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Review of Psychedelic Medicine: New Evidence for Hallucinogenic Substances as Treatments. Edited by Michael J. Winkelman and Thomas B. Roberts, Praeger Publishers, 2007, 325 pages (Vol. 1) and 355 pages (Vol. 2), \$200.

I was excited to learn of the impending publication of this very substantial two-volume work, and got my hands on a copy at the first opportunity. For the most part, I was not disappointed. This is indeed a scholarly and comprehensive update on the potential uses, dangers, and legal complications of psychedelic compounds. Just as traditional religion survived for 70 years as an outlawed underground movement in the former Soviet Union, so has the therapeutic and sacramental use of psychedelics survived the last 30 or 40 years of political repression in the United States. While Soviet repression was far more brutal and was in response to many more "crimes" than just religion, nevertheless there is a parallel. In both cases it appears to me that the repression came about because of the anxiety stirred in those in political power by the deeper power of what they sought to repress. The fear of what one may find while exploring unusual states of consciousness can lead to repression and even, perhaps, persecution. This seems to be the case

in America's historical response to spontaneously occurring unusual states (Rhead, 2004).

Psychedelic Medicine is essentially a report on the second wave of psychedelic research in modern western civilization. The first wave took place in the 50's, 60's and 70's, and I was one of the surfers riding the latter part of that wave. The second wave has been building momentum during the last 5 or 10 years. Of course these two little waves were preceded by millennia of tsunamis in shamanic practices that involved the use of psychedelic plants.

When Albert Hofmann accidentally ingested a small dose of his "problem child," the new synthetic psychedelic LSD, he started the first wave of modern psychedelic research (Hofmann, 2005). The fact that he had synthesized LSD while working for a major pharmaceutical company may have something to do with some of the tension that has plagued such research ever since. This tension has to do with how one regards both the mechanism of action and the significance of psychedelics.

The question of the mechanism of action was once more of an issue than, I hope, it is today. The basic tension was between: (1) the view that psychedelics are merely pharmacological agents which exert influence through their impact at a purely biological level, and (2) the view that psychedelics can open one to the possibility of profound psychological or spiritual experiences, which in turn exert great influence on the person having them. In this view the most important determinants of the experiences that occur are the expectation ("set") of the person, and the environment, both human and otherwise, in which the psychedelic is taken ("setting"). The few early attempts to do research without regard for set and setting sometimes resulted in disastrous mistreatment of the persons involved—e.g. the use of 4-way restraints when agitating material emerged.

The second question, that of the significance of the experiences that can emerge when a person with a positive set and setting is under the immediate influence of a psychedelic compound, is by far the more interesting question. This question has been reflected in the terms used to describe the compounds themselves: "hallucinogen" and "psychotomimetic" both imply that the experiences engendered are exogenously-induced replications of the kinds of experiences that endogenous chemicals produce in naturally occurring psychosis, while "psychedelic" tries to be broader with its implication of "mind-manifesting." "Psychedelic" came to be the most widely accepted term part way through the first wave of modern research and is still the most common term, as reflected in the title of the book herein considered. However, the last decade or so has seen a tendency to refer to these compounds as "entheogens," reflecting a more refined version of the question of the significance of the experiences reported. Now the question becomes one of powerful adjunct to psychotherapy versus sacrament. Clearly, "entheogen," literally "that which causes God to be within," refers to something associated with the latter.

Along the way a number of hairs have been split in the name game. In one case this splitting was done on the basis of dosage and expectation. "Psychoanalytic" psychotherapy used relatively low doses of LSD or other compounds with the expectation that these might facilitate the depth of psychoanalytic therapy, hastening abreaction and insight. Of course even at very low doses one sometimes crosses over into the psychedelic experience, for which psychoanalytic interpretation and understanding is strained, to say the least. We found this out the hard way by trying to use low doses for a control group in a randomized double-blind study. I recall a touching exchange between two senior psychiatrists, one of whom was deeply involved in psychedelic research while the other was watching with great interest from the sidelines. After some discussion of the kinds of experiences that were being reported with the careful use of LSD, the sideliner asked his colleague, with obvious anxiety: "This is really all just regression, isn't it?" It is, to the extent that one assumes all mystical experiences to be "just regression," but this is not the assumption of most who use the terms "psychedelic" and "entheogen."

