

Grof (1975, 1990) has been the most prominent explorer of these inaccessible regions for over 40 years and once research into lysergic acid diethylamide (LSD) became impossible, developed a technique for inducing non-ordinary states of consciousness called 'holotropic breathwork'. This offers many of the features of the psychedelic state without the need to take a drug. Using insights from the use of LSD and holotropic breathwork in thousands of people, Grof (1975) proposed an extended model of the psyche with psychodynamic, perinatal and transpersonal layers. These are provocative models of mind which challenge existing Western paradigms of consciousness and which probably reinforce mainstream suspicion of any insights purporting to arise from the psychedelic experience. However, they do represent a serious attempt to explore, describe and understand the complex features of the non-ordinary state of consciousness and its theoretical implications.

Holotropic breathwork is marketed more as a means of personal exploration than psychotherapy, but careful preparation, the context, a highly supportive setting and integration after the non-ordinary state of consciousness are deemed crucial if the experience is to have value (Grof, 1990). This approach is in contrast to the views of Strassman (<http://www.tripzine.com/interviews.asp?id=strassman>) who researched the use of N,N-dimethyltryptamine (DMT) in 65 volunteers between 1990 and 1995 in a hospital setting with little attention to the surroundings. Strassman (2000) concluded that DMT probably did not have a beneficial effect in itself, that its use was high risk and that psychiatrists generally did not have the experience, sensitivity or training to support, contain, direct or interpret the more unusual experiences that arise. Thus, although the drug is easily taken, the context and setting is a little more complicated and is at least as important.

My point is that psychedelic drugs are just one of a number of methods for the induction of a non-ordinary state of consciousness. Non-drug methods for the induction, exploration of and therapeutic uses for non-ordinary states of consciousness may prove to be more productive for psychiatrists interested in this area, given the controversy that the use of psychedelic drugs will always arouse.

**Grof, S. (1975)** *Realms of the Human Unconscious: Observations from LSD Research*. New York: Viking Press.

**Grof, S. (1990)** *The Holotropic Mind*. New York: Harper Collins.

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

**Strassman, R. (2000)** *DMT: the Spirit Molecule: a Doctor's Revolutionary Research into the Biology of Near-Death and Mystical Experiences*. Rochester, VT: Park Street Press.

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In his stimulating editorial, Dr Sessa gives a history of the enthusiasm for psychedelic psychotherapy that enjoyed a brief flowering following Hoffman's discovery of lysergic acid diethylamide (LSD) in 1943. Dr Sessa argues that the time may now have come for a reappraisal of the role of such substances in psychiatry. Having myself recently had cause to look at this literature (Edwards, 2005), I find myself somewhat less keen on a reinstatement of this practice.

Within the historical frame one could argue that the proper subject for the case study is the conduct and attitude of the professionals who were the enthusiasts of that time. The tone of the contemporary publications was in general remarkable for a willingness to get ahead of the research evidence, and rush to positive and at times even messianic conclusions. Here are some examples of writings within that genre: 'These agents have a part to play in our survival as a species...' (Osmond, 1957); 'The wonder of LSD is that it can bring within the capabilities of ordinary people the experience of universal love' (Davidson, 1961); 'I feel that those on the moving edge of new culture will eventually use these tools in a way that will utterly transform the nature of human consciousness' (Einhorn, 1971).

What one sees in those kinds of statements is the dubious ambition of therapists to gain possession of chemical magic and exert power over their drugged patients – the therapist as shaman rather than as evidence-based practitioner. But that I'm sure is not Dr Sessa's intention.

**Davidson, R. S. (1961)** Introduction: a psychologist explains. In *Exploring Inner Space: Personal Experiences Under LSD* (ed. J. Dunlap), pp. 3–10. London: Victor Gollancz.

**Edwards, G. (2005)** *Matters of Substance*. London: Penguin.

**Einhorn, I. (1971)** *From Data Collection to Pattern Recognition. Annual Report of the Smithsonian Institute*, pp. 537–548. Washington, DC: Smithsonian Institute.

**Osmond, H. (1957)** A review of the clinical effects of psychomimetic agents. *Annals of the New York Academy of Sciences*, **66**, 418–434.

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

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**Author's reply:** I am most grateful for the correspondence regarding my article on psychedelics. Dr Read is right to point out the various techniques for inducing a non-ordinary state of consciousness. As well as the breathwork developed by Grof (1990), humankind has historically used meditation, exercise, fasting, chanting, dancing and even sex to induce transforming internal changes. What all these states have in common is the final goal of increased awareness and a loosening of the ego – facilitating personal exploration and being useful therapeutically to aid psychotherapy. As well as non-drug-induced non-ordinary states of consciousness, psychedelics may have an important role to play – both in psychotherapy and in the scientific study of consciousness.

I agree with Dr Edward's comments about statements made by some overenthusiastic individuals of the psychedelic movement. Many clinicians of the 1960s (not to mention writers, artists and pop stars) saw LSD as a magic wand, a common panacea to assure 'better living through chemistry'. It was this attitude that killed genuine scientific study and kept the therapeutic potential of psychedelics shelved for so long.

Psychedelics cannot save the world, but they may have a role to play as adjuncts to the psychotherapeutic treatment of neuroses. We must at least study and research their potential with modern randomised controlled trials. For the hundreds of clinicians and thousands of patients of the 1950s and 1960s that witnessed the safe and effective usage of psychedelics, these substances did appear to be useful (Masters & Houston, 1973). But as a profession we need to distance ourselves from the Timothy Leary-esque, messianic approach to psychedelics, if we are to allow a dispassionate and scientific study of their potential.