

Mystical experience occasioned by non-medicinal embodied therapy And integration process for mental well-Being

Abstract

Expansion of psychoactive hallucinogens in mental health continues to be a major trend. Several psychoactive molecules including psilocybin and MDMA continue to move through the FDA approval process with clinical trials.¹ In the meantime, off-label ketamine medically supervised programs and indigenous plant ceremonies continue to expand.^{2,3} This study explores the potential benefits of High Intensity Embodied Stimulation (HIES) which is part of the Body Logic Program (10–12 sessions), and its ability to mimic psychoactive states of mind.⁴ The study employs a questionnaire of mystical experience, developed at Johns Hopkins, the Mystical Experience Questionnaire (MEQ), that assesses mystical experiences in seven domains. Fifty-six participants who finished the Body Logic Program, completed the questionnaire. Comparative data from Psilocybin participants, post psilocybin, as well as a placebo group (non-psilocybin) provide reference data.^{5,6} Results show that 51% of HIES participants report a strong or extreme mystical experience. Another 31% of HIES participants report a moderate strength of mystical experience. Results suggest that Body Logic Program can provide an efficacious system for mystical experience and body-mind integration.

Keywords: psychoactive hallucinogens, neuroception, body logic program, non-medicinal embodied therapy

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Introduction

Psychoactive hallucinogens have been used for centuries for religious purposes.^{2,3,7-9} Changes in perception, cognition, affect, volition, and soma esthesia have been widely reported as well.^{10,11} More recently, research on the efficacy of psychedelic treatment protocols for anxiety, trauma, addiction, and consciousness continue to move through clinical trials.^{1,12} With FDA approval, psychedelic treatments will expand rapidly. Today, off label use of ketamine medical- supervised programs as well as indigenous ceremonies centered on plant medicines continue to see tremendous expansion.

There may be benefits to the development of non-medicinal approaches that consistently mimic psychoactive states of mind. This outcome study explores a High Intensity Embodied Stimulation (HIES) training of 12 sessions (Body Logic Program) and its effectiveness to reduce lucid visions similar to psychoactive hallucinations. When we create natural and organic states of ultra-relaxation, a neurophysiological experience emerges, and many clients report lucid visions and mystical types of experiences during this state.⁴ This study evaluates HIES and its ability to produce mystical experiences like those produced in medically supervised psilocybin research.

After thousands of High Intensity Embodied Stimulations (HIES), the observations and case notes, a key effect of the stimulation is to elicit a range of lucid visions. The frequency of lucid visions within case studies, prompted this outcome study to choose the Johns Hopkins' questionnaire, Mystical Experience Questionnaire (MEQ),⁵ to HIES participants who completed 10 to 12 sessions. This allows a comparison of the strength of the experience following HIES and Psilocybin.

Knowledge about the relationship between embodied stimulation and the mind date back to the 19th Century.¹³ The creation of modern techniques has shown success in healing back pain and emotional pain for more than 40 years.¹⁴⁻¹⁶ Advancement in these understandings

expanded with the polyvagal theory,^{17,18} mind integration frameworks^{19,20} and sensory processing models.²¹ Yes, the body keeps the score and holds a key to healing and mental wellbeing.

In energy psychology several effective techniques combine embodied stimulation with memory consolidation, examples include EFT, EMDR, and Somatic Experiencing. Older eastern traditions such as Yoga, Tai Chi, and Qigong combine movement, rhythmic breathing, and a mindful clearing of active thinking to achieve body-mind empowerment. A third group of techniques include intense cardiovascular physiological engagement through breath and extreme physiological stress that blends body and mind, two popular examples include Wim Hoff and Holotropic Breathing. Finally, the use of rhythm, primarily sound, can be highly effective for body – mind connection and include sound bowls, sound therapy, and guided meditation.²²

The technique developed for this study blends intensity of neurophysiology and rhythm. Utilizing more than a dozen different vibrations, we name this category, High Intensity Embodied Therapy (HIES).

Methods

Participants for this study presented as clients to complete a high intensity embodied energy medicine therapy and coaching program targeted for improving sleep, reducing anxiety/trauma, and increasing performance. There are n-56 participants aged 25 to 68 years of age, 37 females, 19 males. Figure 1.

