

The Psychedelic Miracle

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How some doctors are risking everything to unleash the healing power of MDMA, ayahuasca and other hallucinogens

Dr. X is a dad. Appropriately – boringly – at 4:37 p.m. on a national holiday, he is lighting a charcoal grill, about to grab a pair of tongs with one hand and a beer with the other. His kids are running around their suburban patio, which could be anywhere; Dr. X, though impressively educated now, grew up poor in a town that is basically nowhere. Like most Americans, he is a Christian. Like a lot of health-conscious men, he fights dad bod by working out once or twice a week, before going into his medical practice.

Somewhat less conventionally, two hours ago, he was escorting a woman around his yard, helping her walk off a large dose of MDMA. He's the one who'd given it to her, earlier in the morning, drugging her out of her mind.

This would be psychedelic-assisted therapy, the not-new but increasingly popular practice of administering psychotropic substances to treat a wide range of physical, psychological and psycho-spiritual concerns. "Some people stagger out" of the room in Dr. X's home that he uses for these "journeys," as sessions are called in the semiofficial parlance. Some have to stay for hours and hours beyond the standard five or so, crying or waiting to emotionally rebalance, lying on a mattress, probing the secrets, trauma, belief or grief buried in their subconscious. Dr. X recalls a patient who was considering a round-the-clock Klonopin prescription for anxiety; she reluctantly decided to try a journey instead. On the "medicine," she spent seven hours unraveling ballistically, picturing herself dumping sadness out of her chest into a jade box that she put a golden heart-shaped lock on and tossed into the sea. She'd been skeptical going in, but after it was over, Dr. X says, "She was so angry that it was illegal."

Because Dr. X's hallmark treatment – an MDMA session or two, then further journeys with psilocybin mushrooms if called for – is, absolutely, illegal. MDMA is a Schedule I controlled substance. Psilocybin is as well. Exposure could get his medical license suspended, if not revoked, along with his parental rights, or freedom. "This should be a part of health care, and is a true part of health care," he says in his defense. The oversimplified concept behind MDMA therapy, which causes intense neurotransmitter activity including the release of adrenaline and serotonin (believed to produce positive mood), is that it tamps down fear, allowing people to interact with – and deal with – parts of their psyche they otherwise can't. Psychedelics in general are thought to bring an observational part of the ego online to allow a new perspective on one's self and one's memories, potentially leading to deep understanding and healing.

As an internal-medicine specialist, Dr. X doesn't have any patients who come to him seeking psychotherapy. But the longer he does the work, the more "I'm seeing that consciousness correlates to disease," he says. "Every disease." Narcolepsy. Cataplexy. Crohn's. Diabetes – one patient's psychedelic therapy preceded a 30 percent reduction in fasting blood-sugar levels. Sufferers of food allergies discover in their journeys that they've been internally attacking themselves. "Consciousness is so vastly undervalued," Dr. X says. "We use it in every other facet in our life and esteem the intellectual part of it, but deny the emotional or intuitive part of it." Psychedelic therapy "reinvigorated my passion and belief in healing. I think it's the best tool to achieving well-being, so I feel morally and ethically compelled to open up that space."

Currently – legally – we're in the midst of a psychedelic renaissance. New York University, the University of New Mexico, the University of Zurich, Johns Hopkins University, the University of Alabama and the University of California-Los Angeles have all partnered with the psilocybin-focused Heffter Research Institute, studying the compound for smoking cessation, alcoholism, terminal-cancer anxiety and cocaine dependence; the biotech-CEO-founded Usona Institute funds research of "consciousness-expanding medicines" for depression and anxiety at the University of Wisconsin-Madison. Since 2000, the Multidisciplinary Association for

Psychedelic Studies (MAPS), a nonprofit based in Santa Cruz, California, has been funding clinical trials of MDMA for subjects with PTSD, mostly veterans, but also police, firefighters and civilians. In November, the FDA approved large-scale Phase III clinical trials – the last phase before potential medicalization – of MDMA for PTSD treatment. MAPS, which has committed \$25 million to achieving that medicalization by 2021, also supports or runs research with ayahuasca (a concoction of Amazonian plants), LSD, medical marijuana and ibogaine, the pharmaceutical extract of the psychoactive African shrub iboga. The organization is additionally funding a study of MDMA for treating social anxiety in autistic adults, currently underway at UCLA Medical Center. Another study, using MDMA to treat anxiety in patients with life-threatening illnesses, has concluded.

"If we didn't have some idea about the potential importance of these medicines, we wouldn't be researching them," says Dr. Jeffrey Guss, psychiatry professor at NYU Medical Center and co-investigator of the NYU Psilocybin Cancer Project. "Their value has been written about and is well known from thousands of years of recorded history, from their being used in religious and healing settings. Their potential and their being worthy of exploration and study speaks for itself."

