

## 1957

### *The Holy Thursday Experiment*

*These drugs have produced better citizens.*

—Senator Alejandro Aislic, 1974<sup>1</sup>

In the early hours of Holy Thursday 1957, a thirty-six-year-old doctor named Salvador Roquet arrived at the Sanatorio Psiquiatrico Santiago Ramírez Moreno in Mexico City for an experiment in the therapeutic use of mescaline. Roquet was already an accomplished man, having previously overseen antimalarial campaigns in southern Mexico for the Ministry of Health, but he was at a crossroads in what had become an unsatisfying career within the federal health bureaucracy. Troubled by the social dislocation and familial discord he witnessed in his work, two years earlier he had decided to train to become a psychiatrist. His plan was to work with families, and particularly children, to produce healthy and happy homes.<sup>2</sup>

The product of a conservative education, Roquet knew next to nothing about the drug he was about to take. And he was not alone. After early twentieth-century experiments with mescaline and peyote had yielded no obvious or easily marketable medical uses for these substances, mescaline had been relegated to the sidelines of research, sometimes described as a psychotomimetic because of its capacity to produce hallucinations (read as temporary psychosis). It was not until researchers in Canada proposed that mescaline could be used in the treatment of alcoholism that the psychiatric community would take more than a passing interest in the drug.<sup>3</sup>

If the claim that mescaline could treat alcoholism was eerily reminiscent of the assertions made by early members of the NAC that peyote

was an antidote to whisky, the connection was largely lost on these researchers, including Roquet.<sup>4</sup> His first foray into psychedelics could not have been further removed from its indigenous origins. Synthetic mescaline, first produced by Ernst Späth in 1919, was the drug of choice, and the setting was the relatively sterile environment of a psychiatric hospital, where Roquet would be surrounded by men in white lab coats. It was a scene that in many ways directly mimicked experiments that were taking place twenty-five hundred miles to the north, under the direction of Humphrey Osmond.

Osmond plays an important role in this story. In 1951 the Health Ministry in the Canadian province of Saskatchewan recruited him to take up residence at the province's primary mental health hospital, which was in the sleepy prairie town of Weyburn, a couple of hours north of the US border. Osmond and his colleague John Smythies jumped at the opportunity to move to Weyburn, where they would have unparalleled opportunities to work with psychedelic drugs (Osmond in fact coined the term), starting with mescaline. Osmond was particularly struck by the potential therapeutic uses of mescaline, to which he attributed a variety of effects. Under the influence of the drug patients experienced a loss of a sense of time, intense mental focus, feelings of euphoria, and a capacity for reflexivity—all of which made therapeutic breakthroughs possible. As he later argued for LSD, he came to believe that a single intense experience with a psychedelic could help patients resolve their problems; a practice that if successful promised to upend both psychiatry and the pharmaceutical industry.<sup>5</sup>

Effectively divorced from its origins in peyote, synthetic mescaline had all the properties of a wondrous new drug. And that distance from its origins not only transformed the cactus, with its inconsistent effects, multiple alkaloids, and varying degrees of potency, into a purified pharmaceutical drug, it also resituated mescaline from the world of indigenous ritual (and attendant anxieties over degeneration and backwardness) into the world of the modern clinic. This was a world where whiteness, the controlled setting of the clinic, and scientific expertise obviated any concern about the potential for sloth and degenerate behavior. It was a world where Humphrey Osmond could administer synthetic mescaline to Christopher Mayhew (the British MP) and film Mayhew's session for the BBC.<sup>6</sup>

Though Mayhew's session was not broadcast (BBC censors were uncomfortable with Mayhew's mystical experience), the ease with which psychiatrists adopted mescaline-based therapies spoke very much

to the ways that class and race had long characterized mainstream attitudes toward peyote. New York socialites and famous artists and writers had long been free to experiment with mescaline. Nowhere—not in the US, Mexico, or Europe—was mescaline prohibited, and while the avant-garde might take criticism from social conservatives for their experiments with hallucinogens, at no point did that concern turn into an orchestrated effort to ban mescaline, as had repeatedly been the case with peyote. Moreover, the concerns that conservatives raised about the likes of Havelock Ellis, Antonin Artaud, and later Aldous Huxley (who Osmond injected with mescaline in 1953, an experience that inspired him to write *The Doors of Perception*) were that they had not undertaken the sacrifice required of true mystical experiences, and that they might encourage lesser people (workers, children, racially suspect members of the underclass) to abuse these drugs. Class here was expressed through the fear that while the elite might escape the prison of drug addiction, lesser people would be drawn into the drug's vice. Moreover, the indigenous origins of peyote were so distant in these settings that it could either be ignored completely or refashioned into a pastiche that drew more extensively from Hindu mysticism than anything that approximated Native American or Mexican indigenous practices.<sup>7</sup>

