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## Fundamental Factors in Safe and Effective Psychedelic Therapy

ONCE UPON A TIME, I WAS A 23-YEAR-OLD GRADUATE STUDENT who had left the Yale Divinity School for a year of study in Germany at the University of Göttingen. Not only were psychedelics legal and uncontroversial at that time, I had yet to hear the word *psychedelic* and had no idea what *psilocybin* might be. I was, however, committed to the development of my own psychological and spiritual life, even to the extent of going without breakfast on some days to record my dreams from the night before.

Two of my new friends told me about an interesting research project going on in the *Nervenlinik* (mental hospital) around the corner from my dormitory. It entailed receiving some new drug that was purported to give access to memories from early childhood. One friend reported a vivid memory of sitting on his father's lap, which was profoundly meaningful as his father had been killed in World War II. The other claimed to have seen a hallucination of SS men marching in the streets. I had never seen a real hallucination, so this sounded intriguing. Curious about my early childhood psychodynamics, notably my oedipal complex, I hiked over to the clinic and inquired whether I also could participate in the research project.

I was given a cursory medical interview to establish that I was in decent mental and physical health and didn't get drunk too often, declared acceptable, and then led to a small basement room, dim and drab, with a cot, an end-table and a narrow window overlooking the hospital garbage cans. There a friendly medical intern about my age, wearing a spiffy white coat and stethoscope, gave me an injection of a short-acting derivative of psilocybin

(13 mg. of CZ-74), and, though looking in on me periodically, basically left me alone for the next 4 hours.

Drawing on the piety of my Methodist childhood, I affirmed trust that God would be with me if any potentially traumatic memories awakened. I then became aware of very beautiful neon-like geometrical designs in my visual field, multi-dimensional, unfolding, and inviting my participation in and through energetic forces that flowed through them.

They reminded me of Islamic architecture and Arabic script. Gradually, yet suddenly, my usual state of consciousness in the everyday world merged into the vivid transcendental awareness we now call *mystical consciousness*—an eternal state of being that felt more real (or fundamental) than my usual awareness, filled with beauty, joy, love, and intuitive knowledge that seemed independent of time and space. Awestruck, I (my usual sense of ego/self) underwent what we call psychological death and rebirth.

In the midst of this unexpected epiphany, as workmen emptied the metal garbage cans outside of the window, I registered tinkling temple bells. When the intern entered, asking me to sit up on the edge of the cot so he could test my knee reflexes, I complied with thoughts of compassion for the infancy of science. Now, 60 years later, I realize that in many ways my subsequent personal and professional life has been footnotes to this unexpected awakening. It led to study of the psychology of religion, comparative religions, music, and clinical psychology. I found myself pursuing research with psychedelics in Göttingen in 1964, in Boston in 1966 (Pahnke & Richards, 1966), and then at the Spring Grove Hospital Center (which morphed into the Maryland Psychiatric Research Center) from 1967-1977 (Richards et al., 1972; Richards et al., 1977; Rhead et al., 1977; Richards & Rhead, 1977). Psychedelic research in the United States then became dormant until dimethyltryptamine (DMT) studies began in the early 1990s (Strassman, 2001). In 1999, Roland Griffiths and I were able to initiate its rebirth with psilocybin at the Johns Hopkins School of Medicine (Griffiths, et al., 2006, 2008, 2011, & 2017; Johnson, et al., 2008; Garcia-Romeu & Richards, 2018), where it continues to this day. I now also contribute to psychedelic research at Sunstone Therapies in Rockville Maryland (Agrawal et al., 2023). Throughout these decades of career research, I have often reflected upon that first psychedelic experience.

During this journey, I have had the opportunity to participate in the implementation of studies using LSD, DPT, MDA, MDMA and psilocybin, both with well-functioning mental health and religious professionals and with persons suffering from addictions to alcohol or narcotics, depression, anxiety, and other forms of psychological distress, notably cancer patients coming to terms with the lives they have lived and the approach of death. During approximately 38 years of research activity, my colleagues and I have experienced the privilege of working in significant depth with a rich variety of persons: adult men and women aged between early 20s and mid-80s from different educational, occupational, and racial/cultural backgrounds. Most were encountered in the context of individual psychotherapy, though some participated in ayahuasca groups in South America or, recently, group interventions with cancer patients. From this vantage point, I offer the following perspectives and recommendations.