Optimistic insiders think that if all continues to go well, within 10 to 15 years some psychedelics could be legally administrable to the public, not just for specific conditions but even for personal growth. In the meantime, says Rick Doblin, MAPS' executive director, "there are hundreds of therapists willing to work with illegal Schedule I psychedelics" underground, like Dr. X. They're in Florida, Minnesota, New York, California, Colorado, North Carolina, Pennsylvania, New England, Lexington, Kentucky. "Hundreds in America," he says, though they're "spread out all over the world."

As within any field, underground practitioners vary in quality, expertise and method. Some are M.D.s, like Dr. X, or therapists, and some are less conventionally trained. They don't all use the same substances, and don't necessarily use just one. Some work with MDMA or psilocybin or ayahuasca, which has become trendy to drink in self-exploration ceremonies all over the country; others administer 5-MeO-DMT, extracted from a toad in the Sonoran Desert, or iboga or ibogaine, which, according to the scant research that exists, may be one of the most effective cures for opiate addiction on the planet – but may also cause fatal heart complications.

"Psychedelic therapy reinvigorated my belief in healing," says one physician.

Underground psychedelic therapists are biased toward their preferred medicines, and those they think work best for particular indications. But they are united by true belief. "People that are involved are risking their careers, their freedom, in order to help others achieve a certain emotional freedom, and they disagree with prohibition," says Doblin. "The fact that people are willing to do these therapies at great personal risk says something about what they think the potential of these drugs actually is to enhance psychotherapy."

There are limitations. Psychedelics aren't for everyone. Or at all foolproof. Nary a researcher or provider, under- or aboveground, fails to point out that some pre-existing conditions make them inappropriate for use, and that though the dangers don't rise nearly to the level of drug-war -mythology (iboga/ibogaine is the major exception), adverse outcomes do happen. The toxicity of -ayahuasca is on par with codeine – though codeine causes many thousands more deaths per year. Psilocybin's is even less. Some studies have found brain damage in chronic Ecstasy users, but in 2010, researchers at Harvard Medical School studied a large sample of Mormons who used Ecstasy – which the LDS Church was late to ban – but no other drugs or alcohol, and failed to find cognitive consequences; safety studies of the dosages used in MDMA therapy have found no evidence of neurotoxicity or permanent changes in serotonin transporters. LSD does not stay in your body forever (its half-life is a matter of hours). But behaviorally, people on Ecstasy have died from heatstroke, or drinking too much or not enough water at raves; there have been assaults and even a murder at ayahuasca ceremonies for foreigners in Peru, which has seen a massive tourism boom around the substance's popularity. Probably the most common concern, the specter of "freaking out" during or long after a bad trip, has yet to happen in any of the clinical trials – though it's not unusual for subjects to have tough experiences in their journeys. Dr. Charles Grob, a professor of psychiatry and biobehavioral science at UCLA, who has conducted

studies with MDMA, ayahuasca and psilocybin, says that's a function of screening, preparation and expert support. "This is serious medicine with a capital M," he says, "and if you don't watch yourself and you don't pay attention to the essential basics, you could be in for a very difficult time."

Even under the best of circumstances, the process catalyzed by psychedelic therapy is often far from painless. "It's definitely not that people just get blissed out and it gets better," says Dr. Michael Mithoefer, the lead clinician on the MDMA trials in Charleston, South Carolina (others are ongoing in Boulder, Colorado; Canada; and Israel). "It makes the healing process possible, not easy." When you take 125 milligrams of pure MDMA, enough to nearly immobilize you, and someone invites you to take a look at your deepest self, "it is a destabilizing agent," Dr. X cautions. But it's purposefully so. "It opens us," he says. "Sometimes the medicine can stabilize someone in a difficult situation. Sometimes it stirs up madness, so they can process that. Some people feel rejuvenated and ready to go back into their lives, but other people feel frazzled, spent, fragmented. I've had a few people say, 'That shattered who I thought I was.'"

Limitations and challenges aside, the evidence so far still makes researchers cautiously optimistic that psychedelics hold potential for great healing and change. If they're right, medicalization could address the deficits in treatment options for afflictions – trauma, depression, anxiety, addiction – that collectively impact millions of Americans, and ultimately shape our world. "If we move forward and understand that these substances should only be used under optimal conditions," says Grob, "it will have a positive impact on an individual, family, collective and societal level." In aboveground clinical trials like his, subjects routinely report that psychedelic therapy is among the top five most important experiences of their lives, akin to the birth of a child.

