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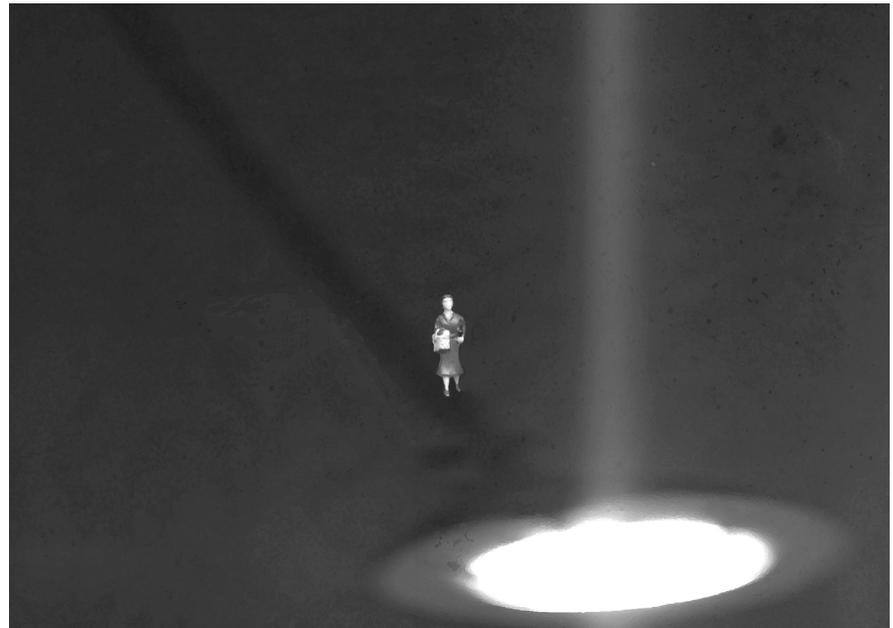
Just Say Maybe

A Discussion about Psychedelic Drugs, Healing and Politics

IN JANUARY OF THIS YEAR, the Food and Drug Administration (FDA) gave rare approval of a research project examining the possible usefulness of MDMA, an illegal (Schedule 1) psychoactive drug, for alleviating anxiety among terminally ill cancer patients. The study, at Harvard University's McLean Hospital, marks the first research into "psychedelic" drugs that Harvard has allowed on campus since Timothy Leary and Richard Alpert were expelled from its faculty in 1963 for encouraging student use of LSD.

MDMA, commonly called Ecstasy and used illegally by millions, especially young people in the U.S., Israel, and Europe, is widely known to foster euphoria and empathy through its action as a serotonin uptake inhibitor. The drug has been used in clinical tests as a treatment tool for post-traumatic stress disorder (PTSD) patients, including survivors of sexual assault, and for anxiety relief among terminally ill patients. According to Dr. Julie Holland, an expert on MDMA, "illnesses that have the potential to benefit from MDMA therapeutic research are depression . . . anxiety disorders, social phobias [and] simple phobias." MDMA was made illegal, however, by the U.S. Drug Enforcement Administration in 1986. This action continues to greatly restrict research into its possible medical benefits.

LSD, psilocybin, mescaline, ibogaine and other psychedelic drugs were also investigated by psychiatrists, researchers and the Central Intelligence Agency in the 1950s and early 1960s, before being proscribed. Early investigators into the effects of such drugs, notably Dr. Walter Pahnke of the Maryland Psychiat-



ric Research Center, found among experimental subjects "increased personality integration . . . including a renewed sense of personal worth coupled with a relaxation of habitual mechanisms of ego defense," and numerous other positive effects (Pahnke on LSD in the *Journal of Religion and Health*, 1966). Such research was too short-lived, however, to be definitive.

Personal experimentation with these powerful drugs led many of the baby-boom generation to view them as rich in transformative potential (and a class apart from addictive narcotics such as heroin and cocaine). Although little discussed even by chroniclers of the tumultuous 1960s and '70s, the widespread use of psychedelics arguably played

an important role in helping to incite the creative countercultural energies of that period. At the same time, however, the recreational use of such powerful substances led to many instances of abuse and psychological mishap, even while the law was preventing scientists and psychotherapists from playing a public role in defining and, perhaps, confining the use to appropriate venues.

