

The band of psychiatrists who are looking to reclaim psychedelics for medicine again

January 12 2016, by Sam Wong

At 6.30am on Thursday 29 October 2009, Friederike Meckel Fischer's doorbell rang. There were ten policemen outside. They searched the house, put handcuffs on Friederike – a diminutive woman in her 60s – and her husband, and took them to a remand prison. The couple had their photographs and fingerprints taken and were put in separate cells in isolation. After a few hours, Friederike, a psychotherapist, was taken for questioning.

The officer read back to her the promise of secrecy she had each client make at the start of her group [therapy](#) sessions. "Then I knew I was really in trouble," she says.

"I promise not to divulge the location or names of the people present or the medication. I promise not to harm myself or others in any way during or after this experience. I promise that I will come out of this experience healthier and wiser. I take personal responsibility for what I do here."

The Swiss police had been tipped off by a former client whose husband had left her after they had attended therapy. She held Friederike responsible.

What got Friederike in trouble were her unorthodox therapy methods. Alongside separate sessions of conventional talk therapy, she offered a catalyst, a tool to help her clients reconnect with their feelings, with people around them, and with difficult experiences in their lives. That

catalyst was LSD. In many of her sessions, they would also use another substance: MDMA, or ecstasy.

Friederike was accused of putting her clients in danger, dealing drugs for profit, and endangering society with "intrinsically dangerous drugs". Such psychedelic therapy is on the fringes of both psychiatry and society. Yet LSD and MDMA began life as medicines for therapy, and new trials are testing whether they could be again.

In 1943, Albert Hofmann, a chemist at the Sandoz pharmaceutical laboratory in Basel, Switzerland, was trying to develop drugs to constrict blood vessels when he accidentally ingested a small quantity of lysergic acid diethylamide, LSD. The effects shook him. As he writes in his book *LSD, My Problem Child*:

"Objects as well as the shape of my associates in the laboratory appeared to undergo optical changes... Light was so intense as to be unpleasant. I drew the curtains and immediately fell into a peculiar state of 'drunkenness', characterised by an exaggerated imagination. With my eyes closed, fantastic pictures of extraordinary plasticity and intensive colour seemed to surge towards me. After two hours, this state gradually subsided and I was able to eat dinner with a good appetite."

Intrigued, he decided to take the drug a second time in the presence of colleagues, an experiment to determine whether it was indeed the cause. The faces of his colleagues soon appeared "like grotesque coloured masks", he writes:

"I lost all control of time: space and time became more and more disorganised and I was overcome with fears that I was going crazy. The worst part of it was that I was clearly aware of my condition though I was incapable of stopping it. Occasionally I felt as being outside my body. I thought I had died. My 'ego' was suspended somewhere in space

and I saw my body lying dead on the sofa. I observed and registered clearly that my 'alter ego' was moving around the room, moaning."

But he seemed particularly struck by what he felt the next morning: "Breakfast tasted delicious and was an extraordinary pleasure. When I later walked out into the garden, in which the sun shone now after a spring rain, everything glistened and sparkled in a fresh light. The world was as if newly created. All my senses vibrated in a condition of highest sensitivity that persisted for the entire day."

Hofmann felt it was of great significance that he could remember the experience in detail. He believed the drug could hold tremendous value to psychiatry. The Sandoz labs, after ensuring it was non-toxic to rats, mice and humans, soon started offering it for scientific and medical use.

One of the first to start using the drug was Ronald Sandison. The British psychiatrist visited Sandoz in 1952 and, impressed by Hofmann's research, left with 100 vials of what was by then called Delysid. Sandison immediately began giving it to patients at Powick Hospital in Worcestershire who were failing to make progress in traditional psychotherapy. After three years, the hospital bosses were so pleased with the results that they built a new LSD clinic. Patients would arrive in the morning, take their LSD, then lie down in private rooms. Each had a record player and a blackboard for drawing on, and nurses or registrars would check on them regularly. At 4pm the patients would convene and discuss their experiences, then a driver would take them home, sometimes while they were still under the influence of the drug.

Around the same time, another British psychiatrist, Humphry Osmond, working in Canada, experimented with using LSD to help alcoholics stop drinking. He reported that the drug, in combination with supportive psychiatry, achieved abstinence rates of 40–45 per cent – far higher than any other treatment at the time or since. Elsewhere, studies of people

with terminal cancer showed that LSD therapy could relieve severe pain, improve quality of life and alleviate the fear of death.

In the USA, the CIA tried giving LSD to unsuspecting members of the public to see if it would make them give up secrets. Meanwhile at Harvard University, Timothy Leary – encouraged by, among others, the beat poet Allen Ginsberg – gave it to artists and writers, who would then describe their experiences. When rumours spread that he was giving drugs to students, law-enforcement officials started investigating and the university warned students against taking the drug. Leary took the opportunity to preach about the drug's power as an aid to spiritual development, and was soon sacked from Harvard, which further fuelled his and the drug's notoriety. The scandal had caught the eye of the press and soon the whole country had heard of LSD.

By 1962, Sandoz was cutting back on its distribution of LSD, the result of restrictions on experimental drug use brought on by an altogether different drug scandal: birth defects linked to the morning-sickness drug thalidomide. Paradoxically, the restrictions coincided with an increase in LSD's availability – the formula was not difficult or expensive to obtain, and those who were determined to could synthesise it with moderate difficulty and in great amounts.

Still, moral panic about its effects on young minds was rife. The authorities were also worried about LSD's association with the counterculture movement and the spread of anti-authoritarian views. Calls for a nationwide ban soon followed, and many psychiatrists stopped using LSD as its negative reputation grew.

One of many stories in the press told of Stephen Kessler, who murdered his mother-in-law and claimed afterwards that he didn't remember what he'd done as he was "flying on LSD". In the trial, it emerged that he had taken LSD a month earlier, and at the time of the murder was

intoxicated only with alcohol and sleeping pills, but millions believed that LSD had turned him into a killer. Another report told of college students who went blind after staring at the sun on LSD.

Two US Senate subcommittees held in 1966 heard from doctors who claimed that LSD caused psychosis and "the loss of all cultural values", as well as from LSD supporters such as Leary and Senator Robert Kennedy, whose wife Ethel was said to have undergone LSD therapy. "Perhaps to some extent we have lost sight of the fact that it can be very, very helpful in our society if used properly," said Kennedy, challenging the Food and Drug Administration for shutting down LSD research programmes.

Possession of LSD was made illegal in the UK in 1966 and in the USA in 1968. Experimental use by researchers was still possible with licences, but with the stigma attached to the drug's legal status, these became extremely hard to get. Research ground to a halt, but illegal recreational use carried on.

At the age 40, after 21 years of marriage, Friederike Meckel Fischer fell in love with another man. Sadly, as she soon discovered, he was using her to get out of his own marriage. "I had a pain within myself with this man having left me, with my husband whom I couldn't connect to," she says. "It was just like I was out of myself."

Her solution was to become a psychotherapist. She says she never thought of going into therapy herself, which in 1980s West Germany was reserved for only the most serious conditions. Besides which, her upbringing taught her to do things herself rather than seek help from others.

Friederike was at the time working as an occupational physician. She recognised that many of the problems she saw in her patients were

rooted in problems with their bosses, colleagues or families. "I came to the conclusion that everything they were having trouble with was connected to relationship issues," she says.

A former professor of hers recommended she try a technique called holotropic breathwork. Developed by Stanislav Grof, one of the pioneers of LSD psychotherapy, this is a way to induce altered states of consciousness through accelerated and deeper breathing, like hyperventilation. Grof had developed holotropic breathwork in response to bans on LSD use around the world.

Over three years, travelling back and forth to the USA on holidays, Friederike underwent training with Grof as a holotropic breathwork facilitator. At the end of it, Grof encouraged her to try psychedelics.

In the last seminar, a colleague gave her two little blue pills as a gift. When she got back to Germany, Friederike shared one of the blue pills with her friend Konrad, who later became her husband. She says she felt herself lifted by a wave and thrown onto a white beach, able to access parts of her psyche that were off-limits before. "The first experience was breathtaking for me," she says. "I only thought: 'That's it. I can see things.' And I started feeling. That was, for me, unbelievable."

The pills were MDMA, a drug which had entered the spotlight in 1976 when American chemist Alexander 'Sasha' Shulgin rediscovered it 62 years after it was patented by Merck and then forgotten. In a story echoing that of LSD's origins, upon taking it, Shulgin noted feelings of "pure euphoria" and "solid inner strength", and felt he could "talk about deep or personal subjects with special clarity". He introduced it to his friend Leo Zeff, a retired psychotherapist who had worked with LSD and believed the obligation to help patients took priority over the law. Zeff had continued to work with LSD secretly after its prohibition. MDMA's potential brought Zeff out of retirement. He travelled around

the USA and Europe to instruct therapists on MDMA therapy. He called it 'Adam' because it put the patient in a primordial state of innocence, but at the same time, it had acquired another name in nightclubs: ecstasy.

MDMA was made illegal in the UK by a 1977 ruling that put the entire chemical family in the most tightly controlled category: class A. In the USA, the Drug Enforcement Administration (DEA), set up by Richard Nixon in 1973, declared a temporary ban in 1985. At a hearing to decide its permanent status, the judge recommended that it should be placed in schedule three, which would allow use by therapists. But the DEA overruled the judge's decision and put MDMA in schedule one, the most restrictive category. Under American influence, the UN Commission on Narcotic Drugs gave MDMA a similar classification under international law (though an expert committee formed by the World Health Organization argued that such severe restrictions were not warranted).

Schedule one substances are permitted to be used in research under the UN Convention on Psychotropic Substances. In Britain and the USA, researchers and their institutions must apply for special licences, but these are expensive to obtain, and finding manufacturers who will supply controlled drugs is difficult.

But in Switzerland, which at the time was not a signatory to the convention, a small group of psychiatrists persuaded the government to permit the use of LSD and MDMA in therapy. From 1985 until the mid-1990s, licensed therapists were permitted to give the drugs to any patients, to train other therapists in using the drugs, and to take them themselves, with little oversight.

Believing that MDMA might help her gain a deeper understanding of her own problems, Friederike applied for a place on a "psychoalytic therapy" course in Switzerland. In 1992, she and Konrad were accepted into a training group run by a licensed therapist named Samuel Widmer.

The course took place on weekends every three months at Widmer's house in Solothurn, a town west of Zurich. Central to the training was taking the substances a number of times, 12 altogether, to get to know their effects and go through a process of self-exploration. Friederike says the drug experiences showed her how her whole life had been coloured by the loss of her father at the age of 5 and the hardship of growing up in postwar West Germany.

"I can detect relations, interconnections between things that I couldn't see before," she says of her experiences with MDMA. "I could look at difficult experiences in my life without getting right away thrown into them again. I could for example see a traumatic experience but not connect to the horrible feeling of the moment. I knew it was a horrible thing, and I could feel that I have had fear but I didn't feel the fear."

People on psychedelic highs often speak of profound, spiritual experiences. Back in the 1960s, Walter Pahnke, a student of Timothy Leary, conducted a notorious experiment at Boston University's Marsh Chapel showing that psychedelics could induce these.

He gave ten volunteers a large dose of psilocybin – the active ingredient in magic mushrooms – and ten an active placebo, nicotinic acid, which caused a tingling sensation but no mental effects. Eight of the psilocybin group had spiritual experiences, compared with one of the placebo group. In later studies, researchers have identified core characteristics of such experiences, including ineffability, the inability to put it into words; paradoxicality, the belief that contradictory things are true at the same time; and feeling more connected to other people or things.

"When the experience can be really useful is when they feel a connection even with someone who has caused them hurt, and an understanding of what may have caused them to behave in the way they did," says Robin Carhart-Harris, a psychedelics researcher at Imperial College London. "I

think the power to achieve those kinds of realisations really speaks to the incredible value of psychedelics and captures why they can be so effective and valuable in therapy. I think that can only really happen when defences dissolve away. Defences get in the way of those realisations."

He compares the feeling of connection with things beyond oneself to the "overview effect" felt by astronauts when they look back on the Earth. "All of a sudden they think, 'How silly of me and people in general to have conflict and silly little hang-ups that we think are massive and important.' When you're up in space looking down on the entirety of the Earth, it puts it into perspective. I think a similar kind of overview is engendered by psychedelics."

Carhart-Harris is conducting the first clinical trial to study psilocybin as a treatment for depression. He is one of a few researchers across the world who are pushing ahead with research on psychedelic therapy. Twelve people have taken part in his study so far.

They begin with a brain scan, and a long preparation session with the psychiatrists. On the therapy day, they arrive at 9am, complete a questionnaire, and have tests to make sure they haven't taken other drugs. The therapy room has been decorated with drapes, ornaments, coloured glowing lights, electric candles, and an aromatiser. A PhD student, who is also a musician, has prepared a playlist, which the patient can listen to either through headphones or from high-quality speakers in the room. They spend most of the session lying on a bed, exploring their thoughts. Two psychiatrists sit with them, and interact when the patient wants to talk. The patients have two therapy sessions: one with a low dose, then one with a high dose. Afterwards, they have a follow-up session to help them integrate their experiences and cultivate healthier ways of thinking.

I meet Kirk, one of the participants, two months after his high-dose session. Kirk had been depressed, particularly since his mother's death three years ago. He experienced entrenched thought patterns, like going round and round on a racetrack of negative thoughts, he says. "I wasn't as motivated, I wasn't doing as much, I wasn't exercising any more, I wasn't as social, I was having anxiety quite a bit. It just deteriorated. I got to the point where I felt pretty hopeless. It didn't match really what was going on in my life. I had a lot of good things going on in my life. I'm employed, I've got a job, I've got family, but really it was like a quagmire that you sink into."

At the peak of the drug experience, Kirk was deeply affected by the music. He surrendered himself to it and felt overcome with awe. When the music was sad, he would think of his mother, who had been ill for many years before her death. "I used to go to the hospital and see her, and a lot of the time she'd be asleep, so I wouldn't wake her up; I'd just sit on the bed. And she'd be aware I was there and wake up. It was a very loving feeling. Quite intensely I went through that moment. I think that was quite good in a way. I think it helped to let go."

During the therapy sessions, there were moments of anxiety as the drug's effects started to take hold, when Kirk felt cold and became preoccupied with his breathing. But he was reassured by the therapists, and the discomfort passed. He saw bright colours, "like being at the funfair", and felt vibrations permeate his body. At one point, he saw the Hindu elephant god Ganesh look in at him, as if checking on a child.

Although the experience had been affecting, he noticed little improvement in his mood in the first ten days afterwards. Then, while out shopping with friends on a Sunday morning, he felt an upheaval. "I feel like there's space around me. It felt like when my mum was still alive, when I first met my partner, and everything was kind of OK, and it was so noticeable because I hadn't had it in a while."

There have been ups and downs since, but overall, he feels much more optimistic. "I haven't got that negativity any more. I'm being more social; I'm doing stuff. That kind of heaviness, that suppressed feeling has gone, which is amazing, really. It's lifted a heavy cloak off me."

Another participant, Michael, had been battling depression for 30 years, and tried almost every treatment available. Before taking part in the trial, he had practically given up hope. Since the day of his first dose of psilocybin, he has felt completely different. "I couldn't believe how much it had changed so quickly," he says. "My approach to life, my attitude, my way of looking at the world, just everything, within a day."

One of the most valuable parts of the experience helped him to overcome a deep-rooted fear of death. "I felt like I was being shown what happens after that, like an afterlife," he says. "I'm not a religious person and I'd be hard pushed to say I was anything near spiritual either, but I felt like I'd experienced some of that, and experienced the feeling of an afterlife, like a preview almost, and I felt totally calm, totally relaxed, totally at peace. So that when that time comes for me, I will have no fear of it at all."

During her training with Samuel Widmer, Friederike also worked in an addiction clinic. The insights from her drug experiences gave her new empathy. "All of a sudden I could understand my clients in the clinic with their alcohol addiction," she says. "They were coping differently than I did. They had almost the same problems or symptoms I had, only I hadn't started drinking." But only a few of them were able to open up about how those experiences made them feel. She wondered: could an MDMA experience help them release those emotions?

MDMA is a tamer relative of the classic psychedelics – psilocybin, LSD, mescaline, DMT. They have effects that can be disturbing, like sensory distortions, the dissolution of one's sense of self, and the vivid reliving of

frightening memories. MDMA's effects are shorter-lasting, making it easier to handle in a psychotherapy session.

Friederike opened her own private psychedelic therapy practice in Zurich in 1997. During the next few years, she began hosting weekend group therapy sessions with psychedelics in her home, inviting clients who had failed to make progress in conventional talking therapy.

Since the 1950s, psychiatrists have recognised the importance of context in determining what sort of experience the LSD taker would have. They have emphasised the importance of "set" – the user's mindset, their beliefs, expectations, and experience – and "setting" – the physical milieu where the drug is taken, the sounds and features of the environment and the other people present.

A supportive setting and an experienced therapist can lower the risk of a bad trip, but frightening experiences still happen. According to Friederike, they are part of the therapeutic experience. "If a client is able to go through or lets himself be led through and work through, the bad trip turns into the most important step on the way to himself," she says. "But without a correct setting, without a therapist who knows what he's doing and without the commitment of the client, we end up in a bad trip."

Her clients would come to her house on a Friday evening, talk about their recent issues and discuss what they wanted to achieve in the drug session. On Saturday morning, they would sit in a circle on mats, make the promise of secrecy, and each take a personal dose of MDMA agreed with Friederike in advance. Friederike would start with silence, then play music, and speak to the clients individually or as a group to work through their issues. Sometimes she would ask other members of the group to assume the role of a client's family members, and have them discuss problems in their relationship. In the afternoon they would do the

same with LSD, which would often let the participants feel as though they were reliving traumatic memories. Friederike would guide them through the experience, and help them understand it in a new way. On Sunday, they would discuss the experiences of the previous day and how to integrate them into their lives.

Friederike's practice, however, was illegal. Therapeutic licences to use the drugs had been withdrawn by the Swiss government around 1993, following the death of a patient in France under the effect of ibogaine, another psychotropic [drug](#). (It was later determined that she died from an undiagnosed heart condition.)

The early LSD researchers had no way to look at what it was doing inside the brain. Now we have brain scans. Robin Carhart-Harris has carried out such studies with psilocybin, LSD and MDMA. He tells me there are two basic principles of how the classic psychedelics work. The first is disintegration: the parts that make up different networks in the brain become less cohesive. The second is desegregation: the systems that specialise for particular functions as the brain develops become, in his words, "less different" from each other.

These effects go some way to explaining how psychedelics could be therapeutically useful. Certain disorders, such as depression and addiction, are associated with characteristic patterns of brain activity that are difficult to break out of. "The brain kind of enters these patterns, pathological patterns, and the patterns can become entrenched. The brain easily gravitates into these patterns and gets stuck in them. They are like whirlpools, and the mind gets sucked into these whirlpools and gets stuck."

Psychedelics dissolve patterns and organisation, introducing "a kind of chaos", says Carhart-Harris. On the one hand, chaos can be seen as a bad thing, linked with things like psychosis, a kind of "storm in the mind", as

he puts it. But you could also view that chaos as having therapeutic value. "The storm could come and wash away some of the pathological patterns and entrenched patterns that have formed and underlie the disorder. Psychedelics seem to have the potential through this effect on the brain to dissolve or disintegrate pathologically entrenched patterns of brain activity."

The therapeutic potential suggested by Carhart-Harris's brain scan studies persuaded the UK's Medical Research Council to fund the psilocybin trial for depression. It's too early to evaluate its success, but the results so far have been encouraging. "Some patients are in remission now months after having had their treatment," Carhart-Harris says. "Previously their depressions were very severe, so I think those cases can be considered transformations. I'm not sure if there are any other treatments out there that really have that potential to transform a patient's situation after just two treatment sessions."

In the wake of MDMA's prohibition, American psychologist Rick Doblin founded the Multidisciplinary Association for Psychedelic Studies (MAPS) to support research aiming to re-establish psychedelics' place in medicine. When Swiss psychiatrist Peter Oehen heard they were funding a study on using MDMA to help people with post-traumatic stress disorder (PTSD), he jumped on a plane to meet Doblin in Boston.

Like Friederike, Oehen trained in psychedelic therapy while it was legal in Switzerland in the early 1990s. Doblin agreed to support a small study with 12 patients at Oehen's private practice in Biberist, a small town about half an hour by train from the Swiss capital, Bern.

Oehen thinks that MDMA's mood-elevating, fear-reducing and pro-social effects make it a promising tool to facilitate psychotherapy for PTSD. "Many of these traumatised people have been traumatised by some kind of interpersonal violence and have lost their ability to

connect, are distrustful, are aloof," says Oehen. "This helps them regain trust. It helps build a sound and trustful therapeutic relationship." It also puts the patient in a state of mind where they can face their traumatic memories without becoming distressed, he says, helping to start reprocess the trauma in a different way.

When MAPS's first PTSD study in the USA was published in 2011, the results were eye-opening. After two psychotherapy sessions with MDMA, 10 out of 12 participants no longer met the criteria for PTSD. The benefits were still apparent when the patients were followed up three to four years after the therapy.

