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# Why Psychiatry Needs Psychedelics and Psychedelics Need Psychiatry

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**Abstract** — Without researching psychedelic drugs for medical therapy, psychiatry is turning its back on a group of compounds that could have great potential. Without the validation of the medical profession, the psychedelic drugs, and those who take them off-license, remain archaic sentiments of the past, with the users maligned as recreational drug abusers and subject to continued negative opinion. These two disparate groups—psychiatrists and recreational psychedelic drug users—are united by their shared recognition of the healing potential of these compounds. A resolution of this conflict is essential for the future of psychiatric medicine and psychedelic culture alike. Progression will come from professionals working in the field adapting to fit a conservative paradigm. In this way, they can provide the public with important treatments and also raise the profile of expanded consciousness in mainstream society.

**Keywords** — hippie culture, LSD, MDMA, psychedelics, psychiatry

It was a great pleasure to organize and chair the Psychiatry Tracks at the Breaking Convention Conferences in 2011 in Canterbury and in 2013 in Greenwich, London, U.K. Breaking Convention is the first U.K. conference project dedicated entirely to psychedelic research and it is important that the medical profession is adequately represented. Psychedelic drugs have had a consistent presence in the U.K. since the 1960s, as both a hedonistic recreational pursuit and as part of a creative subculture, while the clinical use of these substances has regrettably fallen from the medical curriculum for the last 40 years. However, in recent years we have seen a re-emergence of these compounds in medicine. They have re-entered the mainstream with impressive force, pushing themselves to the forefront of contemporary brain research (Sessa 2008b).

But what about the hippies? This essay explores how the interplay between psychiatry and psychedelia has been part of the necessary developmental trajectory for our culture. Now we need a new way forward, a renaissance as some are calling it, a reformation of the relationship between the people using these drugs, their society, science, and the greater spiritual consciousness. This is the future. We are going back to it.

## A BRIEF HISTORY OF PSYCHEDELIC DRUGS IN MEDICINE

The ancient use of hallucinogens for the augmentation of psychotherapy is well documented by scholars of anthropology. All cultures through history have used sacramental plants and fungi to assist individual and community access to repressed memories. These early shaman hold the collective characteristics of physicians, psychotherapists, and priests and the nature of their relationship with their patients is not dissimilar to that of today's psychotherapists (Sessa 2006a).

The rediscovery of the healing aspects of psychedelics between the 1940s and 1970s was set to become the next big thing in psychiatry. Prior to that time, psychiatrists were restricted largely to psychoanalytical methods, crudely augmented by imprecise physical treatments such as insulin coma therapy, psychosurgery, and un-anesthetised electroconvulsive therapy.

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In the 1950s, there was an explosion of interest in newly emerging psychotropic drugs such as the phenothaizines, which whetted the appetites of psychiatrists looking for a pharmacological solution for their patients' disorders. It is against this background that the U.K. psychiatrist Ronald Sandison visited Albert Hofmann's labs in 1952 and returned from Switzerland to England with 100 vials of Delysid to begin the world's first large-scale use of psychedelic therapy on psychiatric patients (Sessa & Sandison 2009). LSD shone the light on the archaic uses of psychedelics and, in the 1950s, spawned a global interest in the cross-cultural dimension of hallucinogens. The rest of the story—and in particular the manner of LSD's downfall, in which it leaked from the medical community and into society at large to emerge as public enemy number one—is well-known.

Now, after some 40 years of repressive actions of successive governments to effectively halt all psychedelic research (while the recreational use of every other drug has increased), we are seeing a growth of contemporary psychedelic research (Sessa 2005). Numerous clinical and neurophysiological studies are being published every week. The expansive growth of our understanding of the physiological processes behind the subjective psychological effects of psychedelic drugs is informed hugely by imaging techniques. This provides an envious angle with which to revisit studies of the 1950s and '60s. Back then, we had to simply take it for granted that these substances "increased access to repressed emotional memories." Now we can demonstrate this graphically with cutting-edge neuroimaging, which adds to the field and courts greater interest from those mainstream-funding organizations that previously considered psychedelic research to be of the archaic past (Carhart-Harris 2012).