My own personal and professional journey may be the ontogeny that recapitulates the phylogeny of the larger cultural context of psychedelic research over the last 60 years. To the best of my knowledge, while an undergraduate a little over 40 years ago, I was the first person to take LSD at Dartmouth. The second person was about 30 minutes behind me, and the experiences we shared that day contributed significantly to our ongoing deep friendship. They also contributed to my interest in studying psychedelics and to my decision to go on to graduate school in psychology.¹ I was pleased to be accepted into the doctoral program in psychology at Stanford in part because there was a research facility near the campus where LSD and similar compounds were being studied. I envisioned doing my dissertation on some aspect of the therapeutic use of psychedelics in collaboration with the researchers at this facility. My vision was dashed when I arrived in California in June of 1967 and paid a visit to one of the researchers, who told me that they had lost their government authorization for such research and were closing shop. His advice to me was to refrain from "even whispering the term LSD" until the ink was dry on my PhD, and only then to see if I could find a way to pursue this dream. I was intrigued by the fact that his advice was virtually identical to that which I had received a year or two earlier from J.B. Rhine, the famous parapsychologist at Duke, when I had asked about pursuing a career in parapsychology. My arrival at Stanford of course corresponded with the beginning of the "Summer of Love" in the Haight-Ashbury district of San Francisco. Fortunately my sister had already migrated to "The Haight" and settled herself into the hippie movement, so she became my contact there. Psychedelic research was very much alive and well, vibrant even, in this enclave just north of my academic home

¹ Apologies to Tim Leary. While I may have "turned on" and "tuned in," I most certainly failed to "drop out." In fact my LSD experience stimulated me to move in the opposite direction—toward graduate education.

at Stanford. By attaching myself to the hypnosis research program at Stanford I put myself in a milieu where people were interested in altered states of consciousness, some of whom had actually done research with psychedelics in the past. Once the ink was dry on my doctorate I did in fact land a job at the only place left in the United States that was officially (i.e. legally) doing research on psychedelics, the Maryland Psychiatric Research Center. The MPRC was housed in a shiny new building on the grounds of a very old and dreary state hospital in Baltimore. There, from 1971 through 1977, I got paid a pretty good salary for doing work that I would have been happy to do for free. Truth be told, I probably would have paid them if that had been the requirement. In the company of a band of similarly enthusiastic colleagues, I got to use a variety of psychedelic compounds as adjuncts to profound psychotherapeutic work with people facing imminent death, inpatient alcoholics, and a variety of people in outpatient psychotherapy. The latter came in with their private practitioners for a boost to the ongoing therapy in which they were already engaged. Finally, we had a program entitled "The LSD Training Program for Mental Health Related Professionals," which provided an opportunity for psychologists, psychiatrists, other broadly defined mental health professions, and a theologian or two to experience LSD in a safe and supportive setting. The results of this research and training were on the whole quite positive by almost any standard. This great adventure came to an end not because of a loss of government authorization to use psychedelics, but rather just an old-fashioned coup of the nasty academic variety. This coup resulted in the research center's being taken over by a group more interested in the biological causes and treatments of schizophrenia than anything that might ever be called an entheogen. As this era came to an end I moved on first to a hospital job and then to an agency job before settling into full-time private practice, where I remain.

As far as I can tell, those who shared the ride with me on the first wave of psychedelic research went one of two ways. One group has slogged along carrying the banner of psychedelic research, trying to keep alive enough of a spark to allow the second wave to eventually emerge. My hat is off to this group, and in particular to Rick Doblin of the Multidisciplinary Association for Psychedelic Study (MAPS), and to Rich Yensen and Bill Richards, colleagues and friends I met at the Maryland Psychiatric Research Center. The other group has carried the spirit of what they learned from psychedelics into other domains. I place myself in this group, along with Stan Grof and his Holotropic Breathwork, a process that elicits experiences very similar to psychedelic psychotherapy. My own integration of psychedelic insights and ideas into my private practice of psychotherapy is far less dramatic or obvious, and I think it is the most common path for what Jim Fadiman, another member of this group and the author of *The Other Side of Haight*, used to call "psychedelic graduates."