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By the mid-1950s psychiatrists across the West were undertaking their own mescaline studies, seeking to replicate the results observed by Osmond and Smythies, and imagining a host of potential new uses for the drug. It was this wave of experimentation that sparked the interest of Dr. José Rodríguez in Mexico City, who in turn recruited Roquet to participate in his study. Rodríguez had a rather simple plan, which replicated experiments Osmond had done with several patients. He would inject Roquet with mescaline and observe while Roquet experienced the effects of the drug. Imagining that he might get a little work done during the experiment, Roquet brought along a copy of Erich Fromm's *Ethics and Psychoanalysis* as reading material.

The session did not go as planned. Roquet panicked shortly after receiving his injection. He felt simultaneously deeply connected to and disconnected from the world. He was confronted by his many distinct personalities and selves. When asked by the doctor to stand, he found that he could not, as he was paralyzed by fear. According to an interview he gave in 1971, he felt he was dying. "I could not breathe, suffered a terrible inner fire, extreme palpitations. I was scared . . . I felt

like a caged lion.” He tried to calm down by reading but found that he could not make sense of the book. The doctor then tried to soothe him with food and games, to no avail.

As the session went on, Roquet could not overcome his feelings of horror and anxiety, which he carried long afterward.<sup>8</sup> He felt shattered, so much so that Dr. Rodríguez decided to halt his mescaline studies. He also put Roquet on a regimen of tranquilizers that lasted over a year. Some months later Roquet had a dissociative breakdown while on a trip to Germany and had to be helped onto an airplane bound for Mexico by a local psychiatrist. Rodríguez met his disconsolate test subject at the Mexico City airport and took him under his care.<sup>9</sup>

In all, the experience entailed transforming a relatively minor affect—curiosity, or mere interest—into a major affective response to the drug. Roquet had panicked as his body literally escaped from his control and revealed his deepest fears, and the experience stayed with him for years. But unlike some others, who translated that panic into a sort of disdain, a feeling that peyote was dangerous, even disgusting, Roquet never quite managed to turn his experience into a cautionary tale about a dangerous drug. To the contrary, over time he came to believe that mescaline had revealed something critically important, truths he had concealed from himself for many years. Even with all the horror, it had ultimately “allowed a deepened understanding of the soul.”<sup>10</sup>

Of course, it took Roquet several years to reach this conclusion. In the meantime, he went to work as a psychiatrist at the Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (Social Security Institute for State Workers, or ISSSTE).<sup>11</sup> By 1965 he was chief of mental hygiene at the agency, where he was tasked with dealing with what he perceived to be growing epidemics of alcoholism, drug addiction, autism, depression, and anxiety in Mexico.<sup>12</sup>

The experience at the ISSSTE convinced him that humankind was suffering from some sort of sickness—a sickness he had gained some small insight into while he was under the influence of mescaline. Though the experience had been horrifying, mescaline had somehow revealed his deeply hidden sources of inner pain. The drug had cleared away the detritus of lies and obfuscations required by modern life and forced him to confront the truths it revealed, offering a glimpse of a powerful means of exposing his inner wounds and beginning the healing process. For him personally this would mean jettisoning the unhappiness that had followed him around in life. For others it could act as an antidote for mental illness, addiction, and other manifestations of human crisis.<sup>13</sup>

The idea of turning to indigenous hallucinogens crystallized while he was on a trip to Paris in 1962. Roquet bought a copy of Roger Heim's *Les Champignons allucinogenes mexicaines* in a Saint-Germain-des-Prés bookstore, intrigued by what these strange mushrooms that grew in the Sierra Mazateca might reveal. Back in Mexico, and unsure even of the location of Huautla de Jiménez (the center of the then burgeoning magic mushroom craze), he turned to Heim, who put him in contact with Alfonso Caso, director of the Instituto Nacional Indigenista (INI), who then introduced him to Carlos Incháustegui, the anthropologist who ran the Centro Indigenista in Huautla. Incháustegui and Caso opened doors in the Sierra Mazateca, paving the way for Roquet to undertake a project in the region that would combine public health work, school construction, and a series of intellectual exchanges with local healers. Starting in 1967, Roquet worked with Incháustegui, Ricardo Bogrand of the Instituto Mexicano del Seguro Social (IMSS), and several others on an integrated study of the ethnobotanical properties of the region, in which he catalogued cultural practices and studied local medical, philosophical, theological, and chemical knowledge.<sup>14</sup> While in the sierra he opened medical clinics, distributed vaccines and medicine, and offered rudimentary advice on health issues. In exchange for these services, Roquet asked local curers to teach him lessons in the use of their medicinal plants.<sup>15</sup>