## THE PROBLEM WITH PSYCHIATRY

However, despite advances in research methods, psychiatry remains the Cinderella of the medical profession. Even as modern brain studies narrow the gap between the dated concepts of "functional" versus "organic" mental illness, the medical profession's understanding of the physiology of mental states remains decades behind our understanding of the physical body. This is not surprising, given the brain's complexity. A single cubic millimeter of grey matter contains over three kilometres of axons—a statistic that makes organs such as the liver, kidney, and heart seem crudely simple by comparison.

However, we do not have to go far back in medical history to find an age when physicians were equally baffled by the physical body. One hundred and fifty years ago, medicine had a good idea about the epidemiology of many common diseases. We could accurately describe who got smallpox, which populations were at risk of infections, and what was happening at a gross anatomical level. Nineteenth-century doctors voluminously categorized the diseases they saw and mapped their progressions through populations. But they had little idea about the pathophysiological nature of these common disorders and, crucially, they could not see a way to actually treat them. However, just around the corner was a critical advance—antibiotics—and, once discovered, the face of mortality statistics was changed forever.

Today, the psychiatric profession is in a similar position to those nineteenth-century physicians. We enthusiastically catagorize and track the epidemiology of psychiatric disorders, writing thick diagnostic manuals to describe who gets anxiety and depression and how childhood maltreatment effects future mental health. But we still lack agreement on effective treatments. Where is our psychiatric antibiotic? Contemporary treatments at best partially mask the symptoms of mental disorder. Antidepressant drugs may help a person to appear broadly happier and retain some degree of functioning. But these crude treatments do not get to the heart of the problem. They do not provide a "psychic antibiotic" to get in under the skin of the person's traumatic past and attack the lesion at its source.

The research and pharmaceutical industry is not adequately challenging this status quo. Indeed, some organizations are thriving on drug treatments that require a daily dose of their expensive product, to be taken indefinitely and with a transparent realization that it will never actually "cure" them of their problem. Of course, as doctors, we support the pharmaceutical industry and readily prescribe their drugs. We have tothey are all we have. It would be unethical to *not* mask the symptoms of psychiatric disorder for those patients. But we know the drugs we give are not doing anything to resolve their problem. It feels as if nothing short of returning the desperate patient to the psychological scene of their youth so they live out and resolve their issues in real waking time will be effective at helping them exorcise those demons. But what possible psychiatric treatment could provide that kind of effect?

## WHY PSYCHEDELIC MEDICINE WORKS

If one wished to invent the perfect drug to assist psychotherapy, what characteristics would it have? Ideally it would be:

- Short-acting so it could be administered for a single session of therapy;
- Have no significant dependency issues;
- Be nontoxic;
- Reduce depression;

- Raise arousal to enhance motivation for therapy;
- Increase feelings of closeness between the patient and therapist;
- Increase relaxation and reduce hypervigilance;
- Stimulate new ways of thinking to explore entrenched problems.

Perhaps the most important characteristic of this new drug would be the ability to reduce the fear of recalling of traumatic memories, so the patient can focus intensely on their trauma without being overwhelmed by negative affect. All of the qualities of this hypothetical new drug can be attributed to psychedelic drugs, when their pharmacological effects are combined with effective and expertly guided psychotherapy (Sessa 2011). Psychedelics offer a new way of looking at old psychiatric problems and could be the Holy Grail, the penicillin of psychiatry.

Using the guided psychedelic experience as medicine, we can tentatively allow ourselves to use a forbidden word, a word that as medical students on our first psychiatric placement we are conditioned never to utter. It is the word *cure*. We can turn back time, return to those miserable childhood memories, back to the child's bedroom where those horrific activities of abuse occurred and rewrite history for that patient. Under the influence of drugs such as MDMA, LSD, and psilocybin—used with care and supervision—these patients can in real, waking time stare into the face of their memories of abuse, explore and repackage the sensory aspects of those recollections and put that memory away in the compartmentalized area of their past, where it belongs. The memory will always be there; the psychedelic drugs will not simply nullify or blunt out history (we leave that to the toxic effects of the traditional prescribed psychotropics and drugs like heroin and alcohol), but psychedelics can help patients re-label their past experiences and become masters or mistresses of their minds, not remain slaves to the random emergence of unwanted memories that blight their waking and sleeping lives. This unique and powerful role of psychedelic drugs is tailor-made for disorders based around anxiety (Sessa 2012a). And these disorders are not rare. Anxiety, including PTSD and OCD, are the scourge of modern psychiatry.

However, beyond the aforementioned effects of the psychedelic drugs, there is something else—mysterious, apparently spiritual element that defies our current medical language. The existential component of the psychedelic experience is undeniable and is why these compounds are so useful for improving the resolution of end-of-life anxiety (Sessa 2008c). However, the subject of psychedelic spirituality, while wholeheartedly embraced by the recreational users of these drugs, usually sits uncomfortably with medical doctors. And it is this issue that sets the stage for the next section of this essay. Was it spirituality that led to those hippies blowing the opportunity for medical psychedelic research?

## THE PROBLEM WITH THE RECREATIONAL (NON-MEDICAL) USE OF PSYCHEDELICS

When LSD was banned in the mid-1960s, medical research became severely limited worldwide. Illegalization had a paradoxical effect on restricting popular use, subsequently producing the massive 1960s drug culture. Young people embraced LSD and cannabis, popularly accepted as a rite of passage and a de-rigor ticket to the maelstrom of anti-authoritarianism left-wing protest and the rejection of the older generation. LSD became labelled as a drug to enhance creativity and was highly influential in coloring new approaches to multiple disciplines, from art, music, and architecture to fashion, product design, TV and film production, and even cooking. Indeed, never before in human history had so many people been so influenced by such a small molecule (Sessa 2008d).

Inevitably, this revolution irked those in authority whose grip on power was threatened by a group of people whose raison d'etre was to encourage freedom of thought beyond the preceding necessarily restricted modes of expression. Doctors, once banned from research with the drug except under very constrained circumstances, were forced to further distance themselves from using LSD with their patients and instead had to toe the party line. What had started as a legitimate and effective new line of psychiatric research was now driven underground, which was disheartening for those clinicians who had seen how useful psychedelic therapy was for patients where traditional methods had failed. Most gave up their research with psychedelics and returned to mainstream medicine, embracing the growing arsenal of new symptom-masking psychotropic chemicals flooding the market, fuelled by pharmaceutical corporations anxious to cash in on the physical approach to treating mental disorders, which ironically was begun in part by the interest in LSD 15 years earlier. Later on, some of the early medical psychedelic pioneers turned their attention to the then-still-legal drug MDMA and developed systems for its use in psychotherapy, until it too became banned in the 1980s and, following a broadly similar path to LSD, created the 1990s rave generation (Sessa 2013).

Having lost the medical profession as allies, the hippies of the late 1960s were now free to become the mouthpiece of the psychedelic revolution. Building their churches and laboratories in the form of free festivals and communal living, they propagated their philosophy and rewrote the political codes and boundaries of the New Age, combining their utopian dream of sham political organization alongside the contradictory banner of boundary-free living, as informed by the ego-less freedom of the internal hallucinatory world. When mainstream pop society came down from the 1960s and turned back to the grindstone of consumer-driven modern living, those brave pioneers still willing to fly the freak flag became increasingly maligned.

Their message of internal freedom fell on deaf ears for the majority of clean-living people.

The drugs themselves had moved on. Many of the beautiful people of Haight-Ashbury had morphed into a homeless army of amphetamine- and heroin-addled ghosts. What had started out as a legitimate protest to an unwinnable foreign war in Vietnam now looked to many like senseless disturbance of the peace. The message was drugs are bad. Drugs ruin lives. Drugs are used only by directionless scroungers. Without the considered approach from the medical profession adding a level of evidence-based caution to the use of psychedelics as medicines, the hippies' message was lost. Gone were the academics preaching a careful methodological approach. All that was left was "getting kicks." Of course, there always have been some pockets of well-organized users advocating a considered method of using psychedelic drugs as healing agents, but these were few and far between. The subsequent developing cocaine trade further restricted any honorable or noble message of the dying hippies and LSD was lost in the mire. The '60s didn't work. Drug-crazed hippies don't think straight—why should they? By definition, their drugs cause an "acute confusional state" and don't sit well with complex messages about re-evaluation of social values. The "normal" people had already concluded that it was exactly these drugs that had caused society's problems in the first place.

Doctors, politicians, and the other grey-suited "Men of Wisdom" have always struggled with groups of long-haired soothsayers whose sentences end with the word "man." Glastonbury's stone circle and Burning Man, wonderful, beautiful, creative, life-affirming, progressive. and spiritually awakened social melting pot experiments that they are, do not sit well within the austere chambers of the Royal Medical Colleges, or Westminster. In these places, the hair is neatly trimmed and the shirts well-pressed. It is arguable that such stolid attitudes need to be challenged, and many before and since Leary have tried, but none have been successful.

