CHAPTER 1

Personal Reflection

The literary world of psychedelic drugs is peppered with pseudo-scientific personal reflections. This is understandable: the experience itself is such a massive departure from everyday life — perhaps the greatest departure imaginable — that, once glimpsed, it is hard not to talk about it. In this respect, the experience has a lot in common with reports of born-again religious experiences, which can sometimes be painfully dull for the listener. But a new convert to religion cannot help telling all and sundry about it, even though their audience may not appreciate their words, such is the ineffability of their experience. For this reason, I wish to avoid any such verbiage. On the other hand, what I cannot say is ‘I will stick entirely to the scientific point’. Because the truth is, from a scientific as much as from an epistemological point of view, that these substances are far from adequately understood by any discipline at this time. So, in order to justify why I am willing to base my judgment partly on subjective and unproved descriptions of these drugs, I would like to begin with a brief description of the journey that brought me to the study of psychedelics as a medical doctor.

Just Missed the Sixties

Apart from the occasional dose of cough medicine, no drugs of any kind featured in my childhood. Born just after the sixties, the youngest of six, I looked up to a family of older siblings who had lived through the height of the hippie counterculture. My parents were teachers and Quakers: my father a headmaster and English teacher who had emigrated from America, and my mother English. The household was libertarian, and I was brought up surrounded by the middle-class intellectual left-wing values of peace, pacifism and protest. From my older brothers and sisters I inherited an abundance of sixties records: Dylan, The Rolling Stones, The Beatles and Hendrix. Through my father I was exposed to Hardy, Lawrence, Kerouac, Huxley, Koestler and Kafka — and through them in turn to Ginsberg, Kesey, Laing and Leary. My mother gave me unconditional love, taught me to play music and inspired a passion for creativity, providing channels for personal transcendence and a boundless confidence to be myself. There was always a stimulating combination of live music, art and performance throughout my childhood. Little
attention was paid to the television with far more interest in communal activities, such as making things and discussing ideas.

At 15 years old, I almost died in a climbing accident in Scotland, falling 60 feet off a cliff, breaking both my legs and lying on the rock face for three hours before being winched away by helicopter, then spending the next year in and out of hospitals and in a wheelchair. Thereafter, I developed a tremendous zeal for every breath of life, absorbing every precious moment of experience, fuelled with a sense of having been given a second chance that was not to be squandered. That experience also cemented my ambition to become a doctor, the first in my family amongst teachers, artists and musicians. In response to the pain I had suffered, I was determined, moreover, to be the first doctor who was nice to children.

From a Pair of Crutches to a Pair of Turntables

By the time I left school in 1990, ‘rave’ music had well and truly emerged into the forefront of contemporary culture, even in my rural Oxfordshire. Rave spawned the extraordinary summer-long scene of kids of my generation gathering in petrol stations that led to forbidden weekend-long parties in farmers’ fields where they danced till dawn on a diet of cannabis, ecstasy and LSD. The summer of 1988 was dubbed the ‘second summer of love’. Leaving this behind me, I took my guitar and set out on a six-month trip with two like-minded long-haired 18-year-olds to well-known hippie locations around the world: San Francisco, Hawaii, Australia, Bali, Thailand, Nepal. I read voraciously, and learned of the role psychedelics played not only in the formation of the drug culture of psychedelia, but in terms of the history before the sixties with the Beat poets and researchers like Kesey, Grof and Leary. I could see clearly that LSD and MDMA were much more than simply hedonistic playthings for ravers or hippies; rather, they were tools for psychospiritual development and, crucially, for medicine.

Studying to become a doctor was a dream come true. I dissected the human body and mind both literally and metaphorically through six years of medical training. This was coupled with the freedom of living in central London with other young people, DJ-ing and partying. I then took a year out and completed an additional psychology degree before finishing the medical course and eventually graduating to carry out clinical attachments in general medicine and surgery in Scotland. Once this was completed, I decided to specialise in psychiatry.

