LSD IN THE TREATMENT OF CRIMINAL PSYCHOPATHS

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During the last eight years I have been working on the psychotherapeutic treatment of mentally disturbed adult recidivists. The type of patient was that of the old clinical entity, the so-called psychopath with a long history of difficulties in the family, at school, in a great variety of jobs. In general the patient had poor relationships with other people, he showed instability and perversion in love and sex affairs, abuse of alcohol, a low tolerance for frustrations and a strong tendency to projecting and acting out of conflicts in the outer world.

In the family history one finds asocial behaviour with such regularity that one has often been inclined to look at these patients as people with weak egos on the basis of a defective constitution with a congenital lack of conscience, willpower, and inhibiting forces. The patient seems to be directed by overpowering drives, etc., and one was inclined to regard their condition as prognostically unfavourable.

Gradually we learned from a multi-disciplinary and psychodynamic approach that indigenous factors were often overestimated and that when the organic states (brain injuries) are excluded, psychic starvation, malnutrition, and chronic traumata in early childhood, offer a good deal of explanation for the asocial conception of the world which is so commonly found among these psychopaths. In other words, we now feel that the human being cannot be described by summing up his set of qualities and deficiencies; that one has to take into account against what emotional background and what circumstances or stress-situations he manifests certain characteristic reactions.

With these considerations in mind, we started a project for the clinical psychotherapeutic treatment of these so-called criminal psychopaths, or severely disturbed neurotic criminals, in a special institution, where prison conditions could be replaced by the conditions of a therapeutic community, an open ward with an outspoken psychotherapeutic tolerant atmosphere.

Socio-therapeutic measures, group and community treatment, individual analysis, abreactive cathartic therapy, endocrinological, and pharmacological therapy were used, sometimes with encouraging results. But there always remained a number of patients who presented the problem of resistance to such a degree that it seemed impossible to break through the shell of impassiveness, indifference, defence-blindness, or active resistance, which made the core of the personality inaccessible to a therapeutic approach.

When, some two years ago, I heard Dr. Leuner report on the results of his work with LSD and had studied the previous papers of Sandison and others, it became a great challenge to me to try the drug in the so called incurable and up to now hopeless cases. These were patients, diagnosed according to the old standards as severe psychopathic personalities, showing moral insanity, pseudologia phantastica, chronic alcoholism, sexual perversions, etc., who had long records of criminal behaviour and at least five to twenty court sentences behind them.

We used the following criteria for selection:

Good physical health and no record of actual psychosis (in its limited meaning) in the patient's own history; average normal intelligence; some awareness of their disturbed mental condition as a causal factor of their criminal behaviour; a sincere wish to get well; failure of other therapeutic measures, due to an incapability of communicating and relating feelings; insurmountable resistances; lack of introspective and integrative powers.

After thorough preparation of the patient as to what he could expect of this treatment and the establishment of a firm positive relationship with the therapist and the nurse, a procedure that might take weeks or even months to develop, LSD was given once a week or once a fortnight, as the patient desired, during ten to twenty weeks, according to his clinical progress and the re-integration of previously repressed material; the dosage of the drug being individually varied, according to the needs of the patient, ranging from 50–450 gamma.

One psychiatrist and one nurse were constantly in attendance on five patients. At regular intervals they paid short visits to them in order to control the situation and to encourage the patient to let himself go along with the emotional stream. Contact with the therapist of longer duration was offered, when desired by the patient. The attitude of the therapist was warmly understanding and protecting or encouraging, according to the emotional needs of the patient, and much more directly personal and mutual than in the usual psychoanalytical situation.

Towards the end of each LSD session, patients were encouraged to express their experiences in free painting. At the end of the day a group therapeutic discussion, in which the experiences as well as the paintings were discussed, was held. A personal report, as soon as possible afterwards, formed the basis of a private talk with the therapist during one of the following days.

Apart from the LSD day, group-therapeutic sessions were held twice weekly, and now and then an individual talk as the necessity arose. It proved advisable to terminate the influence of the drug by chlorpromazine after the group session, otherwise too much strain was laid upon the nursing personnel, who had to be in constant attendance to supervise untoward reactions, which now and then take place, especially in psychopathic patients.