Human Energy Management

Figure 1 presents Human Energy Management as a system of neurophysiology (bottom-up) and cognitive processes (top-down) that regulate energy and information. The embodied technique studied in this report, High Intensity Embodied Stimulation (HIES), a type of bottom-up activation, sends afferent signaling to the brain. The

embodied technique begins to shift neuroception processing in the brain stem. This shift results in changes in human energy management, a recognition of greater resilience, focus, and clarity.

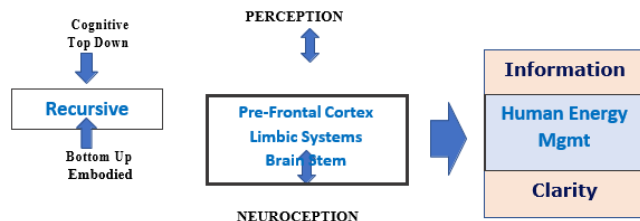


Figure 1 Human Energy Management With Neuroception Training.

Bottom-Up Embodied

High Intensity Embodied Stimulation (HIES) begins with full body vertical vibration, moves to a horizontal multi-mode vibration table, and continues with the practitioner engaging client with a wide range of embodied vibrational stimulation, layered together. HIES produces a state of ultra-relaxation, a result of strengthened neurophysiological connection between body and mind. This state enhances one’s integration, awareness, and recognition. Ultra-relaxation is a reduction in hyper-vigilance. Most participants realize ultra-relaxation differs from physical body fatigue, a result of movement, exercise, or energy expenditure. Ultra-relaxation provides a calming effect on the amygdala which, in turn, may elicit the lucid visions in up to 80% of participants. This study measures the strength of these visions versus psilocybin experiences. The affect from HIES solidifies new neural pathways that increase resilience, emotional control, and a sense of mental well-being.

Lucid visions are downstream from ultra-relaxation. These visions come in many forms and reflect the intensity of the neurophysiology training effect. What are we training? – Neuroception. Both ultra-relaxation and lucid visions create insight, peace of mind, and mystical experience that impact one’s speed of integration.⁴ This study measures and compares the strength of mystical experience.

Neuroception

Neuroception is a term created by Stephen Porges to describe subconscious circuits that determine whether a situation or person is safe, dangerous, or life threatening. Porges wished to distinguish between conscious perception of safety versus subconscious neuroception of safety. Neuroception Training (NCT) describes our process for increasing awareness and recognition of one’s environment by facilitating subconscious patterns to emerge into one’s perception. HIES initiates the emergence, and the integration coaching refines and accelerates body-mind-integration for the participant. Key to this process is experience.

Human Energy Management

Once a participant experiences ultra-relaxation they realize an ability to manage their energy. This increases control of their emotional state, enhances awareness, and continues toward integration. As the process of subconscious patterns (neuroception) emerging into conscious awareness and recognition (perception) progresses participants to gain greater control of their human energy management.

Strength of Experience

The Pahnke-Richards Mystical Experience Questionnaire assesses seven domains of mystical experience as shown in Table 1. Rating is done on a 6-point scale with data reported as a proportion of the

maximum possible score. Table 2 show the 6-point scoring system with tally points from 0 to 5 on a questionnaire of 100 total questions. Table 1.

Table 1 Mystical experience domains

Domain	Description
Internal Unity	Pure awareness; a merging with ultimate reality
External Unity	Unity of all things; all things are alive; all it one
Sense of Sacredness	Awe, amazement, holy, spiritual
Transcendence	Beyond time and space
Noetic Knowledge	Intuitive knowledge of ultimate reality
Deeply Felt Positive Mood	Joy, peace, and love
Ineffability & paradoxicality	Difficulty in describing the experience in words

Table 2 Mystical experience scoring

Score	Description
0	Absent, nothing at all
1	Very Slight
2	Slight
3	Moderate
4	Strong
5	Extreme

Comparative Data for Strength of Experience

There is a significant difference between psilocybin therapy and high intensity embodied therapy, with the key overlap of the vend diagram being psychoactive hallucinations and visions. MEQ provides a measurement tool for this study to measure strength of mystical experience between HIES and Psilocybin participants.

The data set we have chosen for comparative data comes from Griffiths et al.^{5,6} This data set allows a comparison of Psilocybin participant’s mystical experience with HIES participant’s mystical experience. The MEQ reference data has 36 participants with three MEQ measurement completions, after psilocybin administration, after receiving methylphenidate hydrochloride as a placebo, and a third time 14 months after their psilocybin administration. Additional details for the double-blind research design can be found at Griffiths et al.^{5,6}

The 56 participants for HIES completed 10 to 12 sessions over a 4-to-5-week period. Potential participants who did not complete the number of sessions were excluded from the study. The key difference between the action of HIES and Psilocybin includes a non-medical versus medicinal method of action. HIES session each last about 40 minutes for a total of about 8 hours of stimulation.

