



CORRESPONDENCE

Response to Letter to the Editor: “Psychedelics, Entity Encounters and the Precautionary Principle,” by the Unhidden Foundation for the Journal of Scientific Exploration

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I greatly appreciate the insights and attention that the Unhidden foundation has given to my article, Heilman (2023), as well as the highly interesting and insightful article from Tramont (2023). As I certainly do agree that cautionary advice should be given to individuals seeking psilocybin-assisted therapeutic interventions, I must mention that neither Heilman (2023) nor Tramont (2023) discuss high-dose DMT sessions in relation to psychotherapy and/or hypnosis/regression therapy. This is recognized and stated by Priestland et al. (2025) noting that “a compelling body of research that the administration of psychedelics – such as N,N-Dimethyltryptamine (DMT) and, to a lesser extent, psilocybin – can give rise to experiences resembling alien-type encounters.”

“The chemical name for psilocybin is 4-phosphoryloxy-N,N-dimethyltryptamine; it is known as an indole hallucinogen. When ingested, psilocybin dephosphorylates inside the body, converting psilocybin into the molecule psilocin (4-hydroxy-N,N-dimethyltryptamine)” (Heilman, 2023, p. 624). It deserves noting that the chemical as well as perceptual and experiential differences between psilocybin and DMT are vast. DMT is not a prime candidate, nor is it legal for therapeutic use, seeing that the intensity created from the DMT experience, especially “high dose” experiences, is highly disorienting, complex, and ultimately ineffable for most experiencers.

Priestland et al. (2025) brings up a pertinent and important inquiry in stating that “neither (Heilman, 2023; Tramont, 2023) addresses a critical convergence that warrants urgent attention: the intersection of PTSD vulnerability, psychedelic-assisted therapy and entity encounter experiences.” This certainly does warrant further inquiry and caution into the entire spectrum of psychedelic as well as hypnosis/regression therapy seeing that there has been an insurgence in recent years of individuals seeking to experience non-ordinary states of consciousness to specifically make contact with unidentified anomalous and/or ariel phenomena (UAPs), and/or non-human intelligences (NHIs) via hypnotherapy/regression therapies and psychedelic substances, interventions, and/or improperly and unprofessionally guided psychedelic therapies.

The intention of seeking such therapeutic interventions to have contact experiences with such phenomena indeed has the ability and danger associated with the experience to create psychological harm rather than well-being for any individual without proper professional guidance and care. It has potential dangers that are more extreme in individuals with PTSD. I feel that there should be attention paid to cautionary advice towards PTSD patients seeking psilocybin and/or hypnotherapy/regression therapy, seeing that with programmed media images and mythology, alien entities have been primarily portrayed

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as malevolent, and perpetrators of violence. This has been known to cause dissociative, implanted, false memories for PTSD individuals who have suffered the cruel realities of war, as well as individuals who have suffered the cruelties of sexual violence perpetrated in childhood and/or adolescence and/or even adulthood, of images, identities, and portrayals of evil or dark entities, monsters and/or aliens as perpetrators of such cruel violence.

The issue here is that psychedelics such as psilocybin, LSD, DMT, and mescaline were given the name, psychedelics, because they manifest what is inside the mind of the individual that ingests these substances. The term “psychedelics” (is) a word derived from two Greek words meaning “soul manifesting” or “mind-manifesting” (Heilman, 2023, p. 624). Non-ordinary states of consciousness such as psychedelic, hypnotism/regression, and near-death experiences have been reported to manifest and facilitate “a reality created solely out of interacting thought structures (where) even the landscape itself is sculpted by the ideas and expectations of the experiencer” (Talbot, 1992/2011, p. 256).

This has been much more highly reported in high dose DMT, ayahuasca, and near-death experiences, rather than psilocybin experiences. However, there seems to be a unique danger factor involved with hypnotism/regression therapies. Strieber and Kripal (2017) offer the insight that sometimes in an individual’s childhood “Things happen that are so terrible or so memorable that they... are tucked away in special corners of the mind, where they continue on as memories that are neglected but not forgotten. A child who has done this may continue as an adult, and if adult perceptions are sufficiently strange, they may also enter neglected—or rejected—memory. Hypnosis can be used to extract such memories, but it is a demanding process” (p. 207). This is elegantly described in Tramont (2023), and I find this work to be highly valuable, but tricky and potentially dangerous, nonetheless, especially if practiced by nonprofessionals. These dangers are described further as Strieber and Kripal (2017) go on to explain that hypnotism “Unfortunately... is routinely carried out on “abductees” by nonprofessionals. As the objective of the subject is to please the hypnotist, even the fact that the hypnotist’s beliefs are known to the subject will confuse the results. People can end up with false memories that they can never untangle” (p. 207). This process leads to the potential danger of implanted, dissociative, false memories

consisting of images, identities, and portrayals of evil dark entities, monsters and/or aliens as the perpetrators. “If this finding is correct, it could be that there is some sort of process of sublimation involved in transferring unacceptable and incomprehensible memories to more bearable fantasies” (Strieber & Kripal, 2017, p. 208).

I found Tramont (2023) to describe methods and techniques of the highest professional integrity, however, there remains the above-mentioned dangers of falsely implanted memories leading to further psychological dissociation and potential psychological harm instead of ease, resolution and psychological well-being. This is also a highly suggestible potential danger involved with psilocybin assisted psychotherapy, which is why I agree that precautions and disclaimers to this topic should be protocol for therapists who conduct psilocybin and hypnotism/regression therapies. However, the issue stands that Heilman (2023) and Tramont (2023) are not speaking to high dose DMT experiences as psychological interventions for individuals with PTSD symptoms, which is the central focus of Priestland et al. (2025) in this letter to the editor. I believe that further research into high dose DMT experiences with individuals experiencing PTSD symptoms reporting entity encounters is warranted.

I would like to extend my gratitude to the *Journal of Scientific Exploration*, Nancy Smoot Tramont, and the Unhidden Foundation for their hard work, dedication, and insights into these highly controversial and fascinating topics. Thank you.

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