the Netherlands</td>
</tr>
</tbody>
</table>

**SOURCE:** Multidisciplinary Association for Psychedelic Studies; Heffter Research Institute; David Nutt, Imperial College London; Paul Expert, Imperial College London

**The Healing Benefits of Psilocybin Mushrooms**

Despite mounting evidence to the contrary, mushrooms have often been touting as having no medicinal value. As a Schedule 1 drug, it’s often assumed or imagined to be nothing more than your average hallucinogenic party drug. Recently however, researchers at New York University and John Hopkins conducted one of the largest set of trials for studying the therapeutic effects of psilocybin mushrooms on cancer patients. To the astonishment and surprise of many, 80% of cancer patients showed major reductions in psychological stress, anxiety, and depression for up to seven months or longer after only one time of use. In addition to the remarkable healing benefits, no other significant side effects were documented. Meaning, there was no observable downside.

Until recently, in-depth study on the beneficial health properties of psilocybin mushrooms have been nil. As John Hopkins and others open the door, more studies and findings are cropping up to support the evidence of the positive healing benefits of mushrooms. University of South Florida has recently conducted research and studies on experimentation of mushrooms on mice, which shows that mushrooms have the ability to grow new brain cells.
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“The proposition that psilocybin impacts cognition and stimulates hippocampal neurogenesis is based on extensive evidence that serotonin (5-hydroxytryptamine or 5-HT) acting on specific 5-HT receptor sub-types (most likely the 5-HT2A receptor) is involved in the regulation of neurogenesis in hippocampus. The in vitro and in vivo animal data is compelling enough to explore whether psilocybin will enhance neurogenesis and result in measurable improvements in learning.” – Juan R. Sanchez-Ramos

Evidence that mushrooms help alleviate severe depression is also mounting. A very recent study funded by the Medical Research Council and published in the Lancet demonstrated that after administering mushroom to 12 patients suffering with severe depression, all twelve participants saw their depression lifted, with sustained effect for up to three months after only one dose. Regular DHT-microdosing of mushrooms are even claiming that their subperceptual rendezvous with the fungus have helped relieve cluster migraines, a painfully severe kind of headache with few known natural therapies.

How to DHT-microdose with Magic Mushrooms

DHT-microdosing is a careful art that can easily go awry if one is not careful. That said, those who are experienced with psychedelics should have no problem fine tuning the craft to obtain the results they’re looking for. Dr. Fadiman suggests only DHT-microdosing if you have previous experience with psychedelics, and to start by doing 3/10ths of a gram of dry psilocybe mushrooms once every four days. https://www.youtube.com/watch?v=kn5k_THCM8Y

Since everyone’s body is going to respond and uptake the plant differently, it’s important to downsize or upgrade to attune the dose to your bodies preference. If things start glowing, you’re taking too much. The effect should be something to the effect of the afterglow bliss you typically feel after a regular, large dose of psychedelics. A mild influence should be felt that could lead to feeling more focused, a bit happier or less jaded, with finer acuity, quicker reaction times, or less social anxiety. By the third day, the mushrooms have been completely metabolized by the body, so it’s more of a recovery day. The cycle then begins again on the fourth day.

In general, psychedelics are not recommended for people dealing with psychosis or other pre-existing mental health conditions. If you’re looking for enhanced cognition, alleviation of depression or anxiety, or repair of brain cells, then experimenting with DHT-microdosing might be the gentle lift you’re looking for.