It was here that he would also begin to build a long-standing relationship with María Sabina, the shaman made famous in a 1957 *Life* article by the New York banking executive and amateur ethnomycologist Gordon Wasson.<sup>16</sup> Sabina had long had a reputation as a powerful curer locally, and it had been for that reason that the local political boss had sent Wasson her way in 1955. Sabina also fit into a long tradition of shamanism, in which the authority of the curers was tied at least in part to their capacity to act as interlocutors, to cure for outsiders, translating local knowledge in the process. Shamans are probably best understood in these terms, as experts who believe in the universality of their knowledge, who often authorize their knowledge in part through their relationships with outsiders, and who generally expect certain forms of compensation for sharing it. They might alter their ceremonies to meet the needs of outsiders, but since no two ceremonies were exactly alike, this merely reinforced their expertise.<sup>17</sup>

Sabina did this to great effect during the 1960s, meeting with famous international pop stars (members of the Beatles among them) as well as an assortment of North American, European, and Mexican seekers of

mystical knowledge. By the time Roquet arrived, however, the flood of outsiders had begun to wear on the community, as the foreigners often ate mushrooms indiscriminately and behaved in public in ways that offended local tastes and sensibilities. Roquet was thus part of the last wave of outsiders, but unlike most, he was able to create lasting friendships in the community and with Maria Sabina, visiting her regularly over the next decade and a half, taking part in numerous *veladas* (the mushroom ceremonies), and acting as a patron to members of her family.<sup>18</sup>

Roquet translated the Mazatec customs he observed into his own conceptual language with little difficulty, often drawing parallels between western and indigenous healing traditions. In one instance, he observed the use of a seed that cut short the psychosis caused by hallucinogens, and proposed that it be used to treat schizophrenia.<sup>19</sup> In another, he interpreted a story about a young indigenous man whose “fallen” spirits had lifted after being prescribed *salvia* by a local curer (the man had been the victim of a violent assault) as a story about depression its alleviation.<sup>20</sup>

In these and other instances, it seems entirely possible that Roquet misconstrued or misunderstood the nature of the healing, mistaking a social cure that linked the individual to a world of communal belonging and responsibility for an individual cure. In this he shared something with Weston La Barre, Dorothea Leighton, and others, who described peyotism in the US in similar terms. Like Mazatec shamanism, peyotism in the US had long had a link to “doctoring” and other remedies (especially to whisky drinking), a phenomenon that experts often mistranslated as something like therapy, mistaking a culturally specific ritual and catharsis for something that was a universal expression of individual healing.<sup>21</sup>

Were Roquet’s descriptions of a three-thousand-year-old tradition of “indigenous psychotherapy” gross misreadings of a local cultural practice?<sup>22</sup> At some points this seems to have been the case. Roquet clearly relied on a series of western diagnostic tools to make local ailments legible. And yet what mattered most to Roquet was that he was witnessing some sort of cure, and that much of the cure revolved around the relationship of the individual to his world and his cognitive experiences.<sup>23</sup> Roquet also tried to avoid mapping his views onto those of his interlocutors, insisting that he did not really understand the inner lives of the indigenous peoples he studied. He did not in fact think that psychiatric traditions that privileged individual subjectivity had much value in this setting, preferring to believe that the curers of the sierra understood what ailed their patients far better than he could.

Indeed, it was not the mentally ill in the sierra he felt he could help. Rather, he saw in ceremonies like the *velada* elements that had the capacity to transform other curing processes, in part because they addressed universal conditions—depression, anxiety, fear of death, and various forms of trauma. He was impressed by the well-known capacity of indigenous psychedelics to loosen tongues, revealing the darkest of secrets, but he was impressed with the form as well as the content. He was quite taken by the cleansing rituals that were woven into the psychedelic ceremonies, the careful manipulation of set and setting, and in the capacity of the *curandero* to “become god.”<sup>24</sup> He saw in these rituals how the disruptive bodily experiences of psychedelic drugs combined with language, music, light, and dark to produce a profoundly cathartic sensory/curing effect. Roquet thus became convinced that the therapeutic value of the drug was rooted not just in the physiological action but in the sensory charge produced by certain settings, and the set of expectations created by the cultural context of consumption—what might otherwise be considered a constructivist approach to drug intoxication.<sup>25</sup> If he could capture the essence of this process, he would be able to “assimilate and integrate ancient indigenous practices to the science of modern psychiatry with the respect they both deserve.” The result would draw from both traditions to produce “integrated men,” subjects who were of both the West and the East.<sup>26</sup>