Mind Over Matter

For me, general medicine could not compete with the attraction of studying the brain, which is an infinitely more fascinating subject of study than any other (Woody Allen calls it his second favourite organ). At the time so much of the rest of medicine seemed, rather naively to me, like mere mechanics, whether it be blockages to tubes, breaks to bones or even chemical and metabolic imbalances in the heart or other tissues. But pure neurology was never much of a fascination either, as to be a neurologist felt like being a masterful piano tuner but never really
listening to the music. No, the mental apparatus — and the human encounters its breakdown created — was the area that held the greatest appeal for me. Nothing else came close to the fascination of meeting people who had literally gone out of their minds.

Psychosis is always a big attraction for young psychiatrists, and initially I, like my trainee colleagues, thought this was the area in which I wanted to work. It is difficult not to be seduced by patients who believe their skin is blue, their brain waves are transmitted to Venus and the CIA are tracking their every move. But I soon found myself increasingly attracted to the plight of patients with anxiety and depression, and particularly those cases in which I saw people trapped in entrenched by earlier childhood experiences of trauma that had effectively stagnated their psychological development. Child abuse in all its forms cropped up again and again in almost every patient I met. During one of my attachments working with the elderly, I was amazed to hear 90-year-olds telling me about the pain of their relationships with their parents when they were just three years old, memories that never left them and have coloured every aspect of their life since. It is well known how those crucial early months and years of that bond between baby and caregiver set the scene for a future life of attachment with others.

I began to see little point in administering treatments to sick adults without first understanding for myself as much as possible about the beginnings of their pathologies, rooted in childhood, the place where the personality itself forms — and then often remains. Every book I read, from Freud to Laing, alluded to it. So, after twelve years of studying medicine and psychiatry in London, I made the decision to return to Oxford, this time to the university, to specialise in child and adolescent psychiatry.

Throughout my general training, I became increasingly involved in studying the history of psychedelics in medicine. I read everything I could find on the subject and pestered my tutors incessantly for the benefit of their experience and wisdom. Alas, no one could tell me anything about the potential for psychedelics as medical treatments. Some of the more wizened, bearded professors recalled a time when LSD gave a brief glow of light to clinical psychiatry in the 1950s and 1960s, but everything since then had been lost or forgotten. All my contemporary textbooks had to say on the subject was ‘LSD: No medical uses’ or they had extensive chapters on topics such as ‘how to treat a medical emergency when someone has consumed a dangerous hallucinogen’.

Where Did All the Flowers Go?

But I knew from my private study that these drugs could be used safely and that there was a rich history of psychedelic research from forty years earlier. I devoured papers by the British psychiatrist Ronald Sandison and books by the Czechoslovakian researcher Stanislav Grof. But these names never appeared in any of my mainstream texts and, of course, even the well-known Timothy Leary, who I had always appreciated foremost as a clinician, was never to be found in the medical sections of the bookshops I frequented, though he could be unearthed — together with Grof and Laing — on the philosophy, popular psychology or even
religion shelves. Frustrated at what looked like a deliberate whitewash, an attempt to eradicate this fascinating piece of medical history, I made it my intention to educate my contemporary psychiatric colleagues about the role LSD played, not just as a drug of abuse that influenced ‘flower-power’, but as a vital part of mainstream psychiatry in the not-so-distant past. I knew that for a brief time the medical profession truly believed psychedelics could be the next big thing to progress mental healthcare. I thought people needed to know about this part of our medical heritage.

Meanwhile, I was still learning the trade of clinical psychiatry and seeing frequently that the population of patients I was treating with traditional methods was often left wanting. I diligently followed the evidence-based algorithms specified by the textbooks and the National Institute for Clinical Excellence (NICE) that stipulated treatments with this drug and that — many of which worked for a large proportion of people. But I also frequently came across patients who, no matter what drugs or psychotherapy we recommended, were never able to connect with the cause of their problems, especially when it involved unresolved past trauma. Their ego and personality structures were too well defended, too strong for their own good, to allow themselves to break through and stare their childhood traumas in the face.

I looked at what Sandison, Grof and Leary were saying about this kind of resistance. They had talked extensively about the same population of patients I was meeting, comprised of people whose traumas were leaving them psychologically and existentially stuck. When LSD came along in the 1950s, these pioneering clinicians of their day had found, much to their surprise, that this peculiar new substance seemed to allow a special access to traumatic repressed memories. And, when combined with careful and diligent psychotherapy, the patient could be carried through the resistance to find some peace and resolution.