We've been here before: From the 1950s to the early Seventies, more than 40,000 cases of psychedelic treatment were studied in 1,000 different papers in the medical literature, covering everything from addiction to PTSD to OCD to antisocial disorders and autism. Despite encouraging results, says Grob, the "wild, uninhibited enthusiasm of the Sixties" contributed to some bad recreational outcomes that gave legislators ammunition to ban psychedelics from research for decades. But as the above-ground movement has again been picking up steam, so is the underground. More positive studies get published; more patients and doctors read them; more underground success stories spread through word of mouth. "The secret is out," says Grob, and, perhaps combined with depression and opiate overdoses at all-time highs, skyrocketing civilian and veteran suicide rates, and trends toward personal optimization and wellness, demand is increasing. Researchers at NYU, UCLA and Johns Hopkins all stressed that they cannot and do not ever work with people in the underground, but some of them admired the willingness of certain health care professionals to act, however illegally, on their belief that sometimes healing can't wait and that psychedelics are imperative to it. "I respect that in them," NYU's Guss says. "I really do. I've become a member of the most established establishment. And so in a way, we're isolated from all the wisdom and knowledge in the underground community." That vast, uncollected experience contains details about the medicines' potential and pitfalls, challenges and inconsistencies – the variety of ways psychedelics might wholly, drastically change a life. "I'm very interested to learn," Guss says, "what underground psychedelic psychotherapists have to teach us."

My first introduction to underground psychedelic therapy was when, years ago, a doctor told me my vagina was depressed. I'd gone in for a pelvic exam because something felt wrong; at the follow-up appointment, when my test results were all negative and my answers to her hundred questions about the post-traumatic stress disorder I was in treatment for were all related to sexual threats and reporting on sexual violence, she said my genitals were just fucking bummed out.

This was San Francisco, and I did a lot of yoga; but even I rolled my eyes at the idea that my privates had an emotional disorder. I was very intrigued, however, when the doctor said she knew a therapist who could heal years of trauma in one five-hour swoop, so long as I had the secret password. The doctor gave me the number for that therapist – who worked with MDMA.

I never called. I moved across the country. Years later, I was on vacation on the coast when my husband went out for a run, and I stayed behind and may or may not have contemplated suicide.

OK. I did. In the car, on the road, running an errand, I thought about driving off the edge of a cliff into the brilliant, crashing Pacific.

"We can direct our own intellectual evolution by using psychedelics as self-hacking tools," says a Silicon Valley magnate.

Yes, I had a history: the PTSD, with concomitant major depressive disorder, suicidal thoughts. On my official paperwork, I was technically permanently disabled, but I had been doing much better – working, going to karaoke, having a life. I had backslides and big episodes, but if my "issues" were not exactly handled, they were at least on a general upswing thanks to years of constant treatment. But then, the night before my drive, I had started yelling in a restaurant, feeling that I was spiraling out of control but unable to stop myself from making a scene. Now, having coaxed my car away from the cliff edge and back to the hotel, I lay facedown and screamed into the pillows. I called a local therapist and begged for an emergency appointment. As I lay there in her office, in the fetal position, I wondered aloud if I should try MDMA therapy.

Weirdly (or magically, as would later be obvious), she happened to have the number of another therapist who worked with it.

The therapist who gave me the second referral said she had a client with whom she'd been working for years who had done a journey. The difference in that patient's suffering, she said, was like night and day. When I called the number, the woman who answered said we needed to meet in person, and when we did, she mentioned that my struggle was why the wait for MDMA to become widely available was untenable. She said, in a stunning lack of expectation management, that she could help me massively – more, in a few sessions, than all my years and dollars of hard therapeutic work had combined.

So after one more conversation, I showed up nervous, but excited, but desperate on a Monday morning (as scheduled) with an empty stomach (as directed) to a charming room with a couch at one end and a bed at the other. After we did something like a prayer, I took the see-through capsule of white powder and retired to the bed with the journal I was encouraged to bring while the therapist went out on the deck to give me space. I'd been told that the journey with psychedelics truly starts beforehand, the moment you decide to do it, and I had indeed been struggling extra since then. Waiting for the medicine to come on was no exception.

The Journey. 9:35 a.m.

I'm full of grief, and gratitude, and terror. I've been extra wound up and tight, extra untouchable, since we put this on the calendar. My body must be gripping and tensing in preparation to let go. . . .

9:55 is when the doubt sets in. About the pointlessness, the uselessness, the futility of this endeavor. A moment ago, I was envisioning lots of purple tears. I'm like, let's just go read a newspaper and drink some tea somewhere.

This is when the therapist, who had come back inside, told me I was higher than I realized, and to lie down and let it ride.

I hadn't anticipated tripping, or time-travel. But there were movies of my life, and visits with loved ones. The therapist had turned on jangly guitar music, which struck me as lame at first, but soon became the most beautiful, dynamic composition I'd ever heard because: Ecstasy. I breathed deep with my eyes closed and a hand on my chest. I cried, often, as I rewitnessed my life. My therapist said very little. She had said before that our collective job was to trust my intuition. I went back to the scenes where my PTSD started. In one of them, I revisited a remote, bleak room where a stranger cornered me. I watched the scenario – which, in reality, I had

escaped physically unscathed – play out with an alternate ending. But I didn't get overpowered and raped, which is what I'd always assumed was so scary about it. Instead, the stranger stepped forward and, in one swift move, landed his hands in a death grip around my throat.

Several times, the scene replayed. Repeatedly, I watched myself get strangled.

Ohhhhhhhhhhh, I could see, suddenly. This isn't just a rape issue, as I'd been working through it in therapy for years. This is also a murder issue.