After accidentally taking some *datura* (*toloache*) and having a terrifying experience during one of his trips to the sierra, Roquet settled on the term “sensitivity” to describe the essence of this integrated subject. *Datura*, he discovered, was unlike LSD, with slow, profound effects. As he recounted to Alberto Villoldo, under its influence “we saw monumental changes in the personality occurring. . . . The personality of the individual lost its rigidity, and change and syntheses rather than analysis became a possibility.”<sup>27</sup> The madness he experienced during the trip took him back to his origins, to where he “found what I had lost: sensitivity.”

Modern man had lost his sensitivity and was in the midst of a “century of anguish,” where despite constant striving, progress, and technological change, one saw escalating rates of suicide, war, and alcoholism. Modern humans lived a soulless antilife, suffering from fear and “the inability to love,” which in turn resulted in an inert life of pain, violence, the absence of contact with the essential energy of life: love. “Lovesickness” lay at the root of widespread neurosis and psychosis.<sup>28</sup> With the reanimation of sensitivity came the reanimation of love.

Indigenous psychedelics, with their capacity to “produce a state of greater clarity, vision, and energy in the person who ingests them,”<sup>29</sup> were ideally suited to helping his patients recover their sensitivity. Those who took these drugs in the proper settings would be taught to embrace fundamental universal values, experience love and God, see themselves as part of the universe’s energy, lose their fear of death. They would recover their “innate capacity for love.” This in turn could produce men of peace instead of war, people who lived in a more natural fashion, whose sensibilities owed as much to the Mazatec shaman as they did to the Mexico City doctor.<sup>30</sup>

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We might understand Roquet’s musings through the concept of appropriation. The Mexico City doctor went into the mountains and literally took not just the thing (first mushrooms, later peyote) but also the ritual surrounding the thing, and then used both in his Mexico City practice, growing famous while failing to adequately compensate the true owners of this knowledge.<sup>31</sup> On some level, this claim is impossible to dismiss. Roquet clearly sought out indigenous knowledge of psychedelic plants, and did so with the goal of applying that knowledge in a nonindigenous context. If we are to consider that knowledge proprietary, only not recognized as such because of a long history in which elite Mexicans failed to respect indigenous rights, at the very least his practice relied on long-standing forms of privilege to claim for himself something that belonged to someone else.

Appealing though it may be, this positioning only takes us so far. Roquet could not have imagined himself as appropriating indigenous learning. He claimed to be a student of learned teachers, doctors in their own right. His time in the sierra represented for him an extension of his training, in which he compensated his teachers materially (offering his own expertise and bringing social and health services needed in the community) and through his words and deeds, invariably crediting them with what they taught him and positioning himself not as expert but as apprentice. For the most part he and his informants seem to have framed their relationship as an exchange, which while asymmetrical (he was a Mexico City doctor, after all, and they indigenous curers) was nonetheless voluntary. It was an exchange rooted at least in part in mutual respect. Roquet sought to take the lessons he learned in these settings and recast them so that they might apply to a clinical urban setting, and to do so in a way that honored his teachers.<sup>32</sup>



Roquet differed in rather significant ways from most of the other psychiatrists who found themselves attracted to psychedelics. Unlike those who maintained a strict distinction between the indigenous origins of the drug and the pharmaceutical form (though, to be fair, Osmond did attend an NAC ceremony in 1956 and was deeply interested in the nature of these rituals<sup>33</sup>), Roquet thought that knowledge that existed outside a clinical setting was critical to unleashing the power of these drugs. Still, he was not interested in abandoning the clinic in its entirety and had little interest in following the path set by Timothy Leary (Leary was trained as a psychologist), whose enchantment with psychedelics was such that after being fired from Harvard, he abandoned scientific pretense altogether and wholeheartedly embraced an immersive drug experience.<sup>34</sup>

Though called a modern-day shaman by some, Roquet explicitly rejected this label. While it is true that Roquet's attraction to vibrations, his allusions to universal energy, the boundaryless body, and devotion to that which was unseen veered perilously close to shamanism, Roquet always thought of himself as a psychiatrist, a doctor committed to careful experimentation and evidence-based medicine. He did not seek to become a shaman and scoffed at those who labeled him with the term. He gathered data about his subjects and sought to classify and understand the drugs he encountered in shamanistic settings according to their precise effects and proper doses and to produce an empirically defensible mental health practice. More than this, he never imagined that he could possess the skills that people like Sabina had in managing a velada, and he repeatedly expressed amazement about her ability manage these rites with such ability even after consuming many mushrooms. Unlike some in the mental health community (including R. D. Laing and later Andrew Feldmar), he would not consume the substances he administered with his patients, but would instead adopt a more traditional role of doctor administering a cure. This is not to say that he explained the differences between himself and Sabina as one of the modern doctor (the possessor of knowledge) and the primitive shaman (possessed by knowledge). He clearly saw her and the other shamans as expert curers.