Ronald Sandison stumbled across LSD serendipitously while visiting the Sandoz laboratories in Basel in 1951. A year later he was giving his psychologically stuck patients the drug alongside their traditional psychotherapy, and finding the LSD increased their access to their repressed experiences. It brought into the open childhood memories, allowing the patients to concentrate on traumatic events of the past and providing associated emotional release. These people were desperate for this experimental new treatment. Many had been sidelined as hopeless cases, having had extensive electro-convulsive therapy (ECT), and were destined for psychosurgery if LSD didn’t work. But despite their previous treatment-resistance, they were finding they now had a tool that enabled them to re-examine past relationships or behaviours. The drug appeared to provide access to a unique mental state, a non-ordinary state of consciousness, that under the supervision of their doctor allowed traumatic material to be worked through in clear, waking consciousness. Not only that, but LSD had some other unusual characteristics, producing in its users an intense flood of internal visual imagery, pictures in the mind’s eye of both archetypal and highly personal recollections, a Technicolor route, as it were, to the unconscious. Furthermore, there was often a spontaneously felt sense of divine experience that allowed for spiritual growth and self-realisation.
Discovering the Lost History

Learning about the history of psychedelic therapy in the 1950s was an enlightening realisation of my own. Why, I wondered, had my profession turned its back on this apparently miraculous treatment? And why, forty years on, and with a dizzying pool of new medications available to the twenty-first-century psychiatrist, were so many patients from my own caseload not progressing? I knew Leary and colleagues were now seen as quacks by the orthodox psychiatric community, but there were elements of their approach that attracted me and I wanted to bring their methods back into the spotlight.

At the same time as I was learning from the past history of psychedelic medicine, I had also been following the beginnings of new research occurring in the U.S. In 1995 the Food and Drug Administration (an important American regulatory body that approves and monitors medical research) had granted permission for the first human study with a psychedelic drug, DMT, since the 1970s. Increasing numbers of aging psychiatrists were emerging from the shadows to support revisiting research into the drugs psilocybin and LSD. And an American organisation, The Multidisciplinary Association for Psychedelic Studies (MAPS), which had been set up in 1987 in the wake of the emergency banning of MDMA, was now pushing vigorously for a new study to test MDMA’s ability to assist trauma-focused psychotherapy. All this looked like the verge of something new and vibrant in psychiatry, and a million miles away from the mainstream safety of medical practice in Oxford.

I looked up Ronald Sandison and went to meet him several times at his home. Then in his late eighties, Sandison was thrilled to learn a psychiatrist was taking up the mantle in the movement he started in the UK half a century earlier. He showed me old photograph albums of suited doctors and formal-looking nurses dispensing LSD to patients in the 1950s. Although Sandison’s work had attracted interest within the hippie community, until now no contemporary from his own profession had expressed an interest in rekindling his early research.

Turn On, Tune In and Disseminate

While learning from the past, I had also been following the beginnings of new research. Being in Oxford, it was only a matter of time before I came across the Beckley Foundation, Amanda Fielding’s magical kingdom of consciousness research set in ancient rural settings. Her lifelong dedication to altered states, propagating news of their existence to the masses and challenging the archaic laws that restrict these practices, inspired me to widen my net into the larger psychedelic community. In 2005, while I was still a trainee in child psychiatry, I wrote a brief report of what I had learned about this fascinating subject, which resulted in the first published paper about clinical psychedelic therapy in the British medical press since the 1960s.

What happened next took me by complete surprise. Some of my colleagues warned me at the time against getting involved in this whacky fringe subject,
calling it ‘career suicide’, urging me instead to choose a more mainstream topic for research, such as developments in antidepressant or antipsychotic therapy. In this context, I didn’t expect much support for what I had written. To my surprise, however, I discovered a rich community of people interested in these substances, and I received invitations to talk at medical schools and academic gatherings of psychiatrists up and down the country. I sent my paper to Albert Hofmann, the discoverer of LSD, who replied with a positive letter of support and a photograph of him with his wife. I was discovering that there was a considerable network of psychedelic followers who, far from lying dormant, have been actively involved in propagating the message of these substances since the end of the sixties. But within British psychiatry I still felt like a lone voice — until, that is, I was contacted by two doctors from the Royal College of Psychiatrists Spirituality Special Interest Group, Nicky Crowley and Tim Read, both trainees of Stanislav Grof’s transpersonal therapy. We put together a symposium for the college, entitled ‘Psychosis, Psychedelics and the Transpersonal Journey’, which was warmly received, swelled numbers further and put me in touch with an even wider network of like-minded people.