Why have American policymakers been so opposed to the exploration of psychedelic drugs for therapeutic and medical use? Why does the War on Drugs, with its vast human and financial costs and ineffectual results (see page 14), still rage? How have psychedelic drugs affected American politics, religion and culture? Why are Jews playing prominent roles in the fields of psychedelic research

Artwork by Lawrence Bush

PARTICIPANTS IN THIS DISCUSSION INCLUDE:

DR. RICK DOBLIN, founder and president of the Multidisciplinary Association for Psychedelic Studies (MAPS), a non-profit membership-based organization that sponsors clinical studies of psychoactive drugs. Doblin holds a Ph.D. in Public Policy from the Kennedy School of Government at Harvard University.



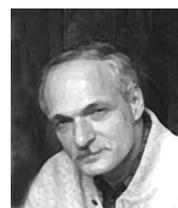
DR. CHARLES S. GROB, professor of psychiatry and pediatrics at the UCLA School of Medicine and director of the Division of Child and Adolescent Psychiatry at Harbor-UCLA Medical Center. Grob conducted the first government-approved study of MDMA and was the principal investigator with an international research project in the Brazilian Amazon examining the psychoactive plant, ayahuasca. He is currently conducting a study evaluating the use of psilocybin in the treatment of advanced-stage cancer patients with anxiety. Grob is the editor of *Hallucinogens: A Reader* (2002) and co-editor of a new book, *Higher Wisdom: Eminent Elders Explore the Continuing Impact of Psychedelics*.



DR. JULIE HOLLAND, board-certified psychiatrist at Bellevue Hospital in New York and editor of *Ecstasy: The Complete Guide* (2001). Holland serves as a liaison to the hospital's medical emergency room and toxicology department and is a recognized expert on street drugs and intoxication states. She has written on psychoactive drugs for *Lancet* and the quarterly journal of MAPS, and serves as special consultant for drug studies to the Heffter Research Institute. (Dr. Holland was able to participate only briefly in our interview.)



HOWARD LOTSOFF, advocate of the anti-addictive effects of ibogaine, was awarded several patents in the U.S. and Europe for the use of ibogaine in the treatment of opioid, stimulant, nicotine, alcohol and poly-drug dependence. Lotsof consults to several corporations in the U.S., Canada and Israel that are conducting clinical studies and other research with ibogaine. He is President of the Dora Weiner Foundation and had been President of NDA International, Inc., a company deeply involved in the FDA regulatory development of ibogaine.



and advocacy? JEWISH CURRENTS editor Lawrence Bush posed these questions to four prominent Jewish researchers in the field. (Bush's article in *Tikkun* magazine, "Drugs and Jewish Spirituality: That Was Then, This is Now," was included in the anthology, *Best Jewish Writing of 2003*. We thank reader Noah Potter for helping to inspire and arrange this interview.)



LAWRENCE BUSH: Three of you have been researching MDMA, and the new Harvard study is focused on that compound, too. Is there something in its effects that seems

especially promising for therapeutic use, or are you mainly motivated by its widespread presence in the culture?

JULIE HOLLAND: The fact that it's a very popular drug certainly makes it into a public health issue, and we're obligated to study it and understand its effects. That being said, I do think there is something unique about MDMA that makes it very well suited for use as a catalyst to help the psychotherapeutic process go deeper, more quickly, and possibly more comfortably. MDMA also doesn't last as long as LSD, so it may be better suited to short psychotherapy sessions. And the shift in conscious-

ness from MDMA is not as profound as from LSD, so it might be easier for the person to stay focused on the therapeutic tasks at hand.

CHARLES GROB: A unique aspect of MDMA is its capacity to induce states of empathy, more so than the classic hallucinogens. Empathic rapport between the patient and the therapist is about the best prognostic indicator you can find for the success of psychotherapy.

RICK DOBLIN: I generally say that psychotherapists will be better able to use these substances in therapy if they've experienced the substances themselves. But a lot of therapists are

terrified of taking LSD. MDMA is a more gentle, less challenging drug. Rabbi Zalman Shachter-Shalomi [the spiritual leader of the Jewish Renewal movement in the U.S. — L.B.] put it really well when he compared taking MDMA to observing the sabbath. It brings you into the moment, and there's a certain restfulness of self-acceptance, which by itself can sometimes produce updated perceptions or ideas or emotional flow. That means we can really integrate it into psychiatry and psychotherapy.

HOWARD LOTSOFF: The therapist is going to have to work hard when these drugs are used. The therapy is more active, the patient is more divulging, and the drug has both psychotherapeutic and physical effects that the therapist has to address.

LAWRENCE BUSH: Some of you have made public statements disapproving the recreational use of these drugs, in part because of how it has interfered with the research you're trying to do into their possible medical uses.

HOWARD LOTSOFF: The issue of recreational use should not dissuade the investigation of medical utility. A drug can be a drug of abuse but also have an approved medical purpose.

CHARLES GROB: But practically speaking, the mass popularity and illegal status of MDMA, and the sensationalized media coverage, have been a real disincentive for many potential investigators.

RICK DOBLIN: That's very true. Yet paradoxically, the fact that MDMA has been so demonized means that there's about \$150 million's worth of safety data about MDMA in the public domain that's been paid for

by governments intent on its prohibition. This gives us the opportunity to turn it into a medicine at a price that we can afford; we would not have to repeat all that safety research.

LAWRENCE BUSH: What do you think draws adolescents to experiment with

“The issue of recreational use should not dissuade the investigation of medical utility. A drug can be a drug of abuse but also have an approved medical purpose.”

psychedelic drugs? They're powerful and can be frightening, and they're not “escapist” in the ways that we usually think of cocaine or heroin or other opiates.

CHARLES GROB: That's a great question. To some degree, it's about adventurousness, the generalized risk-taking that we see among young people. For some, it's about the need to transcend — the search for the numinous.

The trap that many young people get into is this: While they may have

a drive to experience an optimal altered state of consciousness, the conditions under which they take the compounds — and often the compounds themselves, which are seriously subpar and adulterated — lead them into very, very serious trouble. If you take these compounds

at the wrong place, at the wrong time, with the wrong people, under the wrong conditions, you can have severe adverse effects.

HOWARD LOTSOFF: Those are the outcomes of a society that condemns normal experimental use of psychoactive substances. These substances, and their use, can be traced back to the very beginnings of history. If society is not going to take responsibility for the health and welfare of its children, it's left up to them to do as best they can. And parents are pre-

MDMA, KNOWN ON THE STREET AS ECSTASY,

was patented by Merck Pharmaceuticals prior to World War I and explored for its “brainwashing” potential by U.S. Army Intelligence in the 1950s. It was used in psychotherapeutic research in the 1970s and became a widely used recreational drug, especially in conjunction with all-night dancing, in the 1980s. In the U.S., some 25 percent of young people, 15 to 25, are estimated to have used the drug.

Neurotoxicity research suggests that MDMA may make users vulnerable to hyperthermia, dehydration, and depression. However, according to Charles S. Grob's “Deconstructing Ecstasy: The Politics of MDMA Research” (in *Hallucinogens*, 2002), “MDMA neurotoxicity may be entirely setting dependent and therefore completely preventable.” The dance club settings where the drug is most commonly used seem to be more to blame for the small number of Ecstasy-linked deaths in the past few years than the compound itself. “For years,” Grob observes, “fears aroused by the publicization of neurotoxicity concerns have stalled the development of alternative research paradigms” to assess “the unique properties of MDMA, both positive and negative . . .”

THE WAR ON DRUGS

was launched in 1972 by President Richard Nixon and now costs taxpayers between \$11 and \$40 billion per year (depending on who's counting), most of it spent on law enforcement and interdiction. State and local governments add billions annually to that total. Yet according to White House estimates, 57 percent of those who need drug treatment do not receive it—even though treatment, says the RAND Drug Policy Research Center (in a study for the U.S. Army), is fifteen times less expensive than law enforcement and (in the case of cocaine) ten times more cost effective than interdiction.

The costs of the War on Drugs go beyond tax dollars. Of two million people now incarcerated in the U.S. (a world record), more than 250,000 are in state prisons on drug charges and more than half of federal inmates are drug offenders. The U.S. now incarcerates more people for drug offenses than Western Europe, with a greater population, incarcerates for all criminal offenses. State prison budgets are therefore growing twice as fast as state spending on public colleges and universities.

