

# The Metaphysics Jellyfish: A Structural Remodel of the Metaphysics Matrix and Elaboration on Experiential Benefits

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**Abstract.** The Metaphysics Matrix featured in Peter Sjöstedt-Hughes’s article, “On the need for metaphysics in psychedelic therapy and research,” while a radical improvement from prior attempts to thrust forward psychedelic-based research, requires a certain organizational approach which we believe would significantly improve the schema’s utility in clinical trials. Representing Sjöstedt-Hughes’s matrix in *three* dimensions (via a “Metaphysics Jellyfish”) will indicate the scalability of the metaphysical cosmologies in question, rather than emphasize the rigidity of discrete categories featured in the original matrix. Our primary aims in writing this paper include reorganizing the terminology in Sjöstedt-Hughes’s original schema to render the terms more accessible for patients, as well as theorizing the practical benefits of applying our diagram in clinical trials.

**Keywords:** Metaphysics, psychedelic-assisted psychotherapy, psychedelics, schema, patient trials, philosophy

## 1 Thesis Topic

In 2023, Dr. Peter Sjöstedt-Hughes proposed the use of metaphysics in psychedelic-assisted psychotherapy clinical trials in order to better understand patients’ psychedelic-induced experiences. To do so, he created a diagram called the “Metaphysics Matrix” in order to visually organize metaphysical terminology for use in psychotherapy trials, specifically the post-psychedelic *integration* phases between a patient and their therapist. See figure below [1]:

Material Monism: <b>Physicalism</b>		Mental Monism: <b>Idealism</b>	Substance <b>Dualism</b>	Neutral <b>Monism</b>	The <b>Transcendent</b>	
reductive physicalism	non-reductive physicalism	Solipsism	Interactionism	Cosmopsychism	Transcendent Realism	
Eliminativism	Emergentism	Transcendental Idealism	Infinite Dualism	Astropsychism	Hyperspace	
Behaviourism	Functionalism		Metempsychosis	Biopsychism	Transcendent Entities	
Psychoneural Identity Theory	Epiphenomenalism			Zopsychism	Cosmic Teleology	
					Moral Realism	
Real Naturalism		Monadic Idealism	Animism	Organic Realism		<b>Panpsychism</b>
Atheism		Monotheism	Monotheism	Pantheism	Monotheism	<b>Theism</b> (typically)
		Pantheism	Deism	Atheism	Polytheism	
		Atheism			Panentheism	
					Deism	

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FIGURE 1  
Metaphysics Matrix.

The integration stage of a psychedelic-assisted psychotherapy session is, “a process in which a person revisits and actively engages in making sense of, working through, translating, and processing the content of their psychedelic experience. Through intentional effort and supportive practices, this process allows one to gradually capture and incorporate the emergent lessons and insights into their lives...” [2]. Frequently, during this phase of the psychotherapy session, the patient fails to retain or remember a great deal of the internal experiences they endured. Thus, an effective integration phase allows the patient to utilize the mindset, epiphanies, or new understandings they adopted during the active psychedelic phase of the clinical trial in their daily life going forward. A concrete model of the metaphysical epiphanies induced by the psychedelic experience at hand will theoretically allow the patient to retain productive effects long after their psychotherapy session ends.

Our “Metaphysics Jellyfish” restructures Peter Sjöstedt-Hughes’s “Metaphysics Matrix,” a diagram to be used in clinical psychedelic-induced psychotherapy trials. His model is aligned on a two-dimensional plane with five columns and three rows. The Metaphysics Jellyfish (“M.J.”) uses four planes, titled “levels 1-4,” and one auxiliary plane consisting of general labels (“cosmologies”) to categorize Sjöstedt-Hughes’s established metaphysical systems into a three-dimensional model using gradients/spectrums. The addition of a gradient-based system allows the included metaphysical terms to dynamically *relate* to one another by using the spatial structure of the model to construct each signifier’s meaning. Essentially, the form of the M.J. takes a concrete approach— each aspect of the model exists in relation to its context within the whole [3]. By situating the metaphysical systems featured in Sjöstedt-Hughes’s original model in three-dimensions, each term can be described by the patient using the three gradients (also the three axes—  $x$ ,  $y$ , &  $z$ ). Such a structure elucidates, to the patient, each metaphysical term’s definition via comparison and analogy.

Given that the Metaphysics Matrix is still undergoing research in clinical practice, the proposition of the MJ should be understood as largely theoretical and extends from the research goals of Dr. Sjöstedt-Hughes rather than any independent study. We hope to see the implementation of these diagrammatic changes in clinical trials as the next step of this research.

## 2 Approach

The two largest diagrammatic differences between the M.J. and the Metaphysics Matrix are the 3 axes as well as the gradient function. In reworking the Metaphysics Matrix, we opted to remove categorization based on pre-existing terminology and instead looked to find common organizational spectrums that could encompass the range of metaphysical terminology offered by Dr. Sjöstedt-Hughes. Upon meeting Dr. Sjöstedt-Hughes, he explained the ranging terminology used in his paper by the proximity to mind or matter in the user’s experience. This appears as discrete categories in his matrix of Physicalism, Idealism, Dualism, Monism, and Transcendent. We used this system of explanation and reworked it into a scale from mind to matter in our model. One original addition in our model is the directional-static dipole, inspired by the distinction between reductive and non-reductive physicalism offered in the Metaphysics Matrix yet expanded into a scale of its own.

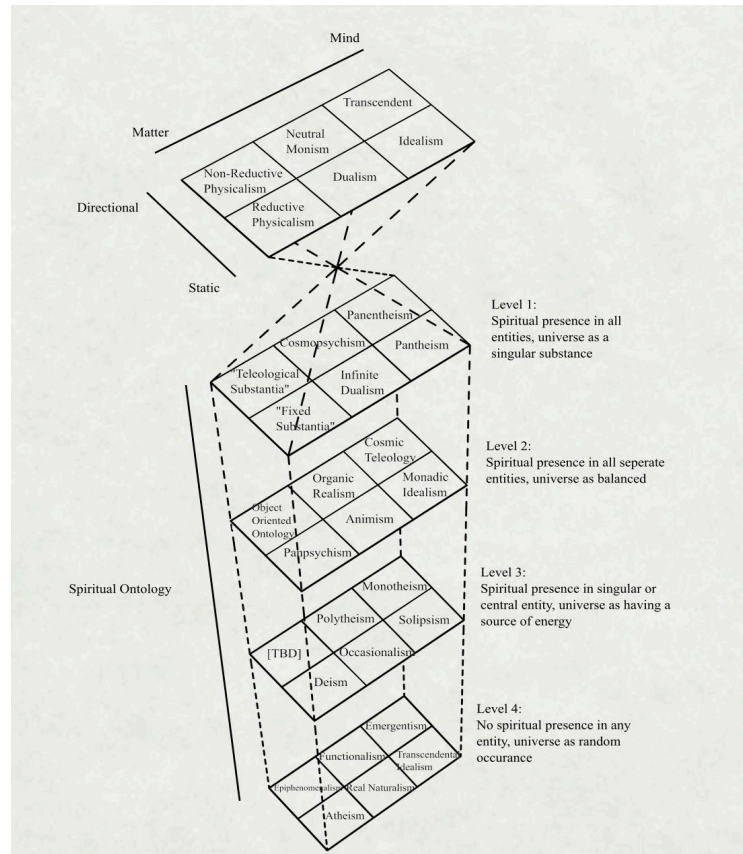
The  $z$ -axis, the component of the M.J. which most distinctly differentiates it from Sjöstedt-Hughes’s original matrix, allows the metaphysical systems in the model to function within a level-based system ranging from level 1, the top plane to level 4, the bottom plane. The different levels correspond to different experiences of spiritual connection, ranging from complete absence to complete unity. In the Metaphysics Matrix, the spiritual experience is categorized using the terms Theism and Panpsychism, separating terminology based on the account of spiritual presence that the patient identifies with. By adapting this difference into a more comprehensive level system, we found a way to encompass these term’s qualities into a more relational model. By categorizing metaphysical terminology by qualities and not by other metaphysical terms, we believe this approach can improve the accessibility of a patient describing a psychedelic experience.

