Slide 1 – Title Page

Slide 2 - Background

- Background in Psychology and Herbal Medicine
- PhD student with Ibogaine as my research topic
- Research focused on exploring and classifying the specific SoC associated with Ibogaine
- I conduct my research with clients who voluntarily opt in and receive treatment at Magalies Wellness Centre - an established Ibogaine clinic in South Africa. I am also currently the Managing Partner at Magalies Wellness Centre.
- I'm affiliated with the Professional Development Foundation, and Canterbury Christ Church University, and I'm a proud Professional Affiliate of the Galileo Commission. The Galileo Commission is an initiative that was started in the UK by a large number of respected scientists to challenge the materialist view of the study of consciousness.

Slide 3 - What we know about the ibogaine SoC

The ibogaine journey consists of distinct phases

- The visual phase - lasting the first 6 - 8 hours
- The cognitive phase - lasting the next 12 to 24 hours
- The consolidation phase – which is really last hours of the 36 - 48 hour journey

Since the late 1960s, the ibogaine SoC has been referred to as oneirophrenic.

Oneirophrenia is derived from the Greek words *oneiros* (dream) and *phren* (mind) suggesting a dream-like state.

Ibogaine certainly has a waking-dream-like quality during the visual phase.

It has been suggested that the ibogaine SoC resembles functional aspects of REM sleep.

Ibogaine has also been thought to be effective as treatment for SUD due to its action involving memory retrieval and releasing repressed memories.

We know that ibogaine helps to resolve trauma - a major factor in SUD. Although the exact mechanism of action is still speculative at this stage, and it requires further research

Slide 4 – Why current classifications fall short

The term oneirophrenia meaning *dream-mind,* is also used to describe exogenous schizophrenia (Meduna, 1950) a state associated with confusion, clouding of consciousness, and disorders of perception and apperception.

It can also refer to illusory psychosis or a state induced by sensory and sleep deprivation.

Although the ibogaine journey can be confusing at times, many participants report remarkable clarity of cognition, even if mental imagery at the time seems confusing.

As mentioned earlier, it has also been suggested that the ibogaine journey resembles functional aspects of REM sleep.

But Ibogaine has also been shown to cause REM sleep suppression, rendering this classification incomplete.

Current classifications of the Ibogaine SoC exclusively focus on the visual phase of the journey, neglecting to address if and how the second and third phases play a role.

Current classifications are not congruent with the long-term psychological impact and reported therapeutic benefits of the ibogaine journey.

Slide 5 - Phenomenological aspects

The majority of people who undergo an ibogaine journey report experiencing mental imagery.

Mental imagery arise from the psyche - the internal and symbolic or imaginal world.

Many reports of the ibogaine journey are of intrusive mental imagery.

However, participants also report experiencing a degree of control over the mental imagery in the journey, and having a choice between which past events to revisit

To date, the subjective effects of the ibogaine experience has been captured in detail by work published by Schenberg in 2017 and Kohek in 2020, providing a solid base to draw from when trying to analyse the phenomenological nature of the ibogaine journey.

Slide 6 - Psychological mechanisms of action

Its the nature of human consciousness to seek to restore a sense of balance and order by restoring basic assumptions about the world and how it works.

The psyche strives for assimilation of trauma and accommodation of prior assumptions.

Horowitz called this drive of the psyche *completion tendency* - with completion occurring when differences between new information and enduring assumptions are resolved.

Some participants experience 'loops' during the ibogaine journey.

A loop is an ongoing repetition of a mental image or a sequence of mental imagery.

Applied to the tendency of the psyche towards completion, ibogaine loops are representations of images or sequences that repeat until the contents held in the active memory are actively terminated.

It suggests a process of completed cognitive processing, that redefines what the mind stores in active memories.

Slide 7 - Psychological mechanisms of action (cont.)

To process trauma, the person needs to re-evaluate the experience, re-frame lost or warped assumptions, and re-build the inner world.

This is most effectively when it can be done in a way that maximises the possibility of once again experiencing the world as a kind place to live.