One third of the 101,000 women in prison today (eight times more than in 1980) are drug offenders, even though, according to the American Civil Liberties Union, many of these women had only “peripheral involvement” or simply “failed to turn in their partners to police.” Most of these women leave behind children “for whom they were the sole primary caretaker.” African Americans, who constitute just 13 percent of monthly drug users, are involved in 35 percent of arrests for drug possession, 55 percent of possession convictions, and 74 percent of cases resulting in imprisonment for drug possession, according to the Drug Policy Alliance (www.drugpolicy.org). A Human Rights Watch report observes that nationwide, African-American men are incarcerated for drugs at nearly ten times the rate of white men. Sentencing is also generally harsher for African-Americans than for whites.

According to the Unitarian Universalist Association, U.S. drug war interventions in Latin America have had “increasingly negative impacts on democratic institutions, poverty and the environment.” The U.S. “uses the guise of ‘narco-trafficking’ to train and command soldiers in Latin America to oppress and physically harm the poor. A letter to the United Nations signed by more than five hundred leaders from around the world states that ‘the global war on drugs is now causing more harm than drug abuse itself.’”

Random drug testing is now a standard feature in public school systems and workplaces. Yet more than half of American students report having tried an illegal drug before graduating from high school, according to the U.S. Office of National Drug Control Policy. The War on Drugs has not made the substances it targets unavailable to people; prohibition, rather, has simply increased the profitability of drug trafficking and the level of violence and suffering associated with it.

vented from intervening in any way, except to say “No,” which doesn’t get you anywhere with your kids.

CHARLES GROB: The great irony of the situation is that while these drugs are allegedly the most controlled group of drugs, classified as Schedule 1, they are actually out of control: Anybody can get them, and can get into terrible trouble with them. In many respects, the whole premise of current drug policy has failed, because it has not at all prevented young people from easily accessing dangerous drugs and using them in the most adverse settings.

RICK DOBLIN: The people who can’t get them are the researchers!

The government seems to want to maximize the harm done by these drugs, so they can maintain prohibition. They’re putting forward a vast amount of misinformation. People have been told, for example, that the marijuana smoked today is twenty times more potent than the marijuana they smoked as young people — so they support prohibition for their own kids. Those kinds of false arguments are amazingly effective. We need to focus on how to counteract that kind of propaganda. The best response is scientific information.

LAWRENCE BUSH: What do you make of the opposition to psychoactive drugs in our society? Why do the authorities fear them so much?

RICK DOBLIN: One of the very first things the Spanish conquerors did in the New World was to unleash the Inquisition to go after the sacramental use of peyote. The community-building effect of sacred peyote use was seen as threatening to the religious and political authority of the new rul-

ers. Today, we have symbolic politics at work: Psychedelics emerged in the 1960s, a time of tremendous social turmoil, and because they inspired people who later became prominent in the anti-war and social movements, the drugs became symbols of cultural rebellion.

CHARLES GROB: They were catalytic in fostering opposition to the Vietnam War — and their role is very underappreciated.

HOWARD LOTSOFF: I was in Berkeley during the Free Speech Movement. There was a tremendous flow of information among young people, including from within the university and Livermore Lab, and I can tell you that the core of government opposition to LSD and drugs of that type, the really heavy FBI moves against them, had everything to do with their use within the anti-war movement.

LAWRENCE BUSH: So do you see the work you do now as being on a continuum with the social causes of the 1960s?

CHARLES GROB: Well, during the 1960s, we had a sense that we were on the threshold of achieving a new society. That was naive. If you look at society today, there are enormous problems.

HOWARD LOTSOFF: But great changes did occur: through the civil rights movement, the women's rights movement . . .

CHARLES GROB: Yes, and whereas the war ended and all of the other hot-button causes achieved some measure of acceptability, the putative role of psychedelics in society has been swept back under the rug.

“DRUG DECRIMINALIZATION,”

a resolution passed by the Workmen's Circle in 2002 and reaffirmed in 2004, states that while it is “generally agreed that the use of recreational drugs is undesirable,” the “same can be said of many other practices that are not illegal, such as the use of tobacco and the use of alcohol. Only the use of drugs is currently criminalized by all levels of government in the U.S. and is the subject of a ‘war’ to exterminate the practice.

