You might ask yourself, “What does a scientist at a major Midwestern university know about psychedelics, death, and dying?” I was on a panel with Tim Leary many years ago at a conference on psychedelics and when I started my remarks I said, “I am a reductionist scientist.” Tim immediately leaned forward, looked at me, and said, “Well, David, you aren’t a reductionist scientist all the time.” I quipped back, “Yes, but no one is supposed to know that.”

I find it impossible to be completely reductionist in my outlook when I have seen so many things that cannot be explained by conventional science. For example, my first wife had a number of paranormal experiences that I witnessed first hand. Soon after we were married, she awakened from a dream where a small girl had come to her, leading her to the scene of an auto accident where she and her mother had been killed, asking for help to save her father. The next morning we found that such an accident had occurred at the same time as she had been having the “dream,” and in exactly the spot as in the dream. A mother and her young daughter had been killed, and the father was in intensive care in a local hospital. As another example, in a vivid dream late one summer her deceased paternal grandmother came to her and told her that she was coming back “on the 19th at 6 am.” She awoke from the dream and told me about it. Her father had cancer that had been progressing for some time, but at that moment he was holding his own. He died several months later on October 19th at 6 am. I witnessed these events, and many similar others, first-hand. How can science explain things like that?
I began my graduate studies in the fall of 1969, specifically to study psychedelics (or psychotomimetics, as we were forced to call them then). While I was a student, however, Congress passed the Controlled Substances Act of 1970; a future studying psychedelics now seemed very remote. Nevertheless, I continued to work in this field, believing that someday things might turn around.

You may study the chemistry and pharmacology of psychedelics, but you cannot read only science; the cultural and sociological issues are too large. As a scientist, I felt I couldn’t study these substances in a sterile environment, without appreciating the impact that my work might have on society. Being somewhat culturally disconnected by living in the Midwest, however, the literature I read was hit or miss. The “summer of love” was not something in the news in Cincinnati, Ohio. I was fortunate, however, to stumble upon the work of Eric Kast, who first discovered the remarkable effects of LSD in dying patients. It was natural then to find the subsequent work of Kurland, Grof, et al. in Maryland, who had expanded Kast’s seminal findings in their studies of psychedelics in terminal patients. Reading the excellent books by Stan Grof, and the parallels between psychedelic peak experiences and the so-called “near-death experience” reinforced my belief that psychedelics represented powerful tools to help in understanding death and dying. I was convinced that this research needed to be continued. Yet, as a Ph.D., and not an M.D., there seemed not much I could do except follow the chemistry and pharmacology of these amazing substances... and hope.

In the mid-1980s, I made the acquaintance of a psychology professor at Purdue who had lost a son to a drug overdose and as a result had become very interested in death and dying. He offered a course every other year on the subject, and invited me to present a lecture on the use of psychedelics in dying patients. I eagerly agreed, and it was always fun to see the shock and amazement on the faces of the students, most of who were in the nursing program, when I introduced the subject of giving LSD to terminal patients. By the end of the hour, however, they were excited and full of questions.

As time went on, I became more and more frustrated by my own lack of qualifications to do clinical research, and by the fact that no one who was qualified had really tried. In a meeting at Esalen in 1984, I recall asking Oz Janiger why he and others who had been pioneers hadn’t tried to restart research, but his reply to me was dismissive; that I just didn’t understand how badly they had all suffered. It baffled me that folks who had seen the presumed therapeutic effects of psychedelics first hand, and who had extolled their virtues, could just give up like that. I really did not understand.

So, for years I went to scientific meetings, and in the evenings sat over beers with colleagues who would listen, bemoaning the fact that no one was doing clinical research on psychedelics. I would argue that it wasn’t impossible; you just needed private money to do it. Everyone seemed to have the misconception that it wasn’t possible, but I countered that no one who was qualified had really tried. There were many important players in the community who didn’t believe me, but I remained convinced that if you had qualified researchers you could restart clinical research. The proof of principle finally came as I worked with Rick Strassman, who became the first clinician in more than twenty years to give a psychedelic to humans under an FDA-approved protocol. Even then, Daniel X. Freedman, then the head of psychiatry at UCLA who was a mentor for the project, counseled Rick to “Forget about therapy. Just measure physiological parameters.” It was good advice for getting research funding and publication in a solid journal, but of course avoided the most interesting issues, many of which could finally be explored in Rick’s book DMT: The Spirit Molecule.

As I sat over a beer sometime around 1990 telling the same story for the umpteenth time, it suddenly occurred to me that I might ultimately be sitting in a rocking chair many years hence, old and decrepit, telling the same old story; still waiting for someone else to take the initiative. I was spurred to action by that thought and contacted a number of psychiatrist and neuroscientist colleagues and friends and said, “Let’s do it.” The rest, as they say, is history... or nearly so. We became the Heffter Research Institute, and incorporated in 1993. It is gratifying to see that the Heffter Institute has now been instrumental in initiating and supporting a study of psilocybin in OCD, and three clinical studies of psilocybin in cancer patients, dreams that motivated me to found the Institute in the first place. But how do psychedelics work? We have a modest but robust basic clinical neuroscience program in Zurich under the very capable direction of Dr. Franz Vollenweider to find out. Finally, it seems that things are moving. It has taken longer than I originally thought, but as they say, “better late than never.” What a journey for a reductionist scientist from the Midwest! •

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