For weeks after the journey, every man I walked past triggered an automatic but definitive – and elated! – voice inside me that said: That guy's not gonna kill you! Down the sidewalk in a city, that guy's not gonna kill you, and *that* guy's not gonna kill you. If I had realized at the conscious level that I thought they would, I would have stopped leaving the house. No wonder I was always exhausted. After the journey, I stepped down the street with wild new energy. Seeing, finally, the ultimate fear of that moment, my feared choking death, was sort of terrible, I guess, but not really, it wasn't, because: Ecstasy. And as soon as I acknowledged it and saw it through, the moment lost its quiet, powerful rule over my system.

For some people, an MDMA journey ends after a few hours. They sit up and start talking. They drink the water and eat the snack given to them, and talk for a bit as the medicine wears off. And then they leave.

I had to be pulled out of mine. Whether because I have a genetic variation that makes people more sensitive to MDMA or because I am "a very intense person," around 2 p.m. the therapist had to shake me; it was time to get ready to go – my husband was scheduled to pick me up, and the therapist had another appointment coming. She had me sit up and eat and drink and try to rejoin the present. When I left some half an hour later, I was cheerful and articulate, but still tripping. My husband, in utter bewilderment over how to handle me, took me to a nearby hotel, as planned. Later, we tried to go eat in a restaurant. I babbled, pleasantly at first, but then, about eight hours after my journey began, everything turned twitchy and dark. I called the therapist frantically and asked her if most people, post-journey, felt like every single thing in their entire lives needed to be burned down immediately, and she said no, not really, but that my job in any case was to "do nothing, very slowly."

In the clinical trials of MDMA for PTSD, the protocol is to keep patients overnight. The sessions – typically there are three, spaced a month apart – last at least eight hours, because that's sometimes when the heaviest processing will only begin to kick in, particularly for patients who have a history of dissociation, or severe detachment from reality – which I do. My MDMA therapist, who had been doing journeys for a long time, had never happened to see a person quite like me, but for people like me, researchers say, it's not unheard of for the journey to get ugly at around the time I was in the middle of a dinner date.

But I didn't happen to know any of that.

That night, I ran, fleeing from the hotel into the rural darkness, alone. I had total conviction that every facet of my existence was a mistake. I was engulfed in panic. I had no idea what to do with myself, except for one specific thing, as the clear message of it kept ringing over and over in my head, and that message was: GET. DIVORCED.

It's harder to integrate if you have a life: a company, a house, a wife," Dr. Y explains to a patient during a phone session one day. Dr. Y, who looks younger than his middle age, paces and stretches while he talks to the man, many states away, who recently started therapy after he lost his relationship, lost his job and moved – three of the top five stressful life events, psychologists say. Dr. Y is a psychiatrist, which means he has the ability to prescribe medications, but in this session, this patient's third, he instead asks whether the patient is feeling open to taking ayahuasca after having read all the literature Dr. Y assigned last time. He wants to be sure the man is fully aware of the "integration" process, which could be less charitably called "picking up the pieces of inner-personal land mines," that may follow. Half of Dr. Y's patients enact a major life change after ayahuasca. "Probably a quarter," he says, strongly consider a breakup or divorce.

Dr. Y considers about 90 percent of his patients to be fit for ayahuasca. The one out of 10 he believes it isn't right for could include people with a history of psychosis, mania or personality disorders, but more often it is those who don't have the support necessary for integration, or aren't ready to be led through symptom management while they're weaned off antidepressants. That's required by most knowledgeable practitioners: Like MDMA and psilocybin, ayahuasca increases serotonin in the body, and there's a risk of serotonin poisoning if it's taken with certain medications. Dr. Y's patient today doesn't have any of these contraindications. And Dr. Y believes the patient is strong enough to sort through his psychological contents as long as *the patient* also thinks he's ready, which he says he is after airing some hesitations ("You know," he says, "once you pull back a layer, there's no going back, and you can't unsee or unfeel what you saw"). Dr. Y will send him referrals to vetted, reputable providers in his preferred city. "Three nights [in a row] is better than two, and two is definitely better than one," he tells him. First night, drink ayahuasca, open up; next night, dive deeper in. Layers of self-discovery. The soul as a somewhat coy onion. Sometimes, the peeling of it with ayahuasca involves experiencing your own death. Dr. Y gives the patient instructions for the month leading up to his journey: no other drugs, no alcohol, no sex. No reading news, no violent TV; reduce stress, meditate, find quiet. And, in the final week, no meat, no spice, no fermented foods. "The cleaner you go in," Dr. Y, who himself has experienced hundreds of ceremonies, tells the man, "the more impactful the ceremony." Whatever happens, during or after, Dr. Y will be available.