**Validation from Senior Figures**

On finishing training in child psychiatry, I moved with my young family to rural Somerset to take up my first consultant post in which I saw a steady stream of adolescents with, among other diagnoses, treatment-resistant post-traumatic stress disorder. Meanwhile, I continued to gravitate towards academic psychiatry and published and peer reviewed more editorials on psychedelics. Professor David Nutt, the respected national lead for psychopharmacology in the UK, read my papers and invited me to talk to his department at Bristol University. Nutt was interested in encouraging the British government to review the erroneous and outdated classification scheme for illegal drugs that had been in place since 1971, and he had just published an influential paper on the subject, which, in particular, highlighted the relative safety of the psychedelic drugs. I started attending his university department as a research associate. Around this time The Advisory Committee on the Misuse of Drugs (ACMD), which Professor Nutt chaired on behalf of the British government, was preparing a report about ecstasy, which was published in 2009. Nutt asked me to prepare a brief report about the therapeutic applications for MDMA. After consulting widely with experts in the field, the outcome of the ACMD review stated that MDMA was inappropriately placed in Class A of the Misuse of Drugs Act and ought to be moved to Class B, which better reflected its relative harm and safety profile. An overwhelming wealth of evidence, including the plea that there may be a potential role for MDMA Therapy, supported this outcome.

Much to everybody’s surprise and disappointment, however, the government disregarded the advice of its own committee and distanced itself from the outcome. Professor Nutt, the sort of doctor utterly committed to the scientific approach to the evaluation of drugs, objected to this blatant disregard of experts’ unbiased
opinions and published several protestations in the scientific and popular press. His efforts upset the British Home Secretary and eventually resulted in him being sacked from chairmanship of the ACMD. In an open published letter, the Home Secretary, Alan Johnson, stated that the then Labour government objected to Nutt, as an incumbent professional sitting on a government appointed board, ‘lobbying for a change of government policy’ and that ‘it is important that the government’s message on drugs is clear’. How, protested Nutt, can the scientific, evidence-based truth be anything but the clearest message? His sacking cemented his position in the nation’s consciousness as a crusader prepared to stand up to a government who disrespected their own appointed scientists just because they dared to clash with a pre-conceived, non-evidence-based political agenda.

All this was taking place while I was attached to Nutt’s psychopharmacology unit in Bristol, and the camaraderie of his loyal department was tangible. I struck up a friendship with department Ph.D. student Robin Carhart-Harris, who I had first met a few years earlier at an LSD conference in Basel to celebrate the 100th birthday of LSD’s discoverer, Albert Hofmann. Carhart-Harris was planning the UK’s first human psychedelic drug trial since the sixties — and the first ever using the drug psilocybin, the active component in magic mushrooms. I got involved, helping out as the study doctor with some of the sessions and co-authoring the paper. But more excitingly, I agreed to be the first subject in the study, which meant that when David Nutt injected me with intravenous psilocybin in the Bristol Royal Infirmary in 2009, I became the first person in the UK to be legally given a psychedelic drug for over thirty years.

Closure of the Past and Foundation for the Future

Since immersing myself in this vibrant community, the influence of figures such as Nutt, Carhart-Harris, Sandison, Rick Doblin of MAPS and the host of academic, literary and artistic folk I have met over the years has been immense. I feel a sense of closure in that these drugs connect so many aspects of my personal developmental history with my chosen profession. The experiences of many of my patients being psychologically stuck — just as Sandison had noted with his patients — and my glimpse of the clinical potential of psychedelic therapy are now too much for me to disregard. As we go into the twenty-first century, psychiatry is desperately in need of a renaissance. Too many of our treatments remain ineffective and psychiatric disorders remain unnecessarily treatment-resistant. In many ways the psychedelic drugs represent a real chance for a new way of looking at clinical treatments for patients trapped in intractable psychological conditions, especially if coupled with developments in the field of neuroscience, which is definitely the cutting edge of psychological research at the current time. Modern techniques for neuroimaging, which provide not only an anatomical picture of the brain, but also a real-time demonstration of its functional workings, are enviable tools of modern research that were not available in the 1960s when psychiatrists first discovered psychedelic drugs. Neuroimaging technology represents a massive potential for new research, revisiting those reams of studies of the 1950s and 1960s with new eyes.
My future plans include further work alongside Nutt and Carhart-Harris, as well as with colleagues from MAPS in America. I have a real determination to see the psychedelic drugs researched as potential developments for clinical practice. Despite my personal conviction about the potential value of psychedelic drugs, and although I know many of the public’s beliefs about psychedelics are inaccurate, throughout my work I remain always cautious, aware of the controversial nature of the subject. My work in this field, I should point out is not driven merely by personal experience with psychedelic drugs, but, rather, by my experience with my patients. Post Traumatic Stress Disorder, which arises when a person has been exposed to a life-threatening experience that goes on to haunt them and cause serious dysfunction thereafter, is a devastating condition, now rising to epidemic proportions following the recent wars in Iraq and Afghanistan. I have watched helpless patients lose their battles with this condition and commit suicide, despite my profession’s attempts to encourage them to access and work through their trauma. Psychedelic drugs are not a panacea, but I truly believe they could represent a potential extra level of treatment to help people who are unable to make progress with established forms of therapy, and that potential should not be ignored.

Undreamt of Possibilities for Therapy

In London in 1938, a year before his death and the same year Hofmann first synthesised LSD, Sigmund Freud wrote:

The future may teach us how to exercise a direct influence, by means of particular chemical substances, upon . . . the neural apparatus. It may be that there are other still undreamt of possibilities of therapy.  

Freud was a neurologist prior to developing modern science’s first systematic approach to the psychology of the unconscious, and I believe, had he known about psychedelics, he might have been a firm supporter of psychedelic therapy, recognising it as a vital marriage between psychotherapy and psychopharmacology, utilising a physical approach to directly improve his ‘talking therapy’.

There remain many barriers to the acceptance of this concept. The idea that psychotherapy has to be hard work, and that drugs offering a quick fix or an easy pathway are inherently wrong, is endemic in psychotherapy. Carl Jung, Freud’s contemporary (who, ironically, is embraced by the psychedelic community for his theory of the collective unconscious, which accords with many people’s experience of psychedelic drugs) did not die until 1961, and he certainly knew about the psychedelic drugs. But he rejected them, saying the flood of repressed material in psychoanalysis was already sufficiently fast, and there was therefore no need to take a substance to increase it. This dogma — that the psychotherapy patient ought to be stone cold sober when he or she approaches their session — has persisted. But I wonder how many of these apparent cornerstones of traditional psychotherapy are also legacies of a Christian narrative that tells us there is something inherently wrong or immoral about the intoxicated state. As we shall see in later chapters, we in the West place a great deal of stress on the importance of being in

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control, and we assume access to the unconscious is best achieved with a sober brain. But this emphasis on conscious control is a very culturally bound phenomenon, specific to the modern West; it is a merely a matter of opinion, dependent on one’s geography. And this belief is certainly one worth challenging if we are to explore all facets of possible treatments for psychiatry.

Indeed, there are many misconceptions to be challenged when one is involved in this work. I do not believe it is career suicide to do this work, but rather a ticket to an exciting future for clinical research. The field of psychedelic medicine may be considered an offbeat subject to those who find it difficult to unhinge themselves from those stereotypical images of stoned hippies dancing at Woodstock. But to those cutting edge neuroscientists at the world’s leading research organisations, psychedelic drugs can no longer be ignored. They are becoming increasingly recognised as important tools to further our understanding of the brain. I would encourage any young and enthusiastic mental healthcare worker to familiarise themselves with research in this area. It could become an increasingly important part of the future of psychiatry.12