I use the term "psychedelic graduates" to refer to those who experimented enough with psychedelics to have had at least one profound mystical or peak

experience. A clear description of peak experiences and ways in which they can be quantified can be found in Richards & Pahnke (1966). These classmates can be seen to fall into one of five categories in their postgraduate lives. (1) Repressors—Those who repress the experience, often because they have no social network of others with whom to validate what they remember. They may report a vague memory of “some weird and wild experiences when I took LSD,” but will not recall the sense of significance that accompanied these experiences when they took place. In clinical work, such as our work with chronic alcoholics from a state hospital population (Rhead, et al. 1977), the majority of the participants will be in this category a year or two after treatment. Anecdotally it appears that such repression quickly reverses the dramatic therapeutic gains (e.g. sobriety) that were present immediately after treatment. (2) Cheerleaders—Those who have kept the flame of psychedelic research alive, such as those mentioned above. Here, Bill Richards and his team at Johns Hopkins are the valedictorians (Griffiths, et al., 2006). (3) Converters—Those who channel their interest in psychedelic experiences into altered states of consciousness induced by other methods, such as shamanism, Stan Grof’s Holotropic Breathwork, or Rich Yensen’s Perceptual Affective Therapy. (4) Syncretists—Those who find ways to integrate subtly, perhaps imperceptibly, what they learned from their psychedelic experiences into other outward pursuits, such as psychotherapy, medicine, acupuncture and other alternative methods of healing, religious ministry, or political action. (5) Sacralizers—Those who quietly carry on the personal use of psychedelics as part of their own spiritual journey, perhaps smoking marijuana once a week in the context of some personal Sabbath, or taking LSD once every year or two or three. I suspect that the editors of *Psychedelic Medicine* could qualify for membership in more than one of these categories.

As a psychedelic graduate primarily of the syncretic persuasion I find reading *Psychedelic Medicine* to be something like attending a class reunion for the first time in 30 or 40 years. In addition to my classmates there are their children, and perhaps grandchildren, all of whom are doing interesting things. Some seem to be reinventing, or perhaps improving, wheels that were developed back when. There have been valuable replications of earlier research, as well as refinements in the treatment of emotional and spiritual distress in the face of terminal illness and of depression. Others are breaking new ground, treating cluster headaches, OCD, PTSD, and even HIV and AIDS (marijuana for the wasting syndrome).

While *Psychedelic Medicine* is an enormous contribution to research on psychedelics, and to humanity as far as I am concerned, there are a few things about it that I find problematic. One is the subtitle: “New Evidence for Hallucinogenic Substances as Treatments.” As noted above, the term “hallucinogenic” has for the most part been discarded because of the limited and negative connotations it has for the significance of the experiences associated with the careful use of these substances. To use this term in the subtitle of the

book would seem to invite the potential reader to assume a point of view that in fact is not that of the vast majority of the authors contributing to the book, and in that sense is confusing, if not misleading. That the subtitle goes on to refer to these "Substances as Treatments" compounds the error. Clearly the substances themselves are not the treatment, but rather it is the experiences they can facilitate when used under careful guidance that is the treatment. The only likely exception to this point of view would be the use of marijuana for the wasting syndrome associated with HIV and AIDS, and even here it seems probable that the positive effects on the desire and ability to eat are mediated by the psychological effects of the marijuana.

I find myself wondering why the editors, both of whom are clearly very sophisticated about such matters, would use such a misleading subtitle. The most parsimonious explanation might be pressure from the publisher to use a title that was thought more likely to sell books than a more accurate title might have done. Perhaps less parsimonious, but more interesting, is the possibility that the editors themselves sought to create a bit of a Trojan horse. By making the book sound like a collection of pharmacological research studies on new drugs, the more radical contents might have a greater chance of breaching the cultural wall that has so effectively locked out such ideas for several decades. Of course the most interesting possibility would be that the Trojan horse was conceived unconsciously.