There are downsides to doing things underground. In addition to the obvious threat of arrest, more risks are created at every step of the psychedelic-therapy process by illegality, providers say. There can be difficulty with something as basic as finding and ensuring clean compounds: MAPS helped run an MDMA testing program, and half of the pills sent in didn't contain any MDMA at all; there have been reports of some shamans spiking ayahuasca with a more toxic hallucinogenic plant to intensify the trip. The best-cared-for patient is still disadvantaged by the general lack of cultural wisdom and support around the treatment. Even good providers aren't as knowledgeable as they could be. Once a year, there is a secret conference that brings together 50 to 100 underground practitioners at a revolving location. "Information gets shared, and people learn new things," says one regular attendee. Another participant recalls lectures on practicalities like the best and most therapeutic doses, how to screen for patients with borderline personality – whom many believe are not compatible with psychedelics – and how different music and sounds impact sessions. But not nearly all the world's practitioners are there. And none of the minutes or findings can be published.

|"It's really our best shot at solving the veteran suicide crisis," says one marine who underwent MDMA therapy.

Plus, not every underground patient gets care as elaborate or expert as Dr. Y's. Some don't receive the preparation or follow-up they may need, because they can't afford it, or because in an underground, patients don't have the luxury to be picky about their providers; they may have to take anyone whose number they can manage to get their hands on, and it can be hard for laypeople to adequately vet providers anyway. An M.D. who used to administer psychedelics (he prefers not to say which) for depression and anxiety (and who, when I tell him he'll have a secret identity – like Batman – asks if he can be Dr. Batman) doesn't provide underground psychedelic treatment anymore because it started to feel too threatening to his legitimate practice, but in extreme cases he still refers opiate addicts to underground providers who work with ibogaine. "I know quite a few people who do that," he says. "But I only trust two of them. Out of about 10. These are nurses, or respiratory therapists – people that know how to resolve an emergency." Outside of that, there's "a whole subculture" of more amateur iboga and ibogaine therapists, Dr. Batman says. "It's a movement that's driven by addicts helping other addicts. I don't think that's good, per se."

It would be best, in Dr. Batman's opinion, for people to get iboga-based addiction treatment in a reputable clinic outside the country. According to one such center in Mexico, one in 10 patients needs some medical care, one in 100 needs serious medical intervention, and, even in the hospital-like setting, people do occasionally die. But not everyone has the money to travel to the best treatment. "It's very difficult for me to make that referral" to the underground for such a risky compound, Dr. Batman says. But sometimes his concern that someone will join the nearly 100 Americans who die of opioid overdose every day overrides his hesitation.

Even for comparatively safer MDMA and psilocybin, says Dr. X, "the fact that we have to do this and hide and send people back to their lives, versus doing it at an inpatient facility," where patients could stay for more integration, is less than ideal.

But all these are risks that people who feel they need psychedelic therapy are willing to take. Nigel McCourry, a 35-year-old Iraq War veteran who participated in a MAPS MDMA study, was so transformed by the PTSD treatment that he was determined to get it for one of his fellow Marines. "This is my Marine battle buddy," he says. "He needed help." It took a lot of searching and ultimately traveling to another state to find an underground therapist, whom neither Marine knew, and McCourry was acutely aware of how difficult the process could be: For up to a year after his own treatment began, he says, "It was really wild. I had all of these emotions coming up out of nowhere. I would cry at random times. I had to give myself so much space to be able to let that out. I would be crying and I had no idea what I was crying about. It was just really intense."

As a subject in the clinical trial, McCourry underwent three 90-minute preparatory sessions prior to dosing, another long integration session the morning after, a phone call every day for a week, and additional 90-minute sessions every week between the three journeys. His friend didn't have the money or opportunity for nearly that kind of support. But he took the journey anyway. In their infantry unit, 2/2 Warlords, "guys are consistently committing suicide," McCourry says. "I think [MDMA therapy] is really our best shot at solving the veteran suicide crisis."

Elizabeth Bast, a 41-year-old artist and mother, also felt like she was out of options when she and her husband, Joaquin Lamar Hailey (better known as street artist Chor Boogie), flew to Costa Rica to get iboga therapy at a healing center after Hailey relapsed into an old heroin addiction that both of them felt was going to kill him. When he felt he needed a booster dose six months later, they turned to an underground provider closer by, in the States. Iboga "was crucial," Bast says. "It saved his life." The couple have started organizing and facilitating treatment trips for addicts to other countries (the drug is illegal in less than a dozen). But there are a lot of others they can't help. Since Bast wrote a book about their experience, "I get inquiries every day: 'My brother's dying, and I can't get out of the country.' We would love to support that. But it's too risky."

Psychedelic medicalization isn't without its own potential problems. There is squabbling in the underground community about whether it would provoke too much regulation over who can administer medicines, and who can take them and how; or whether it would lead to corporatization, or a boom in licensed but low-quality providers of substances that are so intense. Even now, in the aboveground in other countries, "There are places where it's done that are very unprofessional," says Ben De Loenen, executive director of the International Center for Ethnobotanical Education Research and Service (ICEERS), which provides resources for users and potential users of ayahuasca and iboga. UCLA's Grob has been called by patients who've suffered severe, persistent anxiety for months after a psychedelic-therapy experience, which he says tends to be the result of bad preparedness, ethics, or practices of providers. There are also questions about sustainability. As both deforestation of the Amazon and popularity of ayahuasca increase, shamans have had to trek deeper into the jungle to find the plants that compose it. The increasing popularity of 5-MeO-DMT, called "the Toad" for its origins in the venom sacs of an amphibian – which are milked, the liquid then dried and basically free-based (smoking it is necessary; swallowing it can be fatal) – has led to incidences of people stealing onto Native American reservations to find the frog, leaving empty beer bottles and trash in their wake. If the broader culture ever accepted the species as the path to healing or enlightenment, one can surmise how long it might survive.