## The Critical Importance of Interpersonal Grounding

There is no question that safe and effective psychotherapy with psychedelic substances almost always requires more than simply receiving a drug or piece of blotter paper, drinking a tea, or chewing on some plant material. The psychedelic molecule may indeed provide an opportunity, giving access to a vast array of alternative forms of human consciousness, but how one responds to that opportunity depends not only on the molecular structure, dosage, and purity of substance but also on the recipient's ability to choose to relinquish the usual controls of the ego and to enter into the experiences choreographed by his/her own mind regardless of their nature and content. In research settings, for decades, this attitude has been encouraged with the mantram, "Trust, let go, and be open" (TLO). This decisive, courageous attitude for most persons seems to be most easily expressed in the context of a human relationship where a significant degree of unconditional acceptance and support has been established. This is especially critical in sessions with moderate or high dosage when the recipient may feel as though he/she is dying or going crazy as transitions in consciousness are occurring. If one seeks to escape from the emerging experiential content or to somehow censor or control it, the "nightmare sequence" usually occurs, typified by fear, panic, confusion, and sometimes paranoia. Such bad trips are extremely rare when an effective therapeutic alliance has been established in advance.

There appears to be a profound principle being expressed in the therapeutic alliance, often acknowledged in concepts such as the bejeweled net of Indra in Hinduism or the brotherhood of man or family of humanity in Western religious thought. Viewed as more fundamental than the usual everyday awareness of most of us, this sense of belonging or inter-connectedness within the mind, though often forgotten, remains a common discovery when mystical forms of consciousness are becoming manifested. In the framework of transpersonal psychology, one might note that in Latin *trans* means both above/beyond and between/across. When a person thinks, "I can do this on my own and don't really need anybody," some psychedelic sessions may prove to be safe and perhaps life-enhancing, but eventually it appears probable that very challenging content will eventually emerge and be difficult to explore in constructive ways without interpersonal grounding. In my own experience, my introduction to psychedelic experiences described above was indeed positive and occurred without an established therapeutic alliance. I would note that my mental state at the time was one of openness, that I chose to trust/entrust, and that the dosage happened to be relatively low. Yet, in a subsequent experience under similar conditions I experienced acute psychological distress which, though intellectually instructive as an experiential seminar in psychosis and paranoia, did not prove to be facilitative of personal development.

## Preparatory Psychoeducation

Just as if one were to go skiing or scuba-diving for the first time, it is wise and sometimes imperative to receive some basic instruction on how to navigate within alternative states of consciousness before embarking on a psychedelic-assisted journey. Such instruction is easily provided; it frames the *psychological set* that maximizes the positive, healing potential of psychedelic-assisted excursions into the mind. It also enhances the

therapeutic bond. The essence of such preparatory instruction is expressed in the following six principles or guidelines:

- 1) *Being present, accepting, and exploring the content that emerges, irrespective of its nature.* During the period of psychedelic-assisted access to mental processes, many different experiences may occur. Some may be beautiful and inspiring; others may entail suffering, perhaps involving the confrontation and reliving of trauma, or intense encounters with guilt, shame, fear, anger, or unresolved grief. My impression is that each human mind is endowed with a certain wisdom that knows how to best choreograph the emergence and resolution of conflicts and healing processes. The task of the therapist is to be a facilitator, akin to a midwife who supports the person as emergence occurs, not to be a mechanic intent on fixing or repairing with various interventions. Thus the person who receives the psychedelic is supported in exploring and valuing whatever may emerge rather than judging whether it is good or bad, interesting or boring, transcendental or mundane, etc. The motivation for using a psychedelic to potentially accelerate and deepen the therapeutic process is expressed in a willingness to move into and through any suffering that may be encountered as an intrinsic part of an acknowledged desire for personal and perhaps spiritual development. From this perspective the dark night of the soul, as expressed by St. John of the Cross in the 16th century, is not a symptom of failure or a distraction but rather an intrinsic part of the spiritual journey.
- 2) *Readiness to rapidly confront* any manifestations within the field of awareness that appear potentially frightening is of fundamental importance. If a monster/dragon/bogeyman appears, one is prepared to meet it, perhaps acknowledging initial fear but then asserting curiosity and a desire for understanding: “Are you ever scary! But, why are you here? Where did you come from? What are you made of? What might I learn from you?” One is prepared to dive into the pupil of the eye if the threatening image has eyes, akin to diving into a swimming pool. The assumption is that it is your very own monster and that it appears in order to teach you something intrinsic to the healing process. In the religions that employ *ayahuasca* (South American psychoactive brew) there is the tradition of confronting the great anaconda serpent if it should appear. If one tries to flee and escape from it, panic and paranoia will reliably occur. Rather, one dives into its mouth and looks out through its eyes. In becoming the anaconda, perhaps one owns his/her own *shakti* (cosmic energy or life force: kundalini, elan vital, chi, etc.) and affirms/accepts the strength, empowerment, and creativity that the symbolic image may manifest.

Another metaphor for teaching this attitude that has been employed in many psychedelic research sites is the invitation to imagine going into the basement of one’s life. One boldly announces, “I’m coming down,” and descends with one firm step after the other, carrying a bright search-lamp, and perhaps affirming trust in the company of the therapist. One searches out the darkest corners one can find and brightly illumines them, essentially affirming, “If there’s anything down here that’s contributing to my anxiety or depression, I want to know what it is.” This proactive, courageous intention typically leads through abreaction but eventually culminates in an awareness that there is nothing to fear.

- 3) *Turning off the intellect* can be especially challenging for well-educated persons who tend to rely on the defense mechanism of intellectualization. A common response to the opportunities afforded by the action of a psychedelic substance is essentially to say to oneself, “Stop! What’s going on here? Let me find some concepts, words, or labels to console myself before venturing any more deeply into my mind.” This is the point at which some persons, if wearing an eyeshade, may lift its edges to reorient themselves in the room.

An established way to prepare for this defensive tendency is to essentially bribe the intellect in advance, perhaps on the day prior to the psychedelic-assisted session. Essentially one says, “You’re a wonderful intellect, so bright and clever. You guided me through graduate school and into my profession and have such a rich vocabulary. However, during the action of the psychedelic, you go out and play. I promise that, when you come back in at the end of the day, there will be many new experiences to reflect upon. At that time, you can draw on your knowledge of depth psychology, comparative religions, philosophy, and even quantum physics and choose the words that you find most helpful as you articulate and begin to integrate your experiences.”

As classically expressed by the psychologist of religion, Rudolf Otto (1917), our mental processes may be viewed in three categories: the rational, the irrational and the non-rational. It is this third category, often called intuition, that best reflects the most profound insights that occur in some psychedelic sessions. It is expressed well in a verse from the Taoist scriptures, the *Tao Te Ching*: “Those who know do not speak; those who speak do not know.”

- 4) *Accepting and exploring somatic sensations* may not only decrease potential physical discomfort, but may facilitate the encounter with and resolution of important psychological content. As has become increasingly recognized by therapists who specialize in the resolution of trauma, memories, and concomitant emotions often appear to be stored within or correlated with muscular tensions. If one focuses upon a particular sensation that seems to be demanding attention, often a memory will awaken, and a sequence of potential resolution will occur. As well expressed by Bessel van der Kolk (2014), “The body keeps the score.” Thus a sensation that seems to command attention may be much more than an undesirable side-effect of a psychedelic substance; it may be an invitation to insight and healing.