While the action that elicits lucid visions is about 4 hours, or 20 minutes in each session. Psychedelics, depending on dosing, are usually 4 to 6 hours of active hallucinations, this would suggest that total active stimulation time is similar across both HIES and Psilocybin. Of course, the timeline of delivering active stimulation differs significantly with Psilocybin occurring in one day and HIES participants spread across 4 to 5 weeks. We will discuss the implications of these timeline differences in the discussion section of this study.

Results

A comparison of HIES and Psilocybin MEQ scores for seven domains and composite score are shown in Table 3. HIES participants domains range between .59 to .69 on the seven domains of mystical experience. In contrast Psilocybin participants range from .64 to .80

on the seven domains. The HIES MEQ scores indicate that HIES participants as a group have a strength of mystical experience that is approximately 88% of psilocybin participants. Table 3

Table 3 High intensity embodied versus psilocybin

Domain	HIES n=56	Psilocybin n=36	%HIES/ Psilocybin
Internal Unity	0.64(.24)	0.73 (.05)	88%
External Unity	0.59(.23)	0.66 (.06)	90%
Sense of Sacredness	0.68(.24)	0.80 (.04)	85%
Transcendence	0.65 (.22)	0.72 (.05)	92%
Noetic Knowledge	0.66 (.23)	0.76 (.05)	86%
Deeply Felt Positive Mood	0.69 (.22)	0.77 (.04)	89%
Ineffability¶doxicality	0.69 (.25)	0.81 (.04)	85%
Composite Mean Score	0.67 (.21)	0.76 (.04)	88%

Variance

A key differentiator of the data (Table 3) is its variance. Comparing

standard deviations of HIES participants with Psilocybin participants, one finds a 5.25 times greater standard deviation in the HIES group compared to the Psilocybin group for composite mean score. A graphic representation of this variance and all the domains are shown in Figure 2. HIES participant mystical experience scores are distributed across 5 scoring points. Whereas the Psilocybin participants would distribute across only two scoring points. Figure 2

The HIES Total participants (score 0 -.99; n=56) composite score standard deviation of .21 is 5.25 times greater than the .04 standard deviation of the psilocybin participants. With this finding, a segmentation of the HIES participants into three grouping was undertaken. These groups are HIES Extreme (score = .70-.99; n=29), HIES Strong (score = .50-.99; n=46), and HIES Slight (score = 0-.49; n=10).

Table 4 shows HIES Total and three segmentations: Extreme, Strong, and Slight. Participation within the segmentation includes: HIES Extreme with 51% of the HIES participants, HIES Strong with 82%, and HIES Slight with 18%. Table 4



Figure 2 Distribution of MEQ scores for Seven Domains and Composite

Table 4 Hies embodied segmentation versus psilocybin

Domain	HIES		Embodied Segmentation			
	n=56	n=36	n=29	n=46	n=10	n=36
Internal Unity	0.64 (.24)	0.73 (.05)	0.79 (.18)	0.71 (.17)	0.29 (.19)	0.25 (.05)
External Unity	0.59 (.23)	0.66 (.06)	0.74 (.19)	0.66 (.19)	0.26 (.06)	0.21 (.05)
Sense of Sacredness	0.68 (.24)	0.80 (.04)	0.83 (.20)	0.74 (.19)	0.34 (.09)	0.36 (.05)
Noetic Knowledge	0.66 (.23)	0.72 (.05)	0.80 (.19)	0.72 (.19)	0.35 (.12)	0.30 (.05)
Transcendence	0.65 (.22)	0.76 (.05)	0.78 (.21)	0.70 (.18)	0.38 (.18)	0.27 (.05)
Deeply Felt Positive Mood	0.69 (.22)	0.77 (.04)	0.82 (.18)	0.76 (.12)	0.30 (.12)	0.38 (.04)
Ineffability & paradoxicality	0.69 (.25)	0.81 (.05)	0.85 (.19)	0.77 (.18)	0.32 (.20)	0.29 (.05)
Composite Mean Score	0.67 (.21)	0.76 (.04)	0.81 (.17)	0.74 (.15)	0.34 (.08)	0.33 (.04)

While HIES Total Composite MEQ score is 88% of Psilocybin participants, HIES Extreme is 6% greater in composite score than Psilocybin participants. HIES Strong includes 82% of HIES participants and their composite score is 96% of Psilocybin participants. HIES Slight composite score aligns with the Placebo participants at 110% of Placebo composite scores. The difference between HIES Slight and HIES Extreme (42%) is similar to the difference between Placebo and Psilocybin (43%). This similar spread suggests that the HIES Slight participants had little mystical experience as measured by MEQ.