One particular exchange between Roquet and Sabina is telling. Describing the velada, she told the Roquet that

the veladas are not done to find God; We do them with great respect and with the sole purpose of curing the diseases from which our people suffer. Whoever does it to simply feel the effects, can go crazy and stay so temporarily. Our

ancestors always took holy children in a velada presided over by a wise one. The mushrooms are the blood of Christ, they are the flesh of God.<sup>35</sup>

Roquet responded:

Yes, Dona Maria, this is exactly my interest. Look: I am a doctor and I believe that the problems of the mind and soul, . . . sadness and madness, can be cured with this sacred food. . . . I come to learn from you. . . . And my companions come with the idea of healing.

She replied: “Jesus Christ! Doctor? So you are a wise one too, like me?” They both laughed, and Sabina then said:

In order to heal I must go through the demons of death. I dive in and walk down below. I can look into the shadows and the silence. That is how I arrive to where the illnesses are crouching, where I can watch how the words fall; They come from above, like little luminous objects coming from the sky. The words fall on the sacred table and heal.<sup>36</sup>

Playful, full of delight, these exchanges highlight Roquet’s enchantment not just with the powerful drugs he had encountered but with the sacred forms of knowledge to which he had been exposed. The contrast with the attitudes toward indigenous cultures manifested earlier in the century could not be starker, and neither did this align with arguments that North Americans had used to negotiate a legal space for indigenous peyotism in the US. Roquet was not simply respectful of cultural difference and willing to defend an indigenous religious right. He believed that these teachers could revolutionize the way he and his compatriots lived.<sup>37</sup>

Roquet and Sabina did not endeavor to erase difference. Rather, they did not locate themselves within difference in ways that would have impeded the common understandings that underpinned their transactions. And for his part, Roquet did the thing that we often imagine subaltern subjects doing; he revealed the instability of his own whiteness by crossing over, while at the same time never losing a sense of his origins.<sup>38</sup> He was a scientist, a doctor who understood that the power of these substances was intimately connected to the setting in which they were consumed, and he sought to build a professional practice that could adapt some of the curing techniques he saw in the sierra to a modern urban clinic.

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Roquet opened the Clínica de Psicosisíntesis in the Condesa neighborhood of Mexico City in October 1967. It proved immediately popular.

Over eight years he held 764 sessions in the clinic, in which 813 patients were treated with psychedelic drugs. According to his records, the vast majority of patients were neurotics (83.4 percent), followed by drug addicts (6.7 percent), patients with “problems of a sexual nature,” primarily homosexuality (3.75 percent), psychotics (3.1 percent), and alcoholics (2.4 percent). His patients were overwhelmingly middle class, with 40 percent lower middle, 45.3 percent higher middle, and 11 percent upper class. Only 4.1 percent came from lower class backgrounds. Most were well educated and had some sort of professional occupation, and a majority were male.<sup>39</sup>

The clinic practiced what was by all accounts a unique method of psychotherapy. In the diagnostic phase Roquet met with patients, discussed their personal issues, and administered the Hartmann test (an axiological scale that allowed him to measure the progress of his patients through their capacity for love). The intake session was designed to prepare the patients for their session, and Roquet insisted that they be absolutely truthful, so that their treatment would be appropriate (this also being a form of purification, common both to the Mazatec *velada* and Huichol peyote ceremonies). Some days after the initial intake, groups of between fifteen and thirty patients, selected for age, sex, and other factors, would gather with several assistant therapists at the clinic for a session that began at nine p.m.

