

How magic mushrooms changed my life

So, can magic mushrooms really help those with depression? I was sceptical, but the retreat changed my mind.

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The sunlight glittered on the sea and the coconut palms waved beguilingly as the facilitator gave each of us a handful of brown capsules. They looked like vitamin pills and tasted earthy.

I had come on the Caribbean retreat – advertised as “25 years of therapy in a week” – to support a friend who hoped taking psilocybin (magic mushrooms) might alleviate the trauma of her husband’s death.

She had read Michael Pollan’s bestselling book *How to Change Your Mind: The New Science of Psychedelics* and wanted to see if psilocybin could relieve her depression and PTSD.



Psilocybin is the active ingredient in “magic” mushrooms. **Getty Images**

I was reminded of our Jamaican “trip” last week when I read reports of a study of psilocybin by King’s College London that builds on two decades of research showing some psychedelic compounds can be as effective (or better) than traditional treatments for depression, addiction, end-of-life psychological distress and PTSD.

Last week *The Journal of Psychopharmacology* described the King’s College trial as “an essential first step in demonstrating the safety and feasibility” of the therapeutic uses of psilocybin. The study found no adverse events or detrimental effects from the drug.

An earlier King’s study of 60 people (featured in a BBC documentary) found psilocybin was as efficacious as an SSRI anti-depressant at treating depression.

And last week an international coalition led by Professor David Nutt, head of Imperial College London’s Centre for Psychedelic Research and the Beckley Foundation, launched a campaign to reschedule psilocybin under

the 1971 Convention on Psychotropic Substances to make it easier for researchers to “advance the critical work being done to ensure the availability of psychedelic therapies for those suffering from mental illness and addiction”.

So, can magic mushrooms really help those with depression? In a 2006 experiment at Johns Hopkins University in which terminal cancer patients were given psilocybin for existential trauma, two-thirds rated the experience as one of the most meaningful in their lives, comparable to the birth of a first child or the death of a parent.

Fourteen months later, participants reported significant improvements in their “personal wellbeing, life satisfaction and positive behaviour change”.

I was sceptical – but the retreat changed my mind. The most striking change was in the case of John, 30.

On the first night he could barely speak. His face was white, his eyes so absent it was hard to look at him. He said if the mushrooms failed he would kill himself. The group leader said this was common. The next day we started dosing.

People on psychedelics are liable to do stupid and dangerous things ... bad trips are very real.

— Michael Pollan

There was only one rule: don't leave. We were assured that if we stayed with the facilitators, we would be safe. Taking psychedelics is not like taking paracetamol. It is all about the set (mindset and intention going in) and setting (where you are, who is looking after you).

I asked the leader, tremulously, about the possibility of a bad trip. He smiled. “Whatever happens, trust the medicine and don't resist. Follow where it takes you, even if it is frightening. Submit, surrender to it and all will be well.”

These words were followed by a meditation in which we were told to imagine ourselves full of white light. “If in the trip you feel uncomfortable, come back to this place of light and calm,” he said.

I needn't have worried. Half an hour later the leaves above me began to swirl and glitter. The red petals of bougainvillea all over the sand glowed and moved.

My body felt heavy and I was a bit nauseous, but as the hours passed a feeling of joy filled me. As I looked at the sun on the sea, the golden light without became a golden light within and all worries fell away. I felt reborn, recharged by the universe. I am not religious, but it felt as if I had touched the divine.

Gateway to the divine

I am not alone in this feeling. Psychonauts from Aldous Huxley to Timothy Leary have described this little brown mushroom as an “entheogen”, or gateway to the divine.

The ancient Aztecs and indigenous peoples of Mexico and Central America called them teonanacatl or “flesh of the gods”, using the fungi as a religious sacrament for hundreds of years.

Over the following days the changes in my fellow retreatants made that far-fetched claim credible. By the third dose, John was a different man, smiling, colour in his face, meeting our eyes, laughing, engaged with the world.

Two years later, he is still well. My friend too, after a first difficult and painful trip (which she described as worse than chemotherapy), finally regained a sense of joy. The ancient medicine had worked.

Modern medicine is finally catching up with ancient wisdom. Brain scans of people who have taken psilocybin show that by turning off the “default mode network” (the CEO part of the brain which usually controls all inputs) new connections can be formed.

One neuroscientist described a depressive's brain as being like a skier who keeps descending a mountain in the same tracks unable to escape the deep grooves and repetitive patterns.

Psilocybin acts like a covering of fresh snow: the mind has a chance to create new tracks, new paths, new patterns – break out of the depressive, or compulsive, old ruts.

So far the trials have been small, but results are promising, which is important since the world is in the grip of a mental health crisis.

There are risks, of course. As Pollan writes: “People on psychedelics are liable to do stupid and dangerous things ... bad trips are very real.” It is important for safety that psilocybin is taken under controlled therapeutic conditions with a qualified “trip sitter”.

Even under these circumstances “dosing” can get wild. In Jamaica I saw members of the group screaming that they were dying, giving birth to dragons and pawing the ground. One man bellowed for four hours.

It was not for the faint-hearted. And the trip was only half of the treatment. It was in the integration sessions on the days between the three doses that much of the work was done.

Those lengthy sessions, where we talked in turn about our experiences, were some of the most profound, truthful, moving conversations of my life. This therapeutic discussion – in groups or one-on-one with a psychologist – will be a key part of developing psilocybin as a future treatment.

It may sound wacky, but there is a gold rush of investment into such psychedelic treatments and pressure on governments to allow more experimentation.

In the US the state of Oregon has decriminalised psilocybin, and legal retreats are being offered in Holland and Jamaica. Ketamine, MDMA and even LSD and DMT are being looked at by scientists as potential treatments, too.

There is a long way to go and there is always a risk that this second wave of psychedelic experimentation will become derailed again by public resistance and panic in the same way that it did in the 1960s, when hippies urged the world to “turn on, tune in and drop out”.

But having seen the life-changing benefits psilocybin therapy can bring, I hope patients in the UK will be able to access it safely and legally soon. For some people it is literally a life-saver.

— *The Telegraph London*