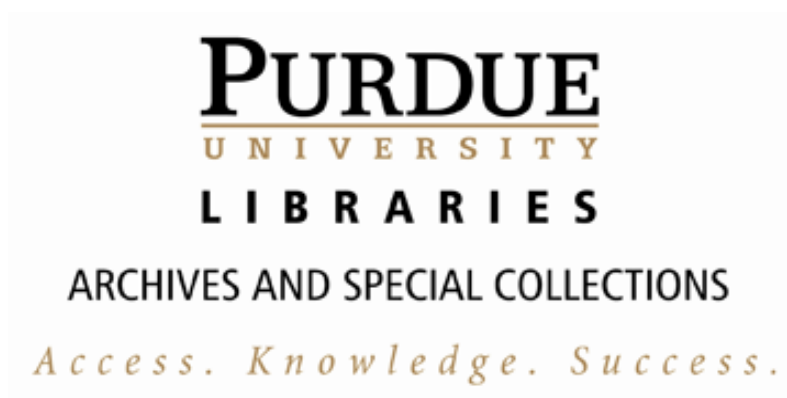


William Richards Interview

Conducted by Katherine Markee and Stephanie Schmitz on September 2, 2009



The following interview was conducted with William A. Richards, PhD of the Department of Psychiatry at Bayview Medical Center, Johns Hopkins University, for the Purdue University Oral History program. It took place on Wednesday, September 2nd, 2009 in Stewart Center. And also sitting in is Stephanie Schmitz, a colleague in the Archives and Special Collections. The interviewer is Katherine Markee, the oral history librarian.

KM: Welcome and good afternoon, Dr. Richards. We are pleased to have you here.

WR: Thank you.

KM: Let's start by if you'll tell us where and when you were born and your parents, and early years.

WR: [Laughs]. Well, I was born in the upper peninsula of Michigan—a little mining community near Marquette called Negaunee. Parents were teachers. I was the second of three boys. May 22nd, 1940.

KM: What was grade school like--your early years? Was it a small school, or large school?

WR: Well, we had one grade school and one high school. There was a Catholic school. It was a very small mining community.

KM: Sure. What sort of mining do they do? What type?

WR: Iron mining.

KM: Iron mining, OK. What about high school? Tell us a little bit about that.

WR: High school.

KM: Was it a large school? Were there any student clubs that you belonged to?

WR: You're really asking for ancient history here, let's see.

KM: OK. Was it a (overlapping dialogue; inaudible)?

WR: Yeah, it was a very good school. It had a very high quality music program. A lot of support for writing, I remember. When I look back on it, I'm kind of impressed at this little school in the middle of nowhere --

KM: Had quite a program.

WR: -- was so high quality. In many ways.

KM: Was it close to where you lived? Could you walk back and forth to school?

WR: Oh, yes. Yeah. You could walk anywhere there.

KM: What was the size of the community? Must not have been too large.

WR: No. I'm not sure what the population would have been. But not over probably 2500 or so at that time.

KM: Very nice, very good.

WR: Very quiet.

KM: OK. Let's talk a little bit, after that, did you go on to college?

WR: Yes. Let's see. To follow the themes that lead into the research here, I grew up in the Methodist Church in Negaunee, and in junior high school, I remember trying to decide if I should be a scientist, like my father was. He was a teacher of

chemistry and physics, and then became a high school principal, or if I should go into music. I was fairly talented as a pianist and was studying pipe organ in my junior high school years, and I loved music. And somehow, I resolved that in seventh grade by deciding I was going to be a minister. And so, I left northern Michigan, went 500 miles south to Albion College, still in Michigan, intent as a pre-theological student. And I was very clear. I was going to be a pastoral minister in the Methodist Church at that time. So I became a philosophy major and psychology minor, sociology minor in college. Very good college experience. Also, they had a wonderful new pipe organ I got to enjoy, and worked in music at a nearby church and so on. They were good years. And then I went to Yale Divinity School. First time I went, I never had been so far East, you know?

KM: How'd you happen to select Yale? Faculty member suggested it, or...

WR: No, well, I think it was because even at that stage, I knew I wanted an interdenominational seminary, as opposed to a purely Methodist seminary. And the Yale University had people from all different faiths and even world religions, and I just knew I wanted a broader framework for my life and studies. I was lucky enough to be accepted, and went there, and at the end of the first year at Yale, you had to declare at that time, it's changed now, but a specialization, whether it was pastoral ministry, or chaplaincy, or teaching in religion, or whatever. I think they had five different categories. And I realized I wasn't ready to choose. And right at that time, a great-uncle of mine, who I'd only played cards with once in Canada, died and left me just enough money for a year abroad. And so, I

5:00

decided I was going to go to Germany and study. And I went to the University of Göttingen at that time, at the very western edge -- or eastern edge, rather, of Germany, right near the East German border.

KM: Because it was divided at that time.

WR: Yes, it was still divided then. This was 1963, the year Kennedy was assassinated. And I went there to study theology, because all these big names were there. But when I got there, I discovered that I was pretty bored with these pedantic theological courses, you know. Quibbling about the meaning of different Hebrew or Greek words. And because of the structure of the German university, I could sit in on any classes I wanted. You know, you just appear, and if you appear enough, the professor signs your Studienbuch, they called it, that proves that you were there. And in the Department of Psychiatry, they had fascinating courses, such as "Religionspsychopathologie," the Psychopathology of Religion. Self Hypnosis. Psychosomatic Medicine. Seminar on Religious Delusions of Schizophrenic Patients. And I just found myself more and more -- that's where my heart was. It wasn't in biblical studies. And then, topping it off, and this is probably what's most important, just behind the dormitory I was living in was the psychiatric clinic, where a psychiatrist, Hanscarl Leuner was doing research with psychedelic drugs. And this was '63, everything is still legal, open, and I had no idea what a psychedelic drug was. There were signs hanging on the light posts on campus that said LSD, stood for the Liberal Student Democrats. (laughter) But I had two friends who took part in Leuner's research-- he was looking for student volunteers. And one had regressed to childhood and

experienced himself sitting in his father's lap, and his father had died in the war, and it was very meaningful to him. And another one had visions of SS men marching in the streets and so on. I thought, "Gee, I've never really seen a decent hallucination. And I might get some insight into my childhood," so I went over and applied for the study, whatever the drug was. At that time, the screening was essentially limited to how often do you get drunk? And I didn't get drunk very often, so I was in. This was also before supportive set and setting were recognized in research with psychedelics. So I was led to this little basement room, this little cell with kind of a bed and end table that looked out on the university garbage cans. And I was given an injection of psilocybin, which I think you know is the ingredient of the so-called "sacred mushrooms," and I was left alone. And so, I kind of lay back and drew on my Methodist piety, because I was studying my dreams and I wanted to resolve any childhood conflicts that were important. To my great surprise, instead of a childhood conflict, this very beautiful transcendental form of consciousness opened up, that at that time, I didn't even know was possible, and it was certainly not my expectation for the day. So, I was just awestruck by that experience. There was a lot of imagery of kind of Middle Eastern, Islamic domes and Gothic arches, and I seemed to have an empathy for even the style of handwriting of Sanskrit or Arabic, and there was a glimpse of a very wonderful, unitive, eternal state of mind. So, I became known in the clinic as "that interesting American who had the mystical experience." And these other research subjects generally were not having this type of experience. There was no supportive set, there's no preparation, and they were using very

10:00

low dosage, and for whatever reason, I just happened to be close to that type of experience. At that time in the history of psychedelics, Dr. Leuner had just published this book called *Die Experimentelle Psychose*, *The Experimental Psychoses*. And it outlined all the different paranoid and panic and mentally psychotic-like states of consciousness that frequently occur when the drugs are just administered to people without preparation. In his book, he had a little, about a third of a page, a little paragraph that's called "cosmic mystical experiences." And in that book, he said, well just for comprehensiveness, I should include that every now and then, this rare type of experience gets reported. So I was one of his sources of information about this very special type of experience. The research design was comparing two kinds of short-acting derivatives of psilocybin called CZ-74 and CEY-19, in two dose levels. So I agreed to receive this drug four times, and the next three times were not mystical experiences at all. There were interesting sensory changes and some psychodynamic insights, but nothing like I had remembered in that first session. And at the end of the fourth one, I found myself beginning to doubt the first one. Like, was I just kind of naïve and gullible? Had I read my studies of world religions somehow into this experience? Was it really transcendental insight, or was it just kind of nice sexual pleasure? And just trying to -- because I couldn't understand why it hadn't happened again. And it was at that time that my good friend Walter Pahnke* appeared in Göttingen. And he had just completed his so-called Good Friday study in Boston as part of his thesis, and he was on a travelling fellowship to study sites in Europe where psychedelic research was happening. The main