Doctors need randomized, double-blind, placebo-controlled clinical studies, not reports of anecdotal drug experiences, no matter how convincing they may seem to the users. Until recently, the medical profession had no choice but to reject the hippies and join forces with the politicians. They did their bit for the War on Drugs by churning out studies highlighting the dangers of recreational use of substances. Forced to appraise individuals' mental breakdowns in the context of their drug use, they categorized illegal drugs as agents that solely cause harm. By the time we saw ecstasy step up to take LSD's place of "Killer Drug" in the early 1990s, neurocognitive deficits and brain damage were the phrases of the day (Sessa 2007). Doctors and neuroscientists wrote voraciously, applying erroneous assumptions about doses and patterns of use of recreational ecstasy users, forgetting that one man's cognitive impairment was another man's party. The medical profession, contributing to the entrenched position of the system, pitched itself against the ravers in the same manner as they had become accustomed to attacking the hippies.

## THE PROBLEM WITH THE MEDICAL USE OF PSYCHEDELICS

However, medicine does not have all the answers. Randomized controlled trials (RCTs), although the gold standard of research, are highly artificial phenomena. Psychedelic psychotherapy has never sat comfortably with RCTs. How do you design a reliable psychotherapy placebo? And how do you double-blind an experience as intensely *known* as high-dose LSD (Sessa 2009)? But these are not the major hurdles to hallucinogen research. The main challenge lies in convincing a profession funded by the pharmaceutical industry to spend millions on researching and developing a therapy that could end up challenging the need for antidepressants.

Large-scale randomized controlled trials of psychotherapy are difficult to design and expensive to run. And who stands to gain by funding them? It would be nice to imagine that pharmaceutical companies have patients' best interests at heart and wish to pursue a program that aims to wipe out mental disorder altogether. But control, not cure, is their agenda. And without the financial support of pharmaceutical companies encouraging the media and therefore public to look at psychedelics, the press is free to propagate whatever message they want. Money dictates medical research (Sessa & Nutt 2007). Doctors and researchers do not want to bite the hand that feeds them.

The delay by the medical profession to develop a consistent, evidence-based approach to the relative harms and safety of recreational drugs with coincidental therapeutic potential has been continually hampered by a negative media profile (Sessa & Nutt 2008). Psychedelic drugs are not *entirely* safe, no drug or indeed any medical intervention is, but statistically they are *very* safe. And now, over 45 years since the 1967 Summer of Love, we are starting to get a balanced opinion in the press. Indeed, it is now only the parrot-fashion lone voices of non-clinical opponents with limited experience of the plight of patients who are unable to appreciate that psychedelic therapy bears little resemblance to unrestrained recreational use. The popular belief that "All Recreational Drugs Kill" is no longer a valid argument against the low to moderate, infrequent doses of psychedelics applied as medical treatments.

It was through the more recent and considered change in direction of hard-nosed scientists that we are seeing this so-called renaissance. Sadly, by watering down the mystico-spiritual elements of psychedelics, today's researchers have got their work underway. Even Roland

Griffith's tremendous piece of scientific art, which is a case in point, uses a necessarily conservative language with which to disseminate his important message to his doubting medical colleagues (Griffiths 2011). And I am reliably informed by another of my colleagues in psychedelic research that it is essential to downplay the more "cosmic" components of their work in order to get funding and publication (Carhart-Harris 2011). It is only through developing a language of conservative banality that we are where we are today.

This is not a satisfactory position. Why should doctors not use words like "bliss" and "enlightenment"? Psychiatry is overly restricted and restrictive in describing mental states only in a language of pathology. The medical model is insufficient to accurately portray what it is to soar angelic on psychedelic drugs. By avoiding descriptions of the psychedelic experience in its entirety, because of impositions from the bodies that fund the research, we risk missing the transpersonal and not eking from these drugs the full extent of their offering. By taking a polarized swing to the extreme of the hippies' standpoint, the medical profession may be missing the woods for the trees and developing substandard therapy paradigms that fail to incorporate the essential healing elements of the naturalistic psychedelic experience.

While a licensed treatment with MDMA psychotherapy for PTSD might be only a decade away, it is hard to imagine that NHS doctors will be embracing the full cross-cultural practice of South American ayahuasca use in the near future, or that in-the-field ibogaine therapy will be delivered by painted-face shamans in NHS clinics any time soon.