Oehen's results were less dramatic, but all of the patients who had MDMA-assisted therapy felt some improvement. "I'm still in touch with almost half of the people," he says. "I can see still people getting better after years going on in the process and resolving their problems. We saw this at long-term follow-up, that symptoms get better after time, because the experiences enable them to get better in a different way to normal psychotherapy. These effects – being more open, being more calm, more willing to face difficult issues – this goes on."

In people with PTSD, the amygdala, a primitive part of the brain that orchestrates fear responses, is overactive. The prefrontal cortex, a more sophisticated part of the brain that allows rational thoughts to override fear, is underactive. Brain-imaging studies with healthy volunteers have shown that MDMA has the opposite effects – boosting the prefrontal cortex response and shrinking the amygdala response.

Ben Sessa, a psychiatrist working around Bristol in the UK, is preparing to carry out a study at Cardiff University testing whether people with PTSD respond to MDMA in the same way. He believes that early negative experiences lie at the root not just of PTSD but of many other psychiatric disorders too, and that psychedelics give patients the ability

to reprocess those memories.

"I've been doing psychiatry for almost 20 years now and every single one of my patients has a history of trauma," he says. "Maltreatment of children is the cause of mental illness, in my opinion. Once a person's personality has been formed in childhood and adolescence and into early adulthood, it's very difficult to encourage a patient to think otherwise." What psychedelics do, more than any other treatment, he says, is offer an opportunity to "press the reset button" and give the patient a new experience of a personal narrative.

Sessa is planning a separate study to test MDMA as a treatment for alcohol dependency syndrome – picking up the trail of Humphrey Osmond's LSD research 60 years ago.

He believes psychiatry would look very different today if research with psychedelics had proceeded unencumbered since the 1950s. Psychiatrists have since turned to antidepressants, mood stabilisers and antipsychotics. These drugs, he says, help to manage a patient's condition, but aren't curative, and also carry dangerous side-effects.

"We've become so used to psychiatry being a palliative care field of medicine," Sessa says. "That we're with you for life. You come to us in your early 20s with severe anxiety disorder; I'll still be looking after you in your 70s. We've become used to that. And I think we're selling our patients short."

Will psychedelic drugs ever be ruled legal medicines again? MAPS are supporting trials of MDMA-assisted psychotherapy for PTSD in the USA, Australia, Canada and Israel, and they hope they will have enough evidence to convince regulators to approve it by 2021. Meanwhile, trials using psilocybin to treat anxiety in people with cancer have been taking place at Johns Hopkins University and New York University since 2007.

Few psychiatrists I asked about the legal use of psychedelics in therapy would give their opinions. One of the few who did, Falk Kiefer, Medical Director at the Department of Addictive Behaviour and Addiction Medicine at the Central Institute of Mental Health in Mannheim, Germany, says he is sceptical about the drugs' ability to change patients' behaviour. "Psychedelic treatment might result in gaining new insights, 'seeing the world in a different way'. That's fine, but if it does not result in learning new strategies to deal with your real world, the clinical outcome will be limited."

Carhart-Harris says the only way to change people's minds is for the science to be so good that funders and regulators can't ignore it. "The idea is that we can present data that really becomes irrefutable, so that those authorities that have reservations, we can start changing their perspective and bring them around to taking this seriously."

After 13 days under arrest, Friederike was released. She appeared in court in July 2010, accused of violating the narcotics law and endangering her clients, the latter of which could mean up to 20 years' imprisonment. A number of neuroscientists and psychotherapists testified in her defence, arguing that one portion of LSD is not a dangerous substance and has no significant harmful effects when taken in a controlled setting (MDMA was not included in the prosecution's case).

The judge accepted that Friederike had given her clients drugs as part of a therapeutic framework, with careful consideration for their health and welfare, and ruled her guilty of handing out LSD but not guilty of endangering people. For the narcotics offence, she was fined 2,000 Swiss francs and given a 16-month suspended sentence with two years' probation.

"I have been blessed by a very understanding lawyer and an intelligent

judge," she says. She even considers the woman who reported her to the police a blessing, since the case has allowed her to talk openly about her work with psychedelics. She gives occasional lectures at psychedelic conferences, and has written a book about her experience, which she hopes will guide other therapists in how to work with the substances safely.

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Citation: The band of psychiatrists who are looking to reclaim psychedelics for medicine again (2016, January 12) retrieved 3 May 2024 from <https://medicalxpress.com/news/2016-01-band-psychiatrists-reclaim-psychedelics-medicine.html>

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