Whether conscious or unconscious, *Psychedelic Medicine* is filled with evidence of ambivalence about speaking clearly the more radical version of the truth that the entire book represents. As I see it, this truth contains the following elements: (1) Psychedelics by themselves are just powerful drugs that can be completely ineffective and even very dangerous when used ineptly. (2) Conventional medical and psychological theories and practices are not sufficient to understand and to use wisely these compounds. (3) A sophisticated psychedelic psychotherapist or trip guide is necessary for safe and effective use of these compounds. (4) Part of what creates such sophistication in a therapist is personal experience with psychedelic substances in a set and setting that allows for the deepest and most transformative experiences possible. (5) The psychedelic experiences that have the most profound positive effects are best characterized as spiritual, rather than psychological. (6) The experiences these compounds can facilitate have the potential not only to heal the psychological and spiritual pain of the one having the experience, but also to transform the whole of humanity.

Perhaps one of the most striking examples of the ambivalence noted above is found in the chapter on depression. The author, sounding very much like a pharmacologist as he discusses MDMA, says: "Because it is a potent releaser of serotonin, and because of its short duration of activity, MDMA would seem to be both effective and efficient as a drug for the medical treatment of depression. It works in minutes, instead of weeks (as is the case for most prescription antidepressants), and is effective when administered infrequently,

perhaps on weekly or monthly dosing intervals..." Just three pages later he reminds us: "Depression in the spiritual sense can be considered a sickness of the soul. It represents a soul that is disconnected from society, family, and friends. There is a loss of faith that the universe will support and nourish the individual ultimately resulting in the conviction that life is just not worth living." In the following paragraph he reports that: "Accounts from users and therapists who have employed MDMA therapeutically describe a reconnection of the patient with a deep appreciation of their place in the universe and a feeling of being loved by it..." Clearly these accounts have little relation to a pharmacological agent that "works in minutes" and might be on weekly "dosing intervals."

I am not necessarily saying that a Trojan horse is a bad idea. After all, it has only been five years since the Compassionate Use program that had been in effect for the preceding 14 years was discontinued. This program allowed those suffering from the wasting syndrome associated with HIV or AIDS to use marijuana legally, usually with great benefit. As I learned in reading *Psychedelic Medicine*, the Compassionate Use program was shut down by the Bush administration out of fear "that there might be a run on" it.

The Trojan horse is also not without precedent. In 1966 Bill Richards published an article with Walter Pahnke entitled "Implications of LSD and Experimental Mysticism" (Pahnke & Richards, 1966) in a relatively obscure journal on religion. This rather vague title allowed the potential reader to wonder just what these implications might be. Forty years later that same Bill Richards, with some new colleagues, published "Psilocybin can occasion mystical-type experiences having substantial, sustained personal meaning and spiritual significance" (Griffiths, et al., 2006), leaving little doubt what implications are to be drawn from this article, which appeared in a mainstream psychopharmacology journal. Clearly this is a victory for truth-in-advertising when it comes to journal articles, and reflects a greater receptivity in the mainstream culture. If there were any doubt about this enhanced mainstream acceptance, one need only read the enthusiastic response to the more recent psilocybin article from the editor of *The Lancet Neurology* (Morris, 2006), framing the results in terms of "neurotheology." To their credit, the editors of *Psychedelic Medicine* have included a chapter that is essentially a reprinting of the psilocybin article under exactly the same title.

It should also be noted that, by the time the editors reach the final section of the second volume, almost all pretense has been dropped. In this section, entitled "Transpersonal Dimension of Healing with Psychedelic Medicines," the contributors leap gleefully from the Trojan horse in their full psychedelic regalia. Here one cannot complain about ambivalence. In fact the editors do a spectacular job of placing all this material, old and new, in context. Michael Winkelman opens the work with a chapter entitled "Therapeutic Bases of Psychedelic Medicines: Psychointegrative Effects." Thomas Roberts gives us the other bookend in the form of a closing chapter entitled "Conclusions and

