

## Correspondence

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### A role for psychedelics in psychiatry?

I read with interest the editorial 'Can psychedelics have a role in psychiatry once again?' (Sessa, 2005). Aside from overcoming current legislative barriers, attention needs to be given to education about known research into this field, a function which this editorial usefully starts to fulfil.

The concern remains that the image of psychedelics was not shaped by the already existing extensive professional literature, but by the mass media sensationalising the accidents of unsupervised self-experimentation (Grof, 2001). It could therefore be surmised that decisive influences will be a variety of political, legal, economic and mass-psychological factors, rather than the results of current and ongoing scientific research. Interest from the psychiatric community will be paramount if this research information is to be critically reviewed with a view to clinical application.

The difference between psychedelics (entheogens) and other psychotropic drugs is that entheogens work as 'non-specific amplifiers of the psyche', inducing an altered or non-ordinary state of consciousness (Grof, 2000). The content and nature of the experiences are not thought to be artificial products of their pharmacological interaction with the brain ('toxic psychoses') but authentic expressions of the psyche revealing its functioning on levels not ordinarily available for observation and study. In order to conceptualise this, a vastly extended cartography of the psyche (Grof, 2000), one which challenges our biomedical psychiatric model, is required.

Within psychiatry, entheogenic substances (one of several methods of inducing a non-ordinary state of consciousness) could contribute to a powerful form of experiential psychotherapy; an important addition to a psychiatric armamentarium, working with domains of the psyche

traditionally ignored in our ethnocentric Western model (Schlitz *et al*, 2005).

Potential credence for this field depends upon whether we view all non-ordinary states of consciousness as pathological or whether in some cases, some 'psychotic' experiences can be seen to have potential value as well as being potentially damaging. There is ongoing interest among mental health professionals in the concept of spiritual emergence as well as the therapeutic power of altered states of consciousness, the subject of a recent 1 day meeting held jointly with the Royal College of Psychiatrists and the Royal Society of Medicine (<http://www.rcpsych.ac.uk/college/sig/spirit/index.asp>). I would certainly value a continuing debate exploring this area.

**Grof, S. (2000)** *Psychology of the Future: Lessons from Modern Consciousness Research*. Albany, NY: State University of New York Press.

**Grof, S. (2001)** *LSD Psychotherapy*. Sarasota, FL: Multidisciplinary Association for Psychedelic Studies.

**Schlitz, M., Amorok, T. & Micozzi, M. (2005)** *Consciousness and Healing: Integral Approaches to Mind-Body Medicine*. St Louis, MO: Churchill Livingstone/Elsevier.

**Sessa, B. (2005)** Can psychedelics have a role in psychiatry once again? *British Journal of Psychiatry*, **186**, 457–458.

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The editorial by Dr Sessa is both timely and encouraging. The almost complete denial, not only by the media but also by the psychiatric establishment, that lysergic acid diethylamide (LSD) and related psychedelics had an important place in the therapy of a wide range of psychoneurotic disorders is astonishing. This clearly has a psychodynamic explanation.

The interest shown during the 1950s and 1960s by the psychiatric establishment

in the use of the psycholytic agents is even greater than Dr Sessa indicates. The meeting of the 'American Psychological Association' at which the therapeutic use of LSD was discussed was actually held at the Annual Meeting of the prestigious American Psychiatric Association, in 1955, rather than 1951 (Cholden, 1956). Subsequently, the role of psychedelics in therapy was the subject of a number of national and international conferences. Perhaps the most significant of these was held in London in February 1961, when the Royal Medico-Psychological Association, the forerunner of the Royal College of Psychiatrists, devoted the whole of its 3 day quarterly meeting to the subject (Crockett *et al*, 1963).

Dr Sessa touches briefly on the question of the possible resumption of psycholytic therapy. There have been a number of recent suggestions that this could once more become a possibility. Psychiatrists tempted to enter this field (assuming that the appropriate drugs – LSD, 3,4-methylenedioxymethamphetamine (MDMA), psilocybin – are made legally available to doctors) should bear in mind that the success of psycholytic therapy depended on careful training, not only of the therapist, but also of the nurses and others who formed the therapeutic team. That expertise at one time reached a high level, and all that has been lost. My hope is that research and practice will continue, and that it will be supported by the College.

**Cholden, L. (ed.) (1956)** *Proceedings of the Round Table on Lysergic Acid Diethylamide and Mescaline in Experimental Psychiatry*. New York: Grune & Stratton.

**Crockett, R., Sandison, R. A. & Walk, A. (eds) (1963)** *Hallucinogenic Drugs and their Therapeutic Use*. Proceedings of the Quarterly Meeting of the Royal Medico-Psychological Association in London 1961. London: H. K. Lewis.

**Sessa, B. (2005)** Can psychedelics have a role in psychiatry once again? *British Journal of Psychiatry*, **186**, 457–458.

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Dr Sessa is to be congratulated on his welcome review of research into psychedelic drugs. We are reminded of the hope that these drugs 'could be for psychiatry what the microscope is for biology or the telescope is to astronomy: an essential tool to explore the parts of the internal world that are usually inaccessible'.