“Many scholars and legal authorities . . . have come to the conclusion that the war . . . aggravates the problem it is intended to solve. . . . The very expensive campaign to reduce the inflow of drugs into the U.S. is a demonstrable failure” and has “resulted in various counterproductive foreign-policy debacles. . . . The illegality of drugs has led to the evolution of vast structures of gangs and criminal cartels” and a “tremendous proliferation of hand guns, marked increase in gun-related violence, the death of large numbers of innocent children and adults, and the blighting of large parts of the inner cities, which have become, in essence, war zones. . .

“Against these negative consequences of society's war on drug use, it is hard to discern any real benefits or justification. Certain things are often cited, but are not very convincing:

“1) *Use of drugs has undesirable medical consequences.* In point of fact, such consequences are hard to document . . . [and] pale into insignificance next to the detrious medical effects of legal ‘drugs’ such as alcohol and tobacco.

“2) *Drugs breed violence.* It is, of course, not the drugs themselves but their illegality that breeds the violence. The enormous sums of money to be made by selling anything illegal fuel the entire violent drug-dealing community.

“3) *Children have to be protected.* . . . Spending the money on education about drugs would be far more effective. . . .”

The resolution goes on to propose the following:

“• The possession and use of all drugs should be decriminalized. Existing laws that criminalize them should be repealed.

“• Persons currently incarcerated solely for drug possession should be released to education/rehabilitation programs.

“• Drugs should be available by regulated sale, like alcohol, and should be freely prescribable by physicians.

“• Persons who use drugs should be encouraged to join rehabilitation programs . . . but should not be coerced to join them.

“• A broad educational effort should be mounted to dissuade people, especially children, from using drugs, but because it is self-destructive and counterproductive, not because it is illegal.”

The complete resolution may be read at www.circle.org/PDF/resolution/8.pdf.

It's been very hard even to talk about it. Yet those compounds represent a potential treatment model that might very well have strong efficacy and applicability, particularly for psychiatric conditions that do not respond well to conventional treatment.

For example, there is hardly an area in medicine in which we have progressed *less* over the last half century than in the treatment of alcoholism.

and some chronically. I would say, however, that people with a history of psychosis should stay away from psychedelic drugs, especially those drugs that tickle or agonize the NDMA receptor centers, which are part of the glutamate system and are implicated in the psychosis of schizophrenia.

LAWRENCE BUSH: All right, then:

“Israel offers a good example of possible broader use of MDMA. There is so much widespread, baseline stress and post-traumatic stress disorder in Israel that they’re willing to look at other tools.”

We have very impressive data from studies in the 1950s and '60s that the psychedelic treatment model, when optimally utilized, may have a great degree of efficacy with alcoholism. We should be examining untapped treatment potentials, particularly for disorders that do untold damage to individuals, families and society.

LAWRENCE BUSH: What about “hard core” mental illnesses? Is there much known about the effects of different psychoactive drugs on schizophrenia or other difficult mental disorders?

JULIE HOLLAND: There is precious little data about that, only anecdotal reports. Schizophrenics are considered a particularly fragile patient population, and there are also many issues about informed consent with them. It's very controversial to give psychoactive drugs to schizophrenics. These patients should certainly not be at the forefront of our research.

In the book I edited about MDMA, there are four testimonials about positive experiences with the drug by schizophrenics. All four said that they were helped by it acutely,

You can get FDA permission to work with terminally ill patients or patients with severe post-traumatic stress disorder. To what extent do you see these substances as tools for people in great distress, and to what extent would you like to see the use of these drugs in a therapeutic way by the broader population?

CHARLES GROB: At this point, it's essential that we focus on their potential utilization in a therapeutic context. If psychoactive drugs are ever to achieve legal status, there will no doubt be credentials that individual practitioners will have to apply for before they could legally administer them in treatment.

HOWARD LOTSOFF: All of my work has been involved with ibogaine as a treatment for drug addiction. I just want to make it possible to take this population out of harm's way, and ibogaine seems to do that more directly and abruptly than other treatments.

RICK DOBLIN: One good example of a possible broader use of MDMA is offered by Israel, where MAPS

[the Multidisciplinary Association for Psychedelic Studies, which Doblin heads — L.B.] is now negotiating a contract for the Ministry of Health to study MDMA's impact on post-traumatic stress disorder. There is so much widespread, baseline stress and PTSD in Israel that they're willing to look at other tools. The person we're working with in Israel, Dr. Moshe Kotler, used to be the chief psychiatrist for the Israel Defense Forces and is now the head of the Department of Psychiatry at Tel Aviv University.