The valuable therapeutic effects of the drug on our patients were:

1. A very notable reduction of resistances.
2. Intensive abreaction of repressed emotional material.
3. Allegoric and symbolic presentation of conflicts with illustrative examples to facilitate insight and understanding of the underlying motives.
4. A strong inclination towards introspection, to investigate and realize faulty conceptions, together with a constant urge to be fully alive to the significance of the relived experiences.
5. A lucid insight into hitherto misunderstood or unknown attitudes in the present as related to experiences in the past.
6. Recognition and confession of having misled oneself on confrontation with one's real motives.
7. Reorganization of the scale of values.

8. Liberation of creative, auto-regulative and integrative powers of the ego, resulting in reinforcement of ego-strength, sometimes connected with cosmic-religious experiences and accompanied by a feeling of great enrichment, increased self-confidence and confidence in the therapist.
9. Marked improvement of behaviour.
10. Intensification of interhuman contact, which meant a new state of being to the patient, assuming that the therapist can enter such a relationship with his total personality, and show love and willingness to help.

The following example may serve as an illustration:

A patient with repressed guilt-feelings and self-destroying tendencies complained of stomach aches under certain emotional conditions. He experienced this pain also while under LSD, when he feared that he was going to lose control of himself. At the same time, he saw a long rope with a knot in it and attached to the knot was a label showing the word "anxiety".

Then, he said, it was as if I was looking through a long tube, suspended over a water-surface, through which I saw my own face reflected as in a mirror. Looking down, I saw my face with friendly regular features in a pleasant blue colour. I called that face, "The *inner* man".

At the same time I could look upwards through the tube, seeing my face with grim distorted features in an unpleasant greenish colour. I called that face, "the *outer* man".

There was a space in between, and the inner man and the outer man did not form a whole, so that the two men were speaking with each other, as it were.

The inner man said, for instance, "I see more than you do, I know everything"; to which the outer man answered, "I don't know it and I don't want to know it."

When the inner man said about something that happened, "That's dreadful", then the outer man would say, "Don't react, don't you feel anything". Then the inner man would speak again and say, "You wait a moment then, I shall let you feel it", and suddenly the stomach ache began.

From during the war he relived an experience, when he served as a gunner on a cargo boat. Aeroplanes were approaching to bomb the ship and there was a panic on board. The inner man said, "This is going to be the end", but the outer man said, "Come on, show them how to be brave, keep a stiff upper lip", and suddenly the stomach ache began.

On another occasion, he came across a tank that had completely exploded, the disintegrated bodies of the crew being scattered all over the place. "That's miserable" said the inner man, but the outer man replied, "Don't be sentimental, it's fine to see these enemies dead."

After the treatment was over, he said, "I believe that I have painted myself in such black colours and wanted to do away with myself, because I had reduced myself to the outer man. Now the inner man, of whose existence I have now become aware, has won the struggle and has been restored to his rights. I don't feel so guilty and afraid of myself any more, because I realize with how much reluctance the inner man consented to the acts of war that I committed, as a necessity. At first, these acts, as seen through the eyes of the outer man, seemed

unacceptable, but through the eyes of the inner man, they are still horrible, but according to the circumstances acceptable."

To share the intense emotional experiences of the LSD world with a safe, trustworthy companion means a deeper human relationship than the patient has ever experienced before. Unleashed and being able to express his feelings more freely than under normal conditions, the regressed patient can enter into an affective contact, hitherto unknown to him, and the therapist has then an opportunity to provide some emotional compensation for the affective starvation that the patient suffered from in the past.

The patient becomes enriched with a new quality of communication. He, usually a lonely individual, experiences a new dimension of being, when finding a fellow man so close to him. Then he may transcend his former boundaries and step into a new reality, in a healthy atmosphere of life, as it was meant to be.

From an analytical point of view one could raise objections against a procedure that breaks through the barrier of repression, which is generally regarded as a safety-mechanism to protect the ego from being flooded by unbearable feelings, from disintegration, or at the worst, psychosis.

One might ask, will the patient be able to digest emotional material, that is artificially brought to the surface, perhaps prematurely. This would especially apply to the psychopathic patient, who is considered to possess weak inhibiting powers and little capacity for integration.

Our experience seems to indicate, however, that, according to the auto-regulative forces of the ego, the quantity of emotional material presented to the conscious by the unconscious seems in a subtle way more or less adapted to the capacity for integration at a given moment, provided that no overdose of the drug is given and that the ego-functions have remained sufficiently intact. Reinforced by the existