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Hallucinogens Have Doctors Tuning In Again

By [JOHN TIERNEY](#)

As a retired clinical psychologist, Clark Martin was well acquainted with traditional treatments for [depression](#), but his own case seemed untreatable as he struggled through [chemotherapy](#) and other grueling regimens for [kidney cancer](#). Counseling seemed futile to him. So did the antidepressant pills he tried.

Nothing had any lasting effect until, at the age of 65, he had his first psychedelic experience. He left his home in Vancouver, Wash., to take part in an [experiment at Johns Hopkins medical school](#) involving psilocybin, the psychoactive ingredient found in certain mushrooms.

Scientists are taking a new look at hallucinogens, which became taboo among regulators after enthusiasts like Timothy Leary promoted them in the 1960s with the slogan “Turn on, tune in, drop out.” Now, using rigorous protocols and safeguards, scientists have won permission to study once again the drugs’ potential for treating mental problems and illuminating the nature of consciousness.

After taking the hallucinogen, Dr. Martin put on an eye mask and headphones, and lay on a couch listening to classical music as he contemplated the universe.

“All of a sudden, everything familiar started evaporating,” he recalled. “Imagine you fall off a boat out in the open ocean, and you turn around, and the boat is gone. And then the water’s gone. And then you’re gone.”

Today, more than a year later, Dr. Martin credits that six-hour experience with helping him overcome his depression and profoundly transforming his relationships with his daughter and friends. He ranks it among the most meaningful events of his life, which makes him a fairly typical member of a growing club of experimental subjects.

Researchers from around the world are gathering this week in San Jose, Calif., for the largest conference on psychedelic science held in the United States in four decades. They plan to discuss studies of psilocybin and other psychedelics for treating depression in [cancer](#) patients, [obsessive-compulsive disorder](#), end-of-life [anxiety](#), [post-traumatic stress disorder](#) and addiction to drugs or alcohol.

The results so far are encouraging but also preliminary, and researchers caution against reading too much into these small-scale studies. They do not want to repeat the mistakes of the 1960s, when some scientists-turned-evangelists exaggerated their understanding of the drugs’ risks and benefits.

Because reactions to hallucinogens can vary so much depending on the setting, experimenters and review boards have developed guidelines to set up a comfortable environment with expert

monitors in the room to deal with adverse reactions. They have established standard protocols so that the drugs' effects can be gauged more accurately, and they have also directly observed the drugs' effects by scanning the brains of people under the influence of hallucinogens.

Scientists are especially intrigued by the similarities between hallucinogenic experiences and the life-changing revelations reported throughout history by religious mystics and those who meditate. These similarities have been identified in [neural imaging studies conducted by Swiss researchers](#) and in experiments led by [Roland Griffiths](#), a professor of behavioral biology at Johns Hopkins.

In one of Dr. Griffiths's first studies, involving 36 people with no serious physical or emotional problems, he and colleagues found that psilocybin could induce what the experimental subjects described as a profound spiritual experience with lasting positive effects for most of them. None had had any previous experience with hallucinogens, and none were even sure what drug was being administered.

To make the experiment double-blind, neither the subjects nor the two experts monitoring them knew whether the subjects were receiving a placebo, psilocybin or another drug like [Ritalin](#), [nicotine](#), caffeine or an [amphetamine](#). Although veterans of the '60s psychedelic culture may have a hard time believing it, Dr. Griffiths said that even the monitors sometimes could not tell from the reactions whether the person had taken psilocybin or Ritalin.

The monitors sometimes had to console people through periods of anxiety, Dr. Griffiths said, but these were generally short-lived, and none of the people reported any serious negative effects. In a survey conducted two months later, the people who received psilocybin reported significantly more improvements in their general feelings and behavior than did the members of the control group.

The findings were repeated in another follow-up survey, taken 14 months after the experiment. At that point most of the psilocybin subjects once again expressed more satisfaction with their lives and rated the experience as one of the five most meaningful events of their lives.

Since [that study, which was published in 2008](#), Dr. Griffiths and his colleagues have gone on to give psilocybin to people dealing with cancer and depression, like Dr. Martin, the retired psychologist from Vancouver. Dr. Martin's experience is fairly typical, Dr. Griffiths said: an improved outlook on life after an experience in which the boundaries between the self and others disappear.

In interviews, Dr. Martin and other subjects described their egos and bodies vanishing as they felt part of some larger state of consciousness in which their personal worries and insecurities vanished. They found themselves reviewing past relationships with lovers and relatives with a new sense of empathy.

"It was a whole personality shift for me," Dr. Martin said. "I wasn't any longer attached to my performance and trying to control things. I could see that the really good things in life will

happen if you just show up and share your natural enthusiasms with people. You have a feeling of attunement with other people.”

The subjects’ reports mirrored so closely the accounts of religious mystical experiences, Dr. Griffiths said, that it seems likely the human brain is wired to undergo these “unitive” experiences, perhaps because of some evolutionary advantage.

“This feeling that we’re all in it together may have benefited communities by encouraging reciprocal generosity,” Dr. Griffiths said. “On the other hand, universal love isn’t always adaptive, either.”

Although federal regulators have resumed granting approval for controlled experiments with psychedelics, there has been little public money granted for the research, which is being conducted at Hopkins, the [University of Arizona](#); [Harvard](#); [New York University](#); [the University of California, Los Angeles](#); and other places.

The work has been supported by nonprofit groups like the [Heffter Research Institute](#) and [MAPS](#), the Multidisciplinary Association for Psychedelic Studies.

“There’s this coming together of science and spirituality,” said Rick Doblin, the executive director of MAPS. “We’re hoping that the mainstream and the psychedelic community can meet in the middle and avoid another culture war. Thanks to changes over the last 40 years in the social acceptance of the [hospice](#) movement and [yoga](#) and meditation, our culture is much more receptive now, and we’re showing that these drugs can provide benefits that current treatments can’t.”

Researchers are reporting preliminary success in using psilocybin to ease the anxiety of patients with terminal illnesses. [Dr. Charles S. Grob](#), a psychiatrist who is involved in an experiment at [U.C.L.A.](#), describes it as “existential medicine” that helps dying people overcome fear, panic and depression.

“Under the influences of hallucinogens,” Dr. Grob writes, “individuals transcend their primary identification with their bodies and experience ego-free states before the time of their actual physical demise, and return with a new perspective and profound acceptance of the life constant: change.”