Guss, the NYU researcher, sees a future where psychedelic therapy is the specialty of highly and appropriately trained professionals and a robust field of scientific inquiry. For now, there's the underground, some developing countries and the Internet. ICEERS offers tips for vetting practitioners, as well as free therapeutic support to people in crisis during or after ceremonies. MAPS has published a manual for how to do MDMA-assisted psychotherapy on its website, downloadable by anyone.

"Putting out info about how we do the therapy is more likely to contribute to safety than anything else," says Doblin. On the dark Web, sellers of iboga and ibogaine thrive. There were a thousand people on the wait list for MAPS' most recently completed MDMA trial. "People are desperate," Doblin says. "People are doing this."

Personally, my integration after MDMA was brutal. Though I eventually returned to my hotel room that first night, my state didn't improve. I didn't sleep, lying next to my husband, garnering every ounce of willpower to keep from saying that I was leaving, immediately and forever; my husband didn't sleep either, blanketed in my agitation. For weeks, we found ourselves on the floor, or in bed, one or both of us crying as he asked if I still wanted to be married and I didn't know; and I didn't know, for that matter, what my personality was (callous? Funny? Was I funny? If so, was I really, or just performing?) or whether I was bisexual like I always thought or strictly gay. My moods swung from extreme openness and optimism to utter despair and stunned confusion. One day, I spent hours indulging a rich and specific fantasy about filling a bathtub with hot water, downing the years-old bottle of Ativan from when I was first diagnosed, and slitting my forearms from wrist to elbow. Later, in an entirely different temperament, I saw the plan in my Journey Journal and recognized it as active suicidal ideation; if someone had taken the notebook to the police, they could have legally committed me to an institution against my will.

From the beginning, my MDMA therapist had recommended more than one journey. Next time, she said in one of our multiple follow-up integration sessions, I'd stay all night. I agreed that another journey was in order, but I happened to talk to someone who mentioned an underground therapist with a different practice and whom I got a good feeling from when we talked, and so, three months after the first journey, in a dark and silent room with three other people after nightfall, concerns about my family history of schizophrenia thoroughly discussed and considered, I drank ayahuasca.

On the first night of the two-night ceremony, sitting on the "nests" we each built with yoga mats and sleeping bags on the floor, I was nervous again. But less than last time. After drinking about an ounce of the thick sludge, I lay down. There were the initial sparkles and shooting stars behind my eyes, and after a while, as the facilitators started singing – ancient songs they say come from the plant and help it work – a vision of myself as a five-year-old appeared. There was a suggestion at a history, something bad that happened that I didn't remember; I did not like the direction it was going in; I also thought it was bullshit. The visions stopped. Instead, an abject, suffocating rage came over me, and I lay there in it for five hours thinking about getting in my car and driving away and wishing everyone else in the room would fucking die.

The next night, after a long, raw and still-irate day in the house, the first vision that showed up was five-year-old me again – pissed. She wouldn't talk to me, however much I tried to coax her. I knew I had to get her to engage, which over the course of seven hours involved recognizing that I hated myself, that my self-hatred was my best and most reliable friend, and that my self-hatred would never die until I appreciated how it had protected me; when I did, and it did, I gave it a Viking funeral in the vision and in reality cried harder than I ever had in my life. Then I just had to reckon with shame. I sensed the five-year-old had brought it, actually, not me, but no matter, I assured her: I was the goddamn adult here, and I was going to take care of it. There was suffering and writhing and grief and nausea. I threw up, twice, prodigious quantities of black liquid, once so hard into a bucket that it splashed up all over the bottom half of my face.

A few inches away from me, a woman, who'd recently been in a car accident that put her in the hospital and in a wheelchair for a time, lay perfectly still and silent; a few inches from her, a man gnashed his teeth at visions of his abusive parent. At the other end of the room, another participant relived the night of his father's suicide. In the vision, as in real life, he was unable to stop him from slipping out into the garage to do it. But this time, when the man discovered his father's body and cut him down from the rope, he didn't falter under the weight and drop him, as he did when he was a teenager. This time, he had the strength of his adult self, and when he caught him, he held him. Suspending his own sense of horror and failure, and the calling of the police, and the screams of his mother, he got to hold him for a very long time.