Table 5 shows HIES Extreme group average MEQ is 7% greater than Psilocybin group in strength of mystical experience. Further analysis of the segmentation reflects the large standard deviation for the HIES Extreme remains at 4.25 times greater than Psilocybin group. Table 5

Table 5 Hies extreme versus psilocybin

Domain	HIES Extreme n=29	Psilocybin n=36	% HIES Extreme /Psilocybin
Internal Unity	0.79 (.18)	0.73 (.05)	108%
External Unity	0.74 (.19)	0.66 (.06)	112%
Sense of Sacredness	0.83 (.20)	0.80 (.04)	104%
Noetic Knowledge	0.80 (.19)	0.72 (.05)	112%
Transcendence	0.78 (.21)	0.76 (.05)	102%
Deeply Felt Positive Mood	0.82 (.18)	0.77 (.05)	106%
Ineffability & paradoxicality	0.85 (.19)	0.81 (.05)	104%
Composite Mean Score	0.81 (.17)	0.76 (.04)	106%

In Table 6, we see HIES Strong at 98% of Psilocybin strength of mystical experience. The standard deviation is reduced to 3.75 times greater than the Psilocybin participants and suggests that the HIES Strong participants still have a widely varying response to mystical experience. Table 6

Table 6 Hies strong versus psilocybin

Domain	HIES Strong	Psilocybin n=36	%HIESStrong/ Psilocybin
Internal Unity	0.71 (.17)	0.73 (.05)	97%
External Unity	0.66 (.19)	0.66 (.06)	100%
Sense of Sacredness	0.74 (.19)	0.80 (.04)	93%
Noetic Knowledge	0.72 (.19)	0.72 (.05)	100%
Transcendence	0.70 (.18)	0.76 (.04)	93%
Deeply Felt Positive Mood	0.76 (.12)	0.77 (.05)	99%
Ineffability & paradoxicality	0.77 (.18)	0.81 (.05)	95%
Composite Mean Score	0.74 (.15)	0.76 (.04)	96%

At n=46 for the HIES Strong group provides convincing evidence that about 80% of HIES Total participants have mystical experiences like Psilocybin participants.

On the other end of the spectrum, HIES Slight tends to align with Placebo participants. Although the strength of experience varies by each domain, the composite scores are almost identical for the HIES Slight and Placebo groups, with HIES Slight being about 3% greater than Placebo group. Table 7

Table 7 Hies slight versus placebo

Domain	HIES Slight n=10	Placebo	%HIES Slight
Internal Unity	0.29 (.19)	0.25 (.05)	115%
External Unity	0.26 (.06)	0.21 (.05)	122%
Sense of Sacredness	0.34 (.09)	0.36 (.05)	94%
Noetic Knowledge	0.35 (.12)	0.30 (.05)	117%
Transcendence	0.38 (.18)	0.27 (.05)	140%
Deeply Felt Positive Mood	0.30 (.12)	0.38 (.04)	78%
Ineffability & paradoxicality	0.32 (.20)	0.29 (.05)	112%
Composite Mean Score	0.34 (.08)	0.33 (.04)	110%

Summary of Results

HIES Total (n=56) induces a mystical experience that is 88% of the comparative psilocybin experience. HIES variance as measured by standard deviation remains high across all segmentation analyses, primarily due to a varied mystical response among HIES participants. Obviously, existing individuals vary widely with multiple factors contributing to the varied HIES response. Still more than 51% of HIES Total have strong or extreme mystical experiences which suggests that HIES is an effective and safe system to elicit mystical experience.

Discussion

The key finding of this study is that 51% of HIES Total participants have an average of 7% greater strength of mystical experience than Psilocybin participants. Although the HIES Moderate group is 72% of Psilocybin group strength of experience averages, when combining HIES Strong and Extreme the group strength of mystical experience differs by only 2% from Psilocybin participants.

It's the High Intensity Embodied Stimulation (HIES) sessions that account for the mystical experience (MEQ score). The results suggest a powerful mystical experience for most HIES participants (82%).

All HIES participants experience a state of ultra-relaxation, usually expressed as "I'm very relaxed!" This state leads to enhanced

awareness and recognition. Integration coaching is the primarily way to teach the Neuroception Training process; incorporating ultra-relaxation, lucid visions, and emotional release experiences as a result of their high intensity embodied stimulation.

Lucid Visions

Our study of MEQ provides a quantifiable metric of strength of mystical experience. After thousands of HIES sessions there are case notes and clinical observations that add more texture to creating an efficient integration process. One observation, the stage of lucid visions appear to act as a governor for speed and reach of an individual's integration path. Figure 3



Figure 3 stages of lucid visions with nct

Allow HIES participants to move toward integration. Descriptions and examples of five stages are provided below as summarized by participants in comments and feedback from the case notes.

Loss of Space & Time

Characterized by an experience of relaxation, one may be asking, “How long did the session last?” or a sensation of floating, or a decrease sense of active thinking.

Phosphenes

Appear in natural setting with tightly closed eyes and in a wide range of experiences from psychoactive drugs to flicking lights to many other experiences including HIES.

Memory Recall

This stage is where images rapidly flow in a series without much recognition except for an occasional still image. As one progresses through the HIES process, image flow will slow, and participants will move into stage 4 lucid visions.

Insight

As the images become still, specific memories of people, places, and situations emerge and shift memories toward positive sense presence.

Transcendence

At this stage one's essence of being becomes transcendent and a wide range of hallucinations can occur. Examples include memories of being in the womb before birth, merging with other beings (relatives, animals, concert pianists), and experiences of observation, telepathy, clairvoyance, and intuition.

Model for Integration

Mind integration links disparate parts of the mind and body. One's mental well-being emerges from mind integration.¹⁹ Approaches that produce mind integration vary widely, and the Body Logic Program has adopted a nine-domain model partly based on Siegel et al.²⁰

Body Logic differs from other programs and methods for integration. It begins with HIES, characterized by high intensity neurophysiology stimulation without participant engagement. It creates an ultra-relaxation state of mind, a state of extreme relaxation without cardio-respiratory, motor, or sensory engagement, it is the essence of just “being not doing”. This initial state of ultra-relaxation is unique and ineffable and it initiates a path to integration.

It is well understood that with trauma and chronic anxiety, embodied patterns are stored, and often individuals disconnect from their body.²³ HIES targets body mind communications, stimulating the afferent circuits to strengthen body and mind connection, a key initiator of body mind integration.

Vibration of multiple types and layers is the primary technique for body mind connection, including mechanical vibration that stimulates parasympathetic circuits.²⁴ Touching the skin through massage and electro stimulation leading to release of oxytocin.^{25,26} Sound therapy, rhythms that calm and relax.²¹ All of this leads to ultra-relaxation.

Why High Intensity?

We know in the world of cardio-physiology that high intensity interval training (HIIT) increases max VO₂ faster than endurance training alone.²⁷ It is also well established that movement and physical activities improve mental wellbeing.²⁸

High intensity neurosensory stimulation often targets creating an intense alternative state. High intensity breathwork like Wim Hof, and Stan Grof's, Holotropic Breathing are popular examples. Participants of extreme breathing engage chest and body muscles with a rhythm. Their exchange of O₂, and CO₂ create additional physiological pressure that affects mental state.

HIES accelerates the impact of embodied therapy in a safe environment layered in multiple vibrational stimuli. Clients are passive during a HIES session, a key differentiator from breathwork, movement, or yoga. This technique enables ultra-relaxation and lucid visions leading toward integration, awareness, recognition, and a slow emotional trigger. Ultra-relaxation quiets the amygdala and lucid vision emerge from that quiescence.¹²

Lucid visions may be an important indicator to predict speed and end point of integration, however, ultra-relaxation is the most important method to initiate integration.

Theories That Facilitate Neuroception Training Efficacy

The underlying theories of integration from Porges et al.¹⁷ and Siegel et al.^{19,20} are well-known among energy psychologists. These theories are vital to Neuroception Training integration (NCT), however, there are additional elements that help NCT training: frequency, duration, and intensity.

Investigations into the world of self suggest that low level bottom-up mechanisms of self-consciousness play a key role. Olaf Blanke and his Swiss laboratory provides core knowledge for the sensorimotor foundation of bodily self-consciousness.²⁹⁻³² Some key factors to be considered are the human sensory receptors that abound throughout the body and store the important embodied signals in times of trauma when “your body keeps the score”.⁴ The second factoid is the recursive nature of the mind, “the ception stack”, always running from top to bottom: perception, neuroception, interoception, enteroception, somatoception, proprioception, and exteroception are the main components. This stack provides a neurophysiological framework for mind body communications.

The construction of emotion, feeling, and affect have been discussed for decades with various theories and approaches documented and readily accessible in *The Psychological Construction of Emotion*³³ and *The Handbook of Emotions*³⁴. For theories and approaches from an embodied perspective, *The Strange Order of Things*²¹ and *How Do You Feel?, An Interoceptive Moment with Your Neurobiological Self*³⁵ offer unique insights on sensory evolution and

embodied processing. Many of these considerations are built into the Neuroception Training integration.

Embodied signals produce affect. Lisa Feldman Barrett in *7½ Lessons About the Brain*, provides excellent insight. As she writes, “Your brain makes meaning from this data storm continuously to predict your body’s next action……. Your brain summarizes what’s going on with your body in the moment, and you feel that summary as affect.” Barrett continues, “Scientists are still puzzling out how your brain’s body- budgeting activities, which are physical, become transformed into affect, which is mental.” Our observation of thousands of HIES sessions suggests an important transformation role for the brain stem system. Merker³⁴ states that brain stem mechanisms are integral to the constitution of a conscious state.

The NCT System Pathway to Integration

Human Energy Management balances cognitive signals and embodied signals (Figure 1). By overloading embodied signals, HIES creates an afferent signal storm that one’s brain must sort out. As a passive participant, a cascade of signals collides with a normal cardio-respiratory physiological state. This incongruence repeated throughout a 40-minute session provides the primary technique to induce ultra- relaxation. It is this ultra-relaxation state that causes external sensory processing between sessions to slow-down, encouraging more awareness and recognition of one’s environment. Lucid visions enhance this process depending on the stage of the lucid visions (Figure 3). The higher stages have greater impact and speed of integration.

Variance in lucid visions and mystical experience involve a number of factors

- I. History of trauma and actions taken to process trauma. Typical actions include psychotherapy and embodied practices like breathwork, meditation, and movement.
- II. Social engagement behavior that facilitates neuroception training are always a primary top-down technique, these include learning and intentional programs.
- III. Mind set and attitude enable the process to continue.
- IV. Openness to new ideas and ineffable experiences set the foundation.
- V. A passion and willingness to put in the effort. Learning new perspectives, a unique approach for most HIES participants.

Although some HIES participants have strong emotional releases, most emerge to a higher state of consciousness as emotional bubbles dissipate slowly. Body Logic Program teaches three concepts that drive the integration process: ineffable, observation, and “tug of war”.

- I. Ineffable means an experience that is difficult to explain in words. Making sense of the Ineffable initiates a sense of being because you recognize that language is insufficient. Both ultra-relaxation and lucid vision methods produce an ineffable experience.
- II. As one accepts their inability to describe their profound experience and recognizes how they now process their environment, they realize a new observational perspective emerges. This is further promoted by slow responses to known situations of stress.
- III. With progress toward integration – a “tug of War” often appears as an awareness of new neuroception calm circuits replace your older familiar response. This solidifies the neuroception training and strengthens one’s observational state.

Finally, the frequency of embodied stimulation separated by periods of natural and organic integration from a state of ultra-relaxation allows HIES participants to progress to higher states of consciousness. It is an emergent process and once it becomes engaged within the HIES participant it continues for months and elements remain intact for years.

Conclusion

The strength of mystical experience for a HIES participant is strong. The lucid vision factor provides a good barometer of integration speed and end point. This report begins an understanding of what is necessary to advance body-mind-integration. There is much more to do, additional research frameworks to be designed and systems to seamlessly collect data, measure integration, and personalize one’s path toward mental well-being.

This study suggests that Body Logic Program is worthy of continued research as a valuable system and approach that may have significant impact on mental health, healing, and wellness. This represents a beginning for an exciting journey.

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Conflicts of interest

The authors have no conflicts of interest to declare.

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