One of Israel's most well-known Holocaust writers, Ka-Tzetnik, underwent LSD therapy in the Netherlands for concentration camp syndrome and then wrote about his experience in a book called *Shiviti*, which caught the attention of a lot of Israelis. The psychiatrists who supervised his therapy also emigrated to Israel. So the idea that psychedelics work to bring emotions to the surface and can help with these disorders has become widely accepted there.

Still, it took seven years of work in Israel for us to get permission. It's a delicate situation. There is a tremendous amount of Ecstasy use in Israel. Young people leave the army at the end of their service, travel around the world and find spots where they can lie around on the beach and do drugs, particularly Ecstasy. The Ministry of Health has special teams that go to India and elsewhere to rescue young Israelis who are having difficult drug experiences. So there's a reluctance to sanction research that might inspire young people to do even more experimentation.

They are also scared of pressure from the United States. Israel is totally dependent on U.S. aid and is not going to move out in front on drug policy. They are also sensitive

to Israel's reputation as a center of Ecstasy manufacture and smuggling. But now that they see that Harvard is undertaking its MDMA study, and now that they've seen our data on PTSD, they're ready to move forward. They're actively considering an ibogaine research project as well.

CHARLES GROB: An example of the use of these compounds outside a strictly medical setting is the Brazilian ayahuasca church, *União de Vegetal* (UDV), which I've studied extensively. The church uses the powerful hallucinogenic plant ayahuasca in religious rituals and has legally protected status.

The ayahuasca sacrament is administered by the ministers of the religion, yet there's a very active medical division of the church that screens all new members and monitors the responses of members with medical or psychiatric histories who start to participate in the religious ceremonies. This is a way of giving the medical profession a role in a religious setting regarding the sacramental use of these drugs.

We did a study of adolescents in the UDV; our findings are in the latest issue of the *Journal of Psychoactive Drugs*. Many of these kids were exposed in utero to ayahuasca, were baptized with it as babies and had the option of participating in ceremonies once they hit puberty. They look very healthy and are functioning very well. So from a health and safety standpoint, under optimally controlled conditions, there is some potential that these substances might be widely used in a beneficial and salutary manner.

The UDV also believes that adolescent participation in ayahuasca ceremonies prophylaxes them against

abusing alcohol or other drugs. Many of the adult subjects in our first ayahuasca research study, in 1993, reported that their alcohol- and drug-abuse disorders had remitted following their regular participation in UDV ceremonies. This reduction of psychopathology was a salient finding of our investigation, and one we believe has serious implications for our own society.

In November, the Supreme Court will be hearing a case involving the use of ayahuasca by the *União de Vegetal* in the U.S. The outcome of this case will have important implications. If the Court rules in support of the lower court's decision in favor of the UDV's right to use ayahuasca for religious purposes, it will be an extraordinary precedent.

RICK DOBLIN: That case was initiated by Jeffrey Bronfman, who heads the U.S. version of the UDV. He's a member of a very prominent Jewish family who seems to have found the rituals of Judaism to be spiritually lacking.

I did, too. In fact, it was my own bar mitzvah experience in 1966 that led directly to my appreciation for psychedelics, in that my bar mitzvah *didn't* turn me into a man. I had expected, naively, that the traditional training and ritual that Conservative Judaism provided would somehow make me feel really different. But they didn't seep down to the levels of my psyche the way I needed them to. Five years later, when I took LSD, it was like: *This is what should have happened through my bar mitzvah!*

LAWRENCE BUSH: Then let's make a leap: Let's say that the Jewish community decided to introduce a psychedelic experience as a rite of passage. There's bar and bat mitzvah,

there's marriage, and now there's a mystical psychedelic experience for those adults who want it. Is that the kind of broad use that you envision?

CHARLES GROB: I need to raise a cautionary point. In our society, one of the hot-button issues guaranteed to get people to oppose any investigation of psychedelics is to talk about their sanctioned use by young people.

RICK DOBLIN: I think the policy that might one day prevail is a "family values" approach, which asks, "Whose decision should it be about whether young people use substances?" In the *União de Vegetal*, it tends to be a family decision.