In November, the results of two large studies showed that the majority of cancer patients who received one dose of psilocybin experienced lasting recovery from depression and anxiety. In February, a paper in the *Journal of Psychopharmacology* found that "experience with psychedelic drugs is associated with decreased risk of opioid abuse and dependence." Medical-journal papers about ayahuasca suggest it can treat addiction, anxiety and depression, and change brain structure and personality. So far in the MDMA PTSD trials, zero participants haven't improved at all, and more than 80 percent have recovered to an extent that they don't qualify as having PTSD anymore. Estimates for the effectiveness of other PTSD treatments range as high as 70 percent but as low as 50 percent. The number is somewhat contentious, but even "if you think it's only 25 percent" for whom conventional treatments don't work, says Mithoefer, the lead clinician on the trials in Charleston, "that's still millions of people a year in the United States alone." All the participants in the trials had previously tried medication or therapy, usually both; as a cohort, they'd had PTSD for an average of 19 years.

But "ultimately, the decision to reschedule [psychedelics from Schedule I substances] is not a scientific one," points out NYU's Guss. "It's a governmental one. We may be able to prove safety and efficacy. But there still may be governmental legislative reasons that rescheduling doesn't move forward."

Psychedelic use has been opposed and persecuted by authorities for centuries, both in Europe and in the New World. Among those reasons, believers believe, is the fear that widespread smart psychedelic use could foment societal upheaval. That's not unlike the belief in the Sixties – but we know more now about what psychedelics do and how to optimize them. "We didn't have as much data then as we do now," says Dr. Dan Engle, a board-certified psychiatrist who consults with plant-medicine healing centers worldwide. "And we didn't have as many of the safeguards as we have now." He envisions "the psychedelic renaissance as a cornerstone in the redemption of modern psychiatric care." Now, thanks to brain imaging, researchers can see that far greater "brain-network connections light up on psilocybin compared to the normal brain. More cross-regional firing. That's what the brain actually looks like on the 'drugs' that we've been using for hundreds if not thousands of years."

This has helped make psychedelics particularly popular in Silicon Valley, where a drive toward self-actualization meets the luxury of having the resources to pursue it. California, where Berkeley-born chemist Alexander "Sasha" Shulgin synthesized and distributed MDMA to therapists for decades before it was prohibited, has long been at the front of the movement; today, Doblin estimates, the state doesn't have quite the majority, but probably 40 percent of underground psychedelic therapists in the nation. Last year, *California Sunday Magazine* reporter Chris Colin profiled Entrepreneurs Awakening (EA), a company that arranges Peruvian ayahuasca sojourns primarily for tech and startup CEOs. The customers, says owner Michael Costuros, are "supersuccessful type-A people who use it to be better at what they do."

"These things are so powerful," says Eric Weinstein, managing director at Thiel Capital, Peter Thiel's investment firm in San Francisco, "that they can get into layers of patterned behavior to show folks things that they could change and could do differently. And the brain has probably been playing with these ideas in the subconscious. This entire family of agents is extraordinary, as they appear to be very profound, unexpectedly constructive and surprisingly safe. Most people who take these agents seem to discover cognitive modes that they never knew even existed." Weinstein has been considering trying to put together a series of opposite-land "This Is Your Brain on Drugs" public-service commercials, in which other Silicon Valley luminaries and scientists like himself – a Ph.D. mathematician and physicist – out themselves as having "directed their own intellectual evolution with the use of psychedelics as self-hacking tools."

But even for the super-high-functioning, psychedelic use isn't just about optimizing. It also, Costuros says, makes them better people: "What I've seen consistently happen is CEOs become a people-centric, people-focused person." After well-administered and integrated psychedelics, "we're not gonna see the kind of Donald Trump entrepreneurs that are only about extracting value." After an ayahuasca journey with EA, an arms magnate left his multimillion-dollar company to build an art and music residency program. Chris Hunter, the 38-year-old inventor of

caffeinated malt-liquor beverage Four Loko, went into his trip with EA's Costuros as a regular former Ohio State University fraternity brother from Youngstown and came out a new man. "Why are you such a dick?" he says he asked himself on ayahuasca. "What if you approached masculinity in a different way – instead of being dominant and overseeing the women in your life, you came from the other side, underneath, fully supporting and lifting women up?" Ayahuasca users whom UCLA's Grob has researched in other countries "have become better partners to their spouses, better parents to their children, better children to *their* parents, better employees, better employers, just more responsible overall, bringing a higher level of ethical integrity to everything they do," he says.

It's possible that psychedelics could transform a wide array of people. Clinical trials have included subjects across demographic categories, including soldiers and conservatives and the elderly and people who've never taken drugs at all before. Some of Dr. X's patients most definitely do not vote Democrat. But the people who have access to psychedelic treatment underground (or overseas) do tend to have something in common: They are usually well-off. "If I could do it legally, I would not turn away anyone for treatment, if I could be aboveground and I could get them to supportive services [afterward]," Dr. X says. Because of the necessary secrecy and lack of outside support now, he considers it irresponsible to provide journeys to anyone without the time and resources to also pay for integration sessions. (McCourry had to pay for the first journey of his Marine friend, who didn't have any money; they had to find a wealthy benefactor to cover the next two.) Clients are also mostly white – as are providers. "Sentencing for middle-class white people is a hell of a lot friendlier than for minorities and poor people," Dr. X says. "It's a tragedy that people with the most vulnerability, who need it most, we can't do it with them."