Does this matter? Yes, it does. Psychedelic psychotherapy, if it is to be effective, must embrace the full healing element of the experience; a watered-down, capsulated version will not suffice. Furthermore, by conforming to such restrictions, the medical profession risks further polarizing these drugs into those that are acceptable and those that are not. We would continue to operate on an uneven playing field. All healing substances used by all healers ought to have an equal footing in medicine. Doctors may still have something to learn from the hippies.

## RESOLUTION OF THIS PROBLEM

We need to introduce these drugs gently. By working within the restricting guidelines of mainstream methodological practice, we can hope to avoid giving our influential press-writers any excuse to align the hedonistic recreational use of non-psychedelic, more destructive drugs with the sober intentions of the medical psychedelic community.

But it's not just conservatives who need convincing. There are still many doubters of the healing effects of psychedelic drugs within the medical profession itself. We must get these people on our side now, alongside persuading the general public. Doctors must infiltrate their medical journals with case studies, book reviews and well-designed studies so cynics can understand that the psychedelic projects of recent years are some of the most eloquent psychopharmacology studies around (Sessa 2010; 2011; Carhart-Harris et al. 2011). The recent projects have had to be of the highest quality, with critics intensely vigilant and ready to strike at the first hint of methodological limitation.

We need a new language with which to talk about the psychedelic experience and perhaps even (sorry, Aldous and Humphrey) a new name for these compounds. Psycholytic, entheogen, or entactogen are all viable alternatives to the now too-negatively-biased psychedelic. These substances are not recreational drugs; they are medical agents, pharmacological compounds designed in the main part in laboratories by and for the medical profession. That is where they started and that is where they deserve to return. We owe that much to the population of patients with intractable mental health disorders who may benefit from their effects.

Having been woefully absent from our education since the 1970s, psychedelic drugs need to be bought back into mainstream university teaching as viable medicines to treat a range of mental disorders. Negative attitudes to novel approaches often develop at medical school and then persist throughout the profession. Scholars must use creative techniques to bring psychedelic culture to the attention of new generations of psychiatrists (Sessa & Chamberlain 2007).

We must overcome the medical model and embrace the mental states of bliss, enlightenment, and spiritual emergence (Crowley & Sessa 2005). These are valid mental states experienced by many people. That they are difficult to comprehend and describe with our current medical language does not mean they do not exist, any more than suggesting the mental state of love doesn't exist, just because we find it difficult to describe with psychiatric language. The states of bliss and enlightenment have been the prime possession of the world's religions for too long. But why should they own them? These are mental states, with the same empirical validity as depression, anxiety, and agitation, all recognized by psychiatrists. It is time for psychiatrists to wrestle these words back from religions and embrace them within the sphere of medicine (Sessa 2006b).

The economics of psychedelic medicine are also convincing, once understood. Effective psychotherapy augmented by psychedelics is a cost-effective way of treating otherwise unremitting mental illness. If, as the emerging evidence suggests, a few focused, drug-assisted sessions with MDMA or psilocybin can eliminate the symptoms of chronic mental disorders for good, then the patient need not continue with lengthy and expensive pharmacological treatments, and the immense financial and personal burden of psychiatric disease on the community

can be reduced (Sessa 2008a). Any new approach that can effectively demonstrate such a phenomenon will be embraced by doctors, politicians, and the general public alike. Psychedelic Therapy Clinics could become commonplace in our communities.

## SUMMARY

We need to forget trying to change the world or the course of human history with psychedelics, as they attempted in the 1960s. Such arrogance is beyond reason in the twenty-first century, where human society is far too varied to adopt such a restricted viewpoint. Everything possible must be done to avoid the past promises of chemical utopia. Indeed, an unfortunate but necessary truth is that professionals working in this field must remain as boring and staid as possible to get the message across (Sessa 2012b).

To finish, and by way of a disclaimer, I do not say all of these dull and conservative things because I lack imagination or fail to appreciate the fun, wonder, and spirituality of the psychedelic experience. On the contrary, I welcome it. But I firmly believe that those of us who see the benefits of psychedelic drugs have a much better chance of infiltrating into mainstream consciousness if we adopt a cautious approach. The net result is we may eventually get transpersonal psychotherapy in through the back door. Then we will really have had a revolution, man.

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