CHARLES GROB: But those are multigenerational communities with adult leaders! To talk about the use of these compounds by young people, you'd have to clearly distinguish between the unsafe, recreational and thoughtless use that we often see in our own culture and the use of them by indigenous people in ritualized rites of initiation that are facilitated by elders and socially sanctioned. Those are very different models.

LAWRENCE BUSH: One reason these drugs seem to have sacramental value is that they can evoke an experience of religious mysticism. Part of the mystical experience, however, is that the perceptions you gain often seem more profound and real than the perceptions of normal waking consciousness — which makes users susceptible to a kind of "conversionary" experience or religious awakening. Don't you think that also leads to gullibility, involvement in religious cults, other kinds of quackery?

HOWARD LOTSOFF: Not unless groups like the Moonies were involved in psychedelics. Remember, the history of cults extends far back before the advent of modern psychedelics!

In my forty-plus years of observing drug use — and participating in my younger years — I find that peo-

LAWRENCE BUSH: Apart from Rick Doblin's bar mitzvah reflections, are there other "Jewish connections" in the work you're doing?

HOWARD LOTSOFF: I can't separate anything about me from my Jewishness, even though I'm not an actively practicing Jew. I was born in 1943,

bound up with my Jewish identity.

I also think about the fact that the Inquisition's repression of the use of sacred plants by peoples in the Americas was concurrent in time with the Inquisition's attacks in Europe against the Jews. In many respects, I see our current drug policies as heirs to the Inquisition.

"While these Schedule 1 drugs are allegedly the most controlled group, they are actually out of control. Anybody can get them, and can get into terrible trouble with them."

ple remain basically who they are. The vulnerable ones are vulnerable to begin with and may have been headed to a place of dysfunction even without psychedelics.

CHARLES GROB: Actually, I think that many of the young people who joined cults *did* have psychedelic experiences and found them to be shattering. They then went looking for new structures in which to stabilize their psyches. Young people in the 1960s were reinventing the wheel when it came to these substances. There were no elders or road maps to guide them. Many people had experiences that positively influenced the course of their lives, but we can't lose sight of the fact that there were people who went off the deep end and never came back.

RICK DOBLIN: The question is whether the unitive experience, which seems so self-confirmatory — "This is *so* true!" — puts a person at odds with skepticism and questioning. I think it's often the opposite: Once you have these experiences, which you feel are so deeply true, you want to know more about what *is* really true — which is why the scientific quest takes over.

during the Second World War, and my mother taught me that regardless of what I considered myself to be, the Nazis would have killed me. That has had a potent effect on my identity.

To me, Jewishness and healing are inseparable. I feel that my involvement with ibogaine is basically following a path established by Moses, Jesus, Einstein, Freud, Salk . . .

CHARLES GROB: I echo a lot of what Howard said. My mother was a refugee, escaping Nazi Germany to Sweden in late 1939. Her father was a decorated German Army veteran of World War I who was imprisoned for several months at Dachau. My father, a U.S. Army medical officer, was the first American doctor to arrive at Dachau the day it was liberated in 1945. These experiences of my parents and grandparents were the stories I heard during my childhood, and they had a very deep impact on me.

On my mother's side of the family, I'm actually a direct descendant of a long line of rabbis going back forty generations to Rashi. I see myself as coming from the tradition of healing, the tradition of compassion, the tradition of service, the tradition of exploring religious experience, all

RICK DOBLIN: There is a large percentage of Jews in science, but even a larger percentage in psychiatry. I think this Jewish focus on diseases of the mind reflects our own history of being victims of cultural insanity and irrationality for so long.

For me, the goal is to transform society. And I do think that large-scale social change can be motivated by that unitive mystical experience, because once you have identified "across boundaries," it's less possible to get involved in scapegoating or demonizing others, or in wars that rely upon religious or national hatreds. That's why I would say that my work with psychedelics was motivated primarily as a response to the Holocaust.

But it's an appropriate strategic decision to work on these medical applications first. I think that's particularly true of the work with the terminally ill. Everybody has a certain fear about dying, and if we can show that there is some sort of response that we can provide that can be helpful, people may be able to get over the symbolism of these drugs as tools of cultural rebellion. ■



*We invite
reader comment.*