The mental imagery experienced during the ibogaine journey provide an opportunity for the person to re-evaluate their traumatic experiences.

The dissociative nature of the substances provides an observer's perspective on trauma, devoid from direct attachment to the stressors, allowing cognitive processing of the events to complete.

This process allows the trauma to be translated into the personal narrative of the person, and mental imagery can be assimilated with the ordinary discreet state of consciousness.

Mental imagery as a mechanism of action can bypass linguistic structures and defenses, and create new neural connections

Slide 8 - Is the Ibogaine SoC holotropic?

The word holotropic is derived from the Greek words *holos* (whole) and *trepin*, meaning moving towards – as conceived by renowned Czech psychiatrist Stanislav Grof.

Holotropic states are characterised by the transformation of consciousness associated with dramatic perceptual changes in the senses, often accompanied by intense and unusual emotions, followed by profound alterations in thought processes.

While in this state, the person can experience an invasion of other dimensions that can be intense and overwhelming, while at the same time remaining fully orientated with reality.

These characteristics correlate not only with reports of the ibogaine experience, but also with other psychedelics more broadly.

Visions can include insight into the nature of reality or access to mythical realms, and holotropic states can be accompanied by other sensory experiences such as physical sensations, smells and auditory experiences, with the latter being very characteristic of the ibogaine experience.

Slide 9 - Is the Ibogaine SoC holotropic? (cont.)

The emotional tone of holotropic states can vary from ecstatic rapture to bliss, and feelings of oneness, to terror, anger, despair or guilt.

The contents of the holotropic state can be spiritual or mystical, and the experience of death and rebirth is common.

The state of consciousness experienced by novice shamans during initiations is holotropic.

Holotropic states are also used by more experienced shamans to facilitate the therapeutic process.

This refers to the transformation of the self-concept, including the self-narrative, to bring about lasting changes in the personality and mood of the person.

Another significant aspect regarding the parallels between the waking dream state of ibogaine, other psychedelic states and holotropic states is the effect on thought processes – during the ibogaine journey the intellect is not impaired, yet it functions in a distinctly different way from its everyday manner of thinking.

Holotropic states can bring about profound psychological insights concerning the personal history and unconscious dynamics of the individual, while receiving revelations about various aspects of the nature of reality that transcend our educational and intellectual background.

Slide 10 – Can we measure holotropic states?

While a few ways of inducing holotropic state exist, there are few tools for measuring holotropic states.

One tool that has been used in hypnosis and shamanic drumming is the Phenomenology of Consciousness Inventory, or the PCI.

My work is currently focused on exploring this tool to measure the ibogaine SoC and explore its potential classification as a holotropic state.

PCI has not been used to explore the psychedelic SoC.

If the PCI proves to be unreliable for psychedelic SoC and more specifically the ibogaine SoC, the focus will shift to other available tools, or the development of a tool.

Slide 11 - Is the psychoactive experience important?

There is much debate currently as to whether the psychedelic experience is necessary

I can certainly understand that the journey must be daunting for many.

And the hallucinogenic experience is not desirable for certain psychological profiles, denying people the opportunity to access treatment

A successful ibogaine analogue will solve this question.

However, in the meantime, it leaves us with cause to investigate how the psychedelic journey challenges the self-concept of the person, and how this impacts the overall effectiveness of the substance

Ultimately I believe there must always be space for both.

The opioid crisis desperately needs a solution.

And at the same time, people will always want to have consciousness-expanding experiences

Slide 12 - On aspects of integration

Integration is the process by which the experiences that occurred during the journey become part of the personality of the individual and manifests in everyday changes

There are also physiological effects on the brain that modulate neural, sensory, emotional and cognitive processes following the ibogaine journey

Integration is something everyone talks about, yet we have not firmly committed to academic literature.

To try and patent or IP protect lang-standing psychotherapeutic processes that are now associated with psychedelic integration therapy is absurd and warrants no further discussion in my opinion

That leaves us with what integration of the ibogaine experience looks like – something I hope to explore this year and next year

Slide 13 - Questions