Practically, this orientation is often helpful when dealing with nausea, perhaps the most common psychosomatic symptom that may occur during a session. One is instructed in advance that, should nausea occur, one should immediately “dive into her/his stomach”; when the sensation is accepted, it often immediately vanishes. Should the sensation be persistent and one reports a need to spit something out, experienced therapists will invite the person who has ingested the psychedelic to briefly sit up and vomit/spit into an emesis basin, held at the person’s mouth, typically without even removing the eyeshade or headphones if they are already in place. It is no big deal and there’s no need to interrupt the session to attend to the transient symptom.

Sometimes, as is recognized in communities that employ ayahuasca or peyote, the purgation is experienced as cleansing or purification, even to the extent of *La Purga* (vomiting and diarrhea together). When one lies back down, the inner journey continues to open up, and the somatic distress is left behind. It is noteworthy that with well-prepared persons nausea often doesn’t occur at all. When it appears it often may be understood as a symptom of anxiety and an attempt of the everyday self (ego) to resist or control emerging content.

- 5) *Normalizing physical contact*, which may be sought for reassurance, connection, or occasionally for safety, is an important part of preparation for a psychedelic-assisted session. Demonstrated, discussed, and rehearsed, usually on the day prior to the session, it may provide potent interpersonal grounding especially during unexpectedly rapid transitions in consciousness or the emergence of challenging psychological content. It may supplement the steady, reassuring voice of the therapist. Usually limited to reaching out for the hand of the therapist or accepting a touch on the shoulder or arm, such connection for many persons can provide the nonverbal support required to channel anxiety constructively and encounter psychological con-



tent that otherwise might remain inaccessible. This good touch can sometimes be of critical importance; although the body on the couch may look the same throughout the day, the content being experienced may range from that of a pre-verbal infant through many stages of development, even to the unitive consciousness of a spiritual master. Such human warmth and spontaneity can be communicated sensitively and effectively. The person who has received the psychedelic can reach out at any time and the therapist can initiate supportive touch when his/her intuition prompts such behavior. Touch is never sexual; sessions may be video-recorded in settings where legal back-up or supervision is desired.

- 6) *Entering into music* that has been thoughtfully selected to provide nonverbal support, especially during the initial ascent and the most intense portions of a medium or high-dose session, may well significantly enhance the safety and efficacy of a psychedelic experience. Generally, the use of a well-designed playlist that has been found effective with diverse people is wise as it frees up the therapist from playing disc jockey and enables the therapist to be more fully present with the psychedelic voyager. The usual musical preferences of either therapist or voyager may not be important during the intense phases of a session, especially when the sound is experienced as a vehicle of transport and support and when consciousness has expanded beyond the usual limits of everyday awareness. Critique of music may be a common defense, especially when potentially stressful content is emerging during a session. When one is encouraged to “hate it with passion,” resolution of conflicts tends to occur, and the very same music may be experienced as beautiful (Richards, 2022).

## Concluding Comments

Although the use of psychedelics by humans may be traced to 1500 BC, if not to the dawn of civilization, and (like mushrooms) has appeared and vanished in many societies over time, they are now on the verge of integration into Western cultures in medical, educational, and religious contexts (Richards, 2016). The hope I share with many is that this integration will proceed in fundamentally safe and responsible ways. Different people may well require different degrees of preparation, session guidance, and integrative support. Some with severe conditions of poor mental health may require extensive relationship-building and guidance in order to potentially experience the effects of psychedelics in beneficial ways and may be well advised to focus on milder meditative, psychotherapeutic, or psychopharmacological approaches of personal or spiritual development. Continuing research will help establish if, when, and how psychedelics may prove helpful to persons with significant psychotic tendencies or histories. However, we already have substantial data that are supportive of their beneficial use with a variety of mental health conditions. Further, they may well become recognized as powerful educational tools as we continue to explore the nature and mysteries of human consciousness. Their potential role in what we call religion or spirituality is being increasingly recognized. As Abraham Maslow (1966) stressed during the birth of humanistic and transpersonal psychology, true science is on the frontiers of knowledge, stretching to attempt to incorporate new concepts and language, which is where we find ourselves in psychedelic research.

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