Doblin, for his part, speculates that the DEA hasn't cracked down on underground psychedelic therapists because they have more pressing priorities than those trying to heal a select few of the rich, the traumatized and the addicted. It's also one thing for psychedelics to be popular with millionaires – and some Nobel laureates and business celebrities you'd never believe, Costuros maintains – and the hip participants of the estimated 120 ayahuasca ceremonies that take place in New York City and the Bay Area every weekend. But who knows what might unfold if psychedelic therapy were available to people for whom the status quo *doesn't* work so well?

It's unclear if the current presidential administration, which includes some extremely drug-unfriendly members, will alter or slow the course of possible medicalization. For the time being, the researchers soldier on, and the underground grows. This year, K., a therapist with a traditional practice in an Appalachian state, administered her first MDMA journey with a client (with two additional medical professionals on hand for safety); the client, who'd still needed occasional suicide watch stemming from symptoms of complex PTSD despite 16 years of therapy, had brought her the MAPS manual, downloaded off the Internet. "I'm trained to provide the best care to my clients in a way that's ethical," K. says, "so if research is backing up that things that are now illegal are really helpful with little to no side effects, especially compared with psychiatric medications, which have a ton of side effects, then it's something I'm open to." When dosed, K.'s client, S., talked through a childhood of severe abuse and torture – "but none of it was terrifying," S. says. "I talked in detail about a lot of horrific shit that happened. Then I said: The thing is, all those things are over, and I know they're over, and my body knows that everything is going to be OK."

For Silicon Valley's Weinstein, the success stories show the importance of advocating for broader access. "If we don't legalize, study and utilize these plants and other medicines, people who could be saved will die," he says. "Families will break apart. Parents will continue to bury depressed children who might have been saved by these miraculous agents. Can we bring ourselves to ask if a single professionally administered flood dose of legalized ibogaine could have saved Prince from opioid addiction? Some of these agents are anti-drug drugs . . . and we are still against them. I definitely would like to attack the idea that any of this makes any sense."

So I'd done an underground MDMA session, and a weekend of illegal ayahuasca ceremonies.

The integration, as the months went on, seemed to go a bit smoother.

After ayahuasca, I still had good and bad days. The process was still intense but less earthshaking, either because I'd done the first big, tough layer of processing post-MDMA, or because the journey was different, or I was getting used to being unsettled, or all of the above. Or maybe the smoother time was a little reprieve, since something more shattering was about to happen.

After all the months, all the pieces that had been stirred up were not quite connected. I felt I needed one more sitting with the therapist and the psychedelic that at that point felt right. So I settled into a nest on a little patch of floor, again, in the same house as last time, but in a large, high-ceilinged living room full of moonlight coming in through the windows, and I whispered into a cup of ayahuasca a plea for wholeness, and drank it.

The vision is about me, as a five-year-old. Again.

Psychedelics, they say, will not give you what you want. But they will give you what you need.

I'm shocked to encounter the child again, but ready to see what she shows me this time. The child remembers; I remember, though the realization is slow, and the acceptance is slower.

When I thought I cried the hardest in my life the last time I drank ayahuasca, I was wrong.

I cannot (and would not) begin to encompass, in a brief space, what happens in the next long hours, and the next day, and the next night. The second night, the facilitators have to end the ceremony without me. They bless and blow smoke and perfume on the others because after so many hours, they're done, but I'm still deep in it. They take turns staying with me and singing. It goes on for so long, with so much shaking and sickness, that to be kind to my nervous system, my facilitator, who in her day job cares for homeless children, puts me in a bathtub of hot water.

I hyperventilate, for a long time, until I don't. I remember the bathtub-suicide fantasy. The facilitator is sitting next to me, on the floor, putting a soaked hot washcloth against my face, my neck, on my head. I tell her about the fantasy, and that I have come to know, in this bathtub, that I am not going to kill myself.

For a second she thinks I mean I won't kill myself in *her* bathtub, rather than in general. Then when she gets it, the two of us laugh about what a drag that would be for her, if I killed myself here, on drugs in her house, both of us joking about it: me, naked, her, trying to help me save my life.

We're laughing, but this moment is a big deal, and we know it. I am not healed. But I am whole. I can go ahead and get divorced if that turns out to be the right thing, but not because I was violated too many times to bear intimacy. There will be many more spectacularly challenging, professionally supported months of working through the terror and pain imprinted on my body when it was tiny, powerless under adult darkness and weight, but one of the end results has already arrived. The too-many years of my life where I sometimes actively, and maybe always a little bit passively, thought about killing myself are over.

But what has changed, people keep asking me, since the journeys. In my *life*, what difference did it make?

Every single thing is different, I tell them. Because I was splintered before, but now: I'm here.