The all-night session was designed to move patients through five distinct psychedelic phases. The first and most superficial included an expectant and anxious stage, in which patients became nauseous, confused, and experienced perceptual alterations and euphoria. The second stage, characterized by visual hallucination, was pleasant, Dionysian. Patients became lost in fantasy, escaped from reality, and experienced false mystical and religious visions. This was a hedonistic, pleasant, childlike state, where individuals could imagine God as a projection of themselves but experienced no real insight (Roquet and Sabina both saw this as the phase sought by those icons of the 1960s, the hippies). In the next stage, darkness set in. The patients achieved a naked, pitiless vision of reality, a clear vision of what was meaningful in their lives. They became both observer and observed and experienced a cleansing catharsis as the unconscious became an observer of itself. This tended to be both painful and dramatic to a degree that depended on their level of neurosis and repression. The patient might gain insights about themselves, but they often panicked as they were engulfed by death, feelings of falling, drowning, and various other forms of anxiety. This was

followed by the fourth stage, madness, which entailed the complete loss of ego. Drawn directly from the *locura* Mazatec shamans produced in their veladas, madness was the phase in which all traces of personality and boundary disintegrated. This was the maximum point of regression, the nothing point, the psychotic stage. Only then, with the help of the therapist, could the patient reconstruct their personality, reintegrating the forms of sensitivity that had been fragmented by their life traumas.<sup>40</sup> The patient could then recover their capacity to live in the world, not as the repressed and disassociated subject, but as an integrated individual, aware both of the source of their traumas and their connection to the universe in ways that offered a new beginning. It returned the unfeeling person to the place where humans “lost our soul,” and made “communion with the divine” possible.<sup>41</sup>

This was accomplished by dividing the session into a series of distinct phases. At the very start, patients would take part in a brief, free-flowing conversation, followed by a shift to yoga and meditation, undertaken to quiet the conscious mind. The group session ended between eleven p.m. and midnight, when patients would leave their shoes, watches, and cigarettes with an assistant and enter the session room, which was a six-by-eight-meter space with large foam pads on the floor. Mimicking the aural and visual effects of the velada, the session room was also equipped with record players, tape machines, movie projectors, psychedelic art, and various forms of colored and modulated lighting.<sup>42</sup>

Flashing lights greeted the patients as they entered the room. Record players offered three different types of music, and projectors displayed images designed to produce a “sensory charge.” These included photographs of money, bearded yogis, skulls, smiling families, crying women, sunsets, naked men and women, cemeteries, corpses, vultures, starving people, demons, and saints. To this Roquet added images and sounds from his patients’ own lives (in one case he played a speech by Díaz Ordaz for a former guerilla),<sup>43</sup>—all designed to elicit powerful responses and cognitive overload.<sup>44</sup>

At the end of the stimulation phase each patient received a prescribed psychedelic (Roquet called them psychodysleptics). Of the drugs administered, LSD (34.1 percent) was the most common, followed by Ketalar (a commercial name for ketamine) (15.4 percent), *rivea corymbosa* (14 percent), psilocybin (13.7 percent), *datura* (10.3 percent), *ipomena violácea* (7.4 percent)<sup>45</sup>, peyote (2.3 percent), and mescaline (0.6 percent). Each drug was carefully chosen for its specific effect and administered at set points in what was typically a four-session cycle that took place over four

months. LSD, peyote, and psilocybin and ololiuqui were given in the first session because of their capacity to produce a variety of psychotomimetic effects. Datura was administered only in the final two sessions of a cycle—used to dissolve the ego’s final defenses and allow the disintegration of the personality, forcing patients to regress to childhood, “to the primitive, the very roots of being,”<sup>46</sup> where change, reintegration, creativity, and inspiration would occur. Ketamine was similarly administered late in the cycle and later in the session and was used to break down resistance to the effects of the other drugs. It was especially useful for patients with prior experience with LSD, who had learned to manipulate the drug to avoid painful experiences. Whenever possible, Roquet used pure forms of the drugs provided by indigenous interlocutors, as he believed that this allowed the closest approximation to an indigenous cure.

This practice signaled the special role that peyote and other indigenous plant medicines played in Roquet’s practice, as it distinguished his method rather starkly from that of many of his contemporaries in the US and Europe. He was not searching for the purified form of the drug, the mescaline as opposed to peyote or the psilocybin as opposed to mushrooms. No, it was the complex makeup of the plant medicine (the many alkaloids in peyote, the different effects depending on when it had been harvested) and the ritual practices within which that medicine had been traditionally embedded that Roquet thought were essential to the effective use of these particular plants. What mattered was not merely the bodily effect of the psychedelic drug but a series of practices rooted in specific indigenous contexts. This was, Roquet believed, what made his work a nationalist endeavor—an effort that would elevate a local Mexican drug and practice to international prominence.

After receiving their doses, the patients returned to the floor to watch more images. Some were then blindfolded and listened to music on headphones. By five in the morning most would be peaking (those given datura would not peak for another eight to ten hours), at which point they were shown the final film, which depicted a child being born. Visuals then ceased, the music changed, and the room was shrouded in total darkness. Soft religious music would be interposed with sounds of an airplane diving and crashing, machine guns, car horns, followed by flashing strobe lights. This period lasted three hours, and during it patients felt a great deal of anguish, particularly the pain of death and rebirth. Roquet believed that at the very least these moments allowed patients to experience a profound catharsis, but believed that it also offered the possibility of something greater: a transcendental mystical

experience that would allow the possibility for something beyond analysis. He called this *synthesis*.

To facilitate synthesis, the room was made pleasant, colored lights were illuminated, and the patients were encouraged to interact. Roquet would then talk with them, bring out their files and allow them to look at old photos, letters, and journals. Those who were prescribed ketamine would then get their injections and experience a short period of psychedelic involvement—one to one-and-a-half hours—before they too moved on to synthesis. Between ten and eleven a.m. they would take a three-hour break, during which the patients practiced yoga, meditated, and breathed deeply. They would then take a short nap while the drugs fully metabolized.

In the next part of the session, patients were free of the drug effect but still psychologically impacted by the experience. Their defenses were low, and their sense of self fragile, giving the therapists an opportunity to work on the reintegration of their personalities. They were awakened by music, read from their journals, looked at family pictures, and interacted with the therapist for six to eight hours. Music was again used, but this time as a catalyst of integration. Only one stereo played, and the music was typically classical. Some would practice psychodrama. Some would meet with family members and friends or reach them by phone. The patients would then return home late in the evening, with the expectation that they would return eight days later for an eight-hour group session unassisted by drugs.

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Roquet's reconstituted subject was something quite different from the individuated and analyzed subject of modern psychiatry. In part this was because psychedelic involvement undermined the forms of subjectivity that patients brought into their sessions. Their bodies became newly visible through a powerful refocusing of the senses—in chills, nausea, vomiting, sweating, heat, visual hallucination, shaking, screaming, and tactile changes. Beyond simple affective responses, the treatment released embodied memories, undermined sequential thinking, revealed things long forgotten, provoked bizarre ideas, free associations, and "alterations in reality with or without depersonalization." Bodies "released" traumas that had long been stored, causing the "rupture of repression and the release of unconscious material."<sup>47</sup> Agnostic as to whether these traumas lay entirely in the mind, Roquet's focus on the terrified body, his effort to promote the bodily release of these

traumas, and his general embrace of the physical experience within psychosynthesis uneasily skirted the line between the Cartesian body of the rational West and the holistic body of Mexican shamanism. Under the influence, the boundaries between mind and body, and the self and other, seemed to melt away.<sup>48</sup> This is where transcendence lay.

Through his experiences with psychedelics Roquet came to believe that humans possessed a vital energy. They did not create this energy, which was in any event timeless. They simply transformed it into their life-force. He believed that patients experienced a profound love by accessing that energy, which in turn led them to God (God goes undefined), and the realization of their own immortality. This was particularly important for those patients who had developed a fear of feeling, a fear of suffering because they had not experienced the right kinds of love as children, and had in turn devoted their lives to the search for bodily pleasure through substitutes—alcohol, sex, and drugs.<sup>49</sup>

That vital energy recognized neither the mind-body separation nor the boundaries between the self and other. Humans were connected to one another on an atomic level through that energy. Those with sensitivity could feel these connections, and patients regaining theirs developed “a certain ability to vibrate in unison with other human vibratings; the ability to feel (to sense) without the senses.” Quoting a patient, he wrote, “I felt that even though I wasn’t a definite entity, and that I was changing each instant, I was part of an energy and a plan that had been forged somewhere in the universe, and that energy was working within me.”<sup>50</sup>

Again quoting a patient:

I felt that my arms were stiff, that I couldn’t use them as I would like to. They were paralyzed for a moment. After a while, they began to soften; I felt some sort of electric energy moving my arms very softly, following the concert’s beat. Energy began to have a consistency; it became like a ball that I had in my hands in the moment that I discovered with the most immense surprise of my life that all of me was love. You asked me what was the matter. I stood up, a force reaching me from above similar to the force I had in my hands only much stronger, started to pull me. The only thing I saw was light, and the only thing I felt was an irresistible attraction. God was calling me. He called me. . . . The force became more intense and I could not resist. I went; I went with him and he enveloped me. I cannot describe what I felt. The words that might approach this are happiness, totality, eternity, and I don’t know what any of them mean. I only felt them at that moment.<sup>51</sup>

These descriptions remind us of the powerful role the actant plays in this story. Descriptions of vibrations, flights, the melting of boundaries,

and a feeling of connection to the universe appear in any number of cultural contexts where individuals seek language to make sense of the bodily experience of psychedelics. While we should not go too far in attempting to suggest a universal experience (some, for instance, may have referred to flight literally, while others might have meant it metaphorically),<sup>52</sup> the common language deployed at these moments is noteworthy, especially given the fact that, in order to hold sessions that hewed more closely to the indigenous origins of his practice, Roquet regularly took patients to visit Sabina and other shamans (at first Mazatec and later Huichol) during these and later years.<sup>53</sup> The cure, like the bodies undergoing the cure, could transcend cultural boundaries.

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These were radical gestures, in some ways aligned to the aspirations of what was then a growing counterculture in the US and Mexico, but Salvador Roquet was no hippie. Like other more conservative Mexicans, he viewed the burgeoning hippie movement, with its tendency toward hedonism, widespread drug use, and the flouting of social norms, as a significant threat to society, and the hippies themselves as stunted individuals.<sup>54</sup> However radical his therapy was, Roquet invariably sought to cure a very specific series of ailments: addiction, schizophrenia, homosexuality, and the like. His embrace of shamanism was practical, intended as form of intellectual and cultural exchange in which the shaman's specific expertise could be made legible to a medical profession that viewed these substances in more mundane ways, as drugs with a specific effect on a medicalized body.

Roquet carefully recorded the doses he offered his patients, adjusting them to maximize the effect, and recorded the results of his work in detail, all with an eye toward producing scientific knowledge, that is, knowledge based on careful experimentation, documentation, predictable effects, and repeatable results. And the results seemed extraordinary. If his data was correct, 85 percent of his patients showed improvements in their relationships with family, work, and others, and healthier attitudes toward life and love, which compared exceptionally favorably with other forms of therapy.<sup>55</sup> Moreover, in contrast to the four years patients typically spent in psychotherapy, patients in psychosynthesis could complete their treatment in twelve months, significantly reducing the cost of therapy and bringing it within the reach of ordinary people.<sup>56</sup>

Patient testimonies confirmed his claims. In an extraordinary session held in the Salon Verde of the Mexican Congress in 1974, organized by



his daughter and several patients in order to defend his methods (as will be discussed in chapter 10, many of the drugs used in the clinic, including peyote, were outlawed in 1971, and Roquet was arrested in November 1974), several spoke of the transformative effect of his therapies. According a patient named Rosa María, Roquet's clinic was a god-send.<sup>57</sup> She had been a juvenile delinquent, a hippie, a pot smoker, and sexually promiscuous. Suffering from depression, she turned to cocaine, amphetamines, and psychedelics to escape her problems. It was only Roquet's treatment that saved her from the abyss. After the first treatment (which took place two and a half years earlier) she quit cocaine entirely. It took a year to get off amphetamines, in part because her depression had been so acute that she could not get out of bed without them, but in the end Roquet was instrumental in alleviating both her addiction to amphetamines and the underlying depression.

Rosa María's rescue narrative reinforced one defining aspect of Roquet's practice. His practice was said to be abundant with ex-hippies, "all of whom have become followers of Dr. Roquet and practitioners of his theories on sensitivity and love."<sup>58</sup> In their willingness to enter Roquet's care, they in turn adopted a narrative about the counterculture that was strikingly similar in its tenor to that of the antidrug establishment,<sup>59</sup> and even in some sense echoed María Sabina's views (she despised the hippies). Hippies were immature, the product of failed families, were searching for something that did not exist. They longed for love and God, but their beliefs were "distortions," "mirages." Their version of God was in fact "the devil, the fantasy, the denial of love."<sup>60</sup> Their indiscriminate use of psychedelic drugs had led to "depression, panic, psychosis and suicides." It was only under the good doctor's care that his patients had found a way out of these afflictions.<sup>61</sup>

In the hearing in the Salon Verde, Senator Alejandro Aislíc insisted that the use of "Mexican psychodysleptic drugs" helped Roquet's patients become more integrated and capable of resolving their problems, producing "better citizens." According to the senator, who had been a patient of Roquet's, they "are people you could encounter on the streets, just like any of you, and like everyone, they have all had to face some serious emotional problems." It would be a tragedy if that treatment was put in jeopardy because "unfortunately the use of psychodysleptic drugs has fallen into the hands of the famous hippies, who are fleeing from life, who are fleeing from reality, who do not want to integrate and contribute to their country."

More about the hippies, later.