Furthermore, we theorize that by designing a model in which the meaning of each metaphysical term is constructed by its spatial placement, the patient gains three very specific ways to qualitate and describe the metaphysical framework(s) with which they associate with their psychedelic experience. The three dimensions of

the model each signify a different scale by which the terms are to be qualified and quantified. Thus, each term on the MJ (including our new terminology— for example: “fixed substantia” and “teleological substantia”) has discursive meaning *because* of the larger structure of the model. For instance: if Patient X qualitates their psychedelic-assisted experience as feeling more directional than static, more rooted in the mind than in matter, and senses a spiritual presence in a singular, central entity, we could then determine that the closest metaphysical match to their belief would be a “monotheistic” worldview. Or to work backwards, if the patient immediately identifies their experience as a monotheistic one, we could ask them to describe such a worldview using the three scales used to constitute our model (mind v. matter, directional v. static, and levels of ontological spiritual presence). Essentially, since each term reserves an area within each of the three scales listed above, the MJ diagram enforces all the terminologies’ distinct meanings, and the terms reinforce the model itself.

### 3 Working Model

The mapping of terms in the M.J. model, as elucidated above, must be intuitive to patients in order to maximize the therapeutic success of the trial’s integration phase. The mapping of the metaphysical systems on planes which can be discussed using scales rather than individual terms can create instances where intuitive experiences can be explored analytically and descriptively [4]. Without a graphical model that affords the patient a structure in which they may ground their initial intuitions, their metaphysical encounters during a psychedelic experience risk becoming vague in hindsight and in their verbal recount. Using a model that embraces three dimensional space allows the patient to situate themselves *physically* on a node along all three axes, instead of categorizing their experience into a rigid box. Two effects will follow from this theory. First, such a model allows for a great deal of flexibility for the patient’s understanding of their own experience (as a node can exist on the limits of a category or in between planes, along any point of the three axes/gradients). Second, the patient will also more proficiently understand the metaphysical systems’ signifiers, as every term exists in relation to the larger mode— made possible by the implementation of gradient-based axes. See figure below:



## 4 Expected Contribution

The theorized point of improvement of the original model and its philosophy occurs in the realm of ethics where, in the integration tenets of Dr. Sjöstedt-Hughes's Metaphysics Matrix: "this matrix seeks to outline a reasonably comprehensive 'menu' of metaphysical options" [5]. This framing of the integration stage poses too inflexible a precedent for the patient's complex experience (or recollection of their experience). Considering the rigidity of the term "menu," using a diagram that involves this comparatively more inorganic procedure of *choosing* a metaphysical option rather than identifying with the experience autonomously, the patient may feel less connected to the "options" presented on the diagram. As outlined in the previous section, the gradient aspect of our updated model allows for the intuitive and organic assessment of the patient's experience (within the context of 3 scales) which later translates to metaphysical terms. The goal has to do with gleaned an evaluation of the patient's relationship to metaphysical beliefs without the pre-existing partiality towards certain categories or the impact these names may have on the patient's mindset during integration.

By "choosing" a term and ascribing their metaphysical experience to a fixed signifier, the signifier risks seeming arbitrary to the patient. Of course, our intention in implementing metaphysics in psychedelic clinical research and therapy revolves around academically legitimizing the applications of metaphysical frameworks within human psyches— that is, frameworks that truly shift, better, or give purpose to one's existence and mental wellbeing. Without giving the subject some degree of graphical evidence that their experiences during the trial are rooted in history or a unifying pattern/structure (our spatial, self-reflexive M.J. model), the subject cannot envision a future where their metaphysical experience can realistically leave a lasting impression on their worldview [6]. The Metaphysics Jellyfish's goal is to leave the patient with full credence in their own internal experience as viable and culturally, socially acceptable.

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