center happened to be Göttingen in Leuner's clinic, so he and his wife and two children at that time had rented a place and settled in Göttingen for six months. So we met in the clinic and very quickly bonded with one another, and I told him about my first four experiences, and he started telling me what had been going on in Boston with Timothy Leary and Richard Alpert and Ralph Metzner, names I hadn't heard before. And then Wally suggested to Dr. Leuner, "Let's do a fifth experiment." Let's just raise the dose a little bit, and give Bill Richards one more session with psilocybin, and instead of this little basement room, let's do it upstairs in a nice room with some plants and some light coming through the windows, and let's use some music. The only music in the first session, actually, had been (laughter) the garbage cans outside. The men came and collected the garbage during my session, and all these metal cans, I remembered it as tinkling temple bells during the period of drug action. But anyway, so we had this fifth session, and Wally and I went out and bought a copy of the Brahms Requiem, and some good Bach and some wonderful, wonderful classical music, and that fifth experience, the best I can say is that it took me back into that mystical state, or I can't even say it took me, that form of consciousness opened up with such a convincing intensity that I have never doubted the validity of it since. That it wasn't that I had exaggerated that first session, it was that I had already forgotten 80% of it. And it was just over and over, you know, drilling it into my consciousness sort of, that this is valid and this is important. And of course, that became a pivotal experience in my whole professional life, and kind of from that point on, I clearly was oriented not towards

15:00

pastoral ministry, but towards teaching and research in the psychology of religion. I became -- I can't say employed, because I never got paid. (laughter) But there were various English-speaking people who would come through Leuner's clinic and would want to have a psychedelic session because it was legal there. And Leuner had good quality drugs he could give to people, and he wouldn't have time to guide them through a session and prepare them. He'd say, well, there's this guy, Bill Richards, this graduate student, maybe he'll do it for you. So I got into, this was back in early 1964, guiding people through their psychedelic sessions. Ever since, that's kind of been a theme of my life in various research contexts.

KM: Then at one point, then you decide -- you got a PhD from Catholic University.

WR: That was down the road a bit. Would you like me to just follow the academic theme here?

KM: Yeah, what came next, yeah, OK.

WR: I went back to Yale and finished the degree, just because I like to finish things I start. And I even did get ordained, although that wasn't...again, just because I felt I had paid my dues, I felt like I should complete it. But then I went to Andover Newton Theological School, where they had a very fine program in the psychology of religion with Walter Houston Clark, and I did a second Master's there with Walter. And then, I went to Brandeis University. Interesting story, I wasn't formally matriculated there because at the very last minute at the end of August, the dean refused to approve my admission by the psychology

20:00

department for my doctorate there, because he was afraid that I might sell drugs on campus or something, you know. Which of course, I would never have done, but I did say I wanted to do my doctoral thesis in the area of psychedelics, and so, Abraham Maslow resolved that conundrum by appointing me as one of his research assistants. So I got to study at Brandeis free for charge and sit in on any classes I wanted to, but Brandeis has no record that I was ever there.

KM: Observer, volunteer, something like that. I was there.

WR: Right. But anyway, I did get to study with Maslow, who was, as you may know, a very great Jewish mystic who never needed to take psychedelic drugs. It was a real honor to study with him, as it had been with Walter Houston Clark at Andover Newton. But I knew I wasn't going to get the magic letters after my name by staying there, and I had also married the year before, and my wife was a psychiatric nurse from Germany, and we were both offered jobs in Baltimore at what was then the Spring Grove Hospital Center. And that was the same time, this was the spring of- spring of '67, maybe? I think so. And at that time, then, my wife Ilse and I moved to Baltimore from Boston, Stan Grof came just about the same week from Prague. Charles Savage had come from the West Coast, that's before that. And there was, as a whole, this team coming together to do research with psychedelics. Spring Grove had two federal grants at that time, one for research with LSD in the treatment of alcoholism, and one for research with hospitalized, what we called neurotic patients, people suffering from intense anxiety and depression. So, it was very exciting to be part of that team, and we felt at that time that we were on the threshold of something that would be very

important and kind of revolutionize psychology, and psychotherapy, and knowledge of consciousness. Maybe we were right, but it took several decades longer than we expected at that time. And then, once I was living in Baltimore, I still needed to get the doctorate. So, the only place where I could get a PhD in my field and be licensed as a psychologist as a part-time student was Catholic University. And that's how I came to go to Catholic University, and my PhD was eventually granted.

KM: I read that, yeah.

WR: Right. But my work was so fascinating, that after I had already almost five years of graduate study, and I just couldn't think of studying as a full-time student more, because I wanted to do this research. And I also needed the income from the job, frankly. So, the research I was doing ended up doubling as my doctoral dissertation. I did this work with a short-acting psychedelic substance, dipropyltryptamine, DPT, in the treatment of the psychological distress of terminal cancer patients, which was incredibly beautiful and meaningful work. And that doubled as my doctoral dissertation, but I would have done it even if I hadn't done the dissertation. So that began ten years of my life at Spring Grove, which became the Maryland Psychiatric Research Center, around 1970 when a new building was erected with state funding and all. And at the beginning, there was a lot of excitement, that this was going to be a center for the study of altered states of consciousness. We had sensory isolation rooms and biochemical laboratories and room for animal research, and two psychedelic treatment suites with very comfortably furnished living rooms with kitchenettes and bathrooms, so

25:00

it was kind of designed to be a center for the study of altered states. As history unfolded, that dream kind of got lost, mainly because of the political climate of the times, I think. There was so much drug abuse going on, it became more and more controversial that it was state funded, like, what are we doing using state money to give people LSD? And finally, I was there for ten years, and at the end, the staff got smaller and smaller until it was me and two secretaries, and then it became two secretaries. (laughter) And the whole research center was transferred from the Department of Health and Mental Hygiene to the University of Maryland, and there was a new director appointed. So there I was at a major juncture of my life, really. I thought I would be doing this forever, and now it's fizzled out to nothing. There's a wonderful moment, perhaps you know it, in Wagner's *Tristan und Isolde*, in the Liebestod, where the music that's been soaring gets softer and softer and softer, and then there's just total silence, and there's a couple soft timpani beats. And then, very gradually, the theme reintroduces itself, and it grows and it grows.

KM: Been a long time since I've heard that opera, but I have heard it, so I've been there.

WR: But that essentially captures what happened in psychedelic research, when it looked like it was over. This was the last center in the United States where research was going on, and that too had stopped. Not because, it's interesting, people often assume the federal government stopped it, and that's not true. We still had permission. But there was no funding, there was no support. Technically we had permission, but there were no facilities, there were no

salaries to continue. So, in guiding people through sessions, and in those ten years, I had worked with alcoholics, narcotic addicts, terminal cancer patients, hospitalized and outpatient neurotic patients. We had worked with mental health professionals in a training format, and also religious professionals--professors of theology who wanted a maximally safe and legal psychedelic experience. So, many, several hundred people had gone through the clinic, and we probably had a staff of, I don't know, six to eight therapists at the height of it, and it was a very active, busy place.

KM: The facility you indicated was quite nice, too.

WR: Yes, it was very nice. Very beautiful. New building. But in guiding sessions, we would often tell people: "Trust. Let go. And Be open." And so, I decided, oops, time to practice what I preach. Time to apply this Trust. Let go. Be open, you know. So the research stopped, I published a few summary articles, and now what am I going to do, you know? So I moved into private practice. I spent more time practicing my piano and taking care of my garden and raising my kids, and then I got a job teaching in a Master's psychology program at Antioch University in Columbia, Maryland, where they had a campus at that time. And I really enjoyed college teaching for about four years, and then Antioch closed up its operations in Maryland.

30:00

KM: Did you ever visit the main campus, or not?

WR: I may have been on it once.

KM: What was the enrollment at that satellite campus about?

WR: I'm not sure. I was in a program called Developmental Clinical Psychology, and we had maybe 40, 50 students, I would guess.

KM: Was this doing undergraduate, or graduate?

WR: No, this was graduate.

KM: Graduate, OK.

WR: There also was a campus in Baltimore that was undergraduate.

KM: So this was the graduate campus.

WR: Yes. Right. And as they were phasing down, actually, I taught at both campuses. But I discovered I really enjoyed teaching. But then that closed, and so, I went into kind of full time private practice, which I have loved and continue to love. And everything was dormant until about 1999-2000, when Bob Jesse from Council on Spiritual Practices in San Francisco came to Baltimore, and introduced Roland Griffiths and myself. We were both in Baltimore, but we didn't know one another. And Roland was a full professor at Johns Hopkins, had been there about 30 years, and was a world expert in caffeine, but had very good relationships with federal agencies and was highly respected. Together, we brainstormed about how we might get psychedelic research moving again. The Council on Spiritual Practices had some kind of a brainstorming conferences on the west coast, where all kinds of people got together who had either experience or ideas or funds or inspiration. Anyway, it culminated in Roland and I and Bob Jesse consulting with others, developing this protocol for a double blind study

with psilocybin. And we submitted it to the FDA, and it was approved, and it went through the Hopkins institutional review boards, and Hopkins legal community wanted a special review of it, and we had to deal with the other federal agencies to deal with manufacturing the drug and having it transported and all that sort of stuff. But, we kept getting green lights, and all of a sudden, there I discovered myself, once again, doing psychedelic research, and we did this study with 38, or 36, I think it was, normal healthy people in the Baltimore-Washington area, in a very well-designed, I like to say diabolically designed -- I didn't know the final details of the design until it was over, because I had to be blind as the clinician actually administering the drugs. But it turned out the people either got a high dose of psilocybin or a high dose of Ritalin, but the expectation was that there could be any of about a dozen substances administered, psilocybin being only one, and that psilocybin could be administered in different dose levels. So, at the end of a session, I'd be asked to guess what the drug had been, and sometimes, when it was Ritalin, I thought that gee, maybe it was a very low dose of psilocybin. But it was -- anyway, the essence of the research demonstrated that psilocybin really does do something unique, that it's not all expectation and suggestion, that of people who had psilocybin, many of them had these profound mystical experiences--many more than the group that received Ritalin. And we did a follow-up study 14 months later that said that these highly valued experiences had continued to be highly valued, and people rated them on the par of the birth of their children, or the death of a parent, or getting married. Like, they were very momentous moments in their lives. So, the research at Hopkins

35:00

is continuing now that we've done, after that initial study, we did a dose response study where volunteers received, actually, psilocybin in four different doses randomly, and a placebo session randomly administered, that has demonstrated that it is, indeed, of course, the higher doses that trigger the transcendental types of experience. But that even the low dose of five milligrams can trigger a significant experience, though it's not likely to be transcendental or mystical. And now, the work we did with cancer patients has come alive again, and...

KM: You're doing some now with cancer patients?

WR: Yes, we have a project right now for -- people don't have to be terminal, actually, though they can be. But they have to have a diagnosis of cancer, and have some significant anxiety or depression-which isn't all that hard to have when you have cancer.

KM: No specific type of cancer?

WR: No, it can be any form of cancer. And we provide preparation and two psilocybin sessions, and skilled guidance and integration, and often, the experiences that happen, not only are very meaningful, but they help people just live more fully, whatever time is left, that they break through the denial and the families and there's more open, honest, genuine communication, and...

KM: But they're not necessarily terminal.

WR: No. Some are terminal. But ideally, we like to find people who have at least six months to live, so we can get the data we need for research purposes. So

there's the cancer work, and we're just starting a new study funded by the Fetzer Foundation for normal healthy people focused on integrating these transcendental experiences, so there's two groups, one that gets just the support needed to ensure safety, basically, and another group that gets intensive individual and group support in taking these transcendental insights and trying to apply them to everyday living. Since we often say it's easy to love all mankind. It's loving your spouse and your boss that gets to be challenging. (laughter)

KM: Something like that. What's the status on the funding? Have you been pretty successful from that standpoint for your projects?

WR: Well, the funding for the first study at Hopkins was handled largely through Bob Jesse and the Council on Spiritual Practices, through private donations of individual people who believed in our work. The cancer work is supported by the Heffter Institute. The Fetzer is trying -- at least launching our funding with the current spiritual development study. We have not been successful to date in accessing federal funding, though we had a research protocol that was rated very, very highly, but the director of NIDA just chose other priorities, which is her right. And some people really understand what we're doing and deeply believe in it, and some people just don't quite get it.

40:00

KM: Yeah, that's part of the challenge, isn't it?

WR: But that's part of the challenge, and hopefully the day will come when we will be able to obtain federal funding.

KM: And you mentioned earlier about publications, you have got quite an extensive

list of publications, which is really very nice.

WR: Yeah, thank you.

KM: You're always working on some new ones then, right? Takes a little bit of time once the project is done. As all publications do.

WR: That's right.

KM: Let's talk a little bit about your family. You have a wife, and you said children?

WR: Yes. My wife, I should say my first wife, Ilse, died of cancer herself when she was 50. And our children were 11 and 13 at this time, we have two sons. And I remember when it was diagnosed, since we had worked with cancer patients and psychedelics, we kind of looked at one another and said, gee, if anyone can handle this, we ought to be able to. You know? But it's very special when it comes right down to you. But she lived a decade after diagnosis, and lived very fully and had a very good death at home, very peacefully and beautifully, though of course, we felt it was premature. So, after Ilse's death, I was then single for 17 years.

KM: So you raised the children.

WR: Raised the kids, two sons, Dan and Brian. Dan has his doctorate from Stanford, and is a geneticist and a founder of a company called Ingenuity. He just came up with my first grandson. He's married to a Chinese-American woman, Angela Chu, so I love to go to the West Coast and visit them whenever I can. And my younger son, two years younger than Dan, Brian, is a psychologist with a

doctorate from University of Denver, and also studied at Duquesne. And he works with me in the research now, part-time.

KM: So he must live in the Maryland area then, huh?

WR: Yes, he does. And it's very wonderful to have him not only as son, but as colleague. Today, he's covering my practice while I'm here. It's great.

KM: (laughter) That works out well.

WR: It works out very, very well. Yeah. Then after 17 years, I did talk myself into remarrying. Had a very unsuccessful year and a half, two year marriage that collapsed, and so, that was a good lesson in humility. And I learned that in spite of my impeccable clinical skills, I could make a bad choice, and life is moving on now. I have a very wonderful woman in my life at present, but we're not married yet.

KM: Awards and honors. Are there any that you like to comment on? Sometimes I ask if anything was...

WR: They haven't given me a Nobel Prize yet, no.

KM: You'll let us know.

WR: (laughter)

KM: We'll promise to celebrate. Well, you're a fellow in the American Psychological Association, that's quite nice. A fellow for that.

WR: Yes.

KM: That's very good.

WR: Well, fellow, I think it's the Maryland Psychological Association.

KM: Right, and are you still with the American Psychological Association, (overlapping dialogue; inaudible)?

WR: Yes, just a member.

KM: You didn't hold any office?

WR: No, I haven't. Haven't.

KM: Do you want to share with us, do you have an outstanding event? Anything special comes to mind?

WR: My life is full of outstanding events.

KM: Well, you can have more than one. Most people do, some people don't.
(laughter)

WR: (pause) Hmm. What comes to mind is having been in India about four years ago, and visiting -- I didn't get to meet His Holiness, the Dalai Lama, he was on retreat at that time. But I did get to spend time with one of his younger brothers, Tendzin Choegyal* is his name, and his wife, Rinchen Khando,* who's head of the Tibetan Nuns Project, -- absolutely incredible people. And there were many interesting and inspiring experiences there. Just being in that part of the world, Dharamsala and up above in McLeod Ganj, where the Dalai Lama's compound is, where there are these snow-capped mountains and eagles soaring around

45:00

and crystal pure --

KM: Air.

WR: -- rivers and air, very different from the heat of Calcutta or Bombay, it's a very, very wonderful part of India.

KM: How long did you spend with there?

WR: I was just there maybe a month. What I'm remembering is Bhagsu Falls, this very wonderful waterfall where the waterfall just falls crystalline pure into this crystal clear basin, and then it tumbles down the mountainside with rapids and pools and rapids and pools.

KM: In tiers, almost.

WR: Yeah, in tiers. And all along the river are Tibetan monks bathing. Some of them skinny-dipping, with their maroon robes kind of spread out on the rocks to dry, and the snowcapped mountains and the eagles and, you know, it's as close to heaven as you can find in this planet, let me tell you. It's a very beautiful experience.

KM: That's OK, that's good. I'll leave it. I will let you summarize and any closing comments that you'd like to share? Over the time, any thing that you looked back, or some things, some topics?

WR: Let's see, what's important about my life? I mean, there's always been these different parts of me, the clinician, the researcher, the musician, the parent, the home repair guy. I do pretty mean plumbing. (laughter)

KM: That's good to know. (overlapping dialogue; inaudible)

WR: Right. And I have -- sometimes I still say, maybe when I -- I'm only 69 right now, so, but when I grow up, I still might be a musician, you know? (laughter) But there's always been kind of this tension between the academician, the psychologist, researcher, therapist part of me, and the musician part of me. And actually, one of the most profound transcendental experiences that have occurred in my life occurred not with a psychedelic, but in musical performance. I was playing an organ recital, and playing a Franck choral, actually. And I really believe that these states of mind, they're not in the drugs, they're in us, you know? And they can be accessed in many ways, and for many people, they happen spontaneously, both under periods of great stress and periods without significant stress. And I think of Abraham Maslow's developing the term "peak experiences" (static; inaudible), but it's not only the people in the religious robes that may have glimpsed them, but sometimes very ordinary people. Your cleaning lady, or your garbage man, (laughter) may have had these profound glimpses. But it seems, in terms of the therapeutic import, where my interests are focused, it's clear that it's not the psychedelic drug that people primarily like, you know, you take aspirin to get rid of a headache. You don't take psilocybin or LSD to get rid of your addiction, you know? It's not that kind of relationship. But if, with the help of these substances, you can trigger a profound transcendental experience, which you know, I could define, but --

50:0
~

WR: Understand, right?

KM: -- you know, unity, transcendence of time and space, intuitive knowledge, sacredness, ineffability, deeply felt positive mood, these very beautiful states. When that happens in someone's mind, for the rest of their life, they have a vivid memory of it. And it changes something about how you feel about yourself, how you feel about other people, how you feel about the world. And these deep, noetic -- William James' word -- noetic insights, the intuitive knowledge, not only the reality of God and the reality of immortality, or the indestructibility of consciousness, but there's a sense of the brotherhood of man, that somehow within consciousness, we're all interrelated, and I think in Hinduism, they call it the -- what is it -- the veil of Indra. But this network that somehow, within the psyche, whatever the psyche is, we still haven't figured that out. But we all are very interconnected, and there's also the experience of such incredible beauty, that when the person remembers that state of consciousness, it provides a fulcrum for behavior change, and spiritual growth. It doesn't guarantee it, but it provides an initial impetus -- an addict, for example, who experiences that can never view himself as worthless again. Or can't feel that there's anything he's done, not even stealing from his grandmother, you know, that can't be forgiven. And there's also an experienced love in these profound transcendental states that I think can provide a basis for developing ethics and empathy and relationships. So, my own feeling is that these drugs have incredible potential in the future, if they're wisely and responsibly used. And I believe that's possible.

KM: Good. Thank you very much Dr. Richards, I appreciate that. This ends it. Thank you very much.

End of Interview

MSO1i200910017_01_richards

*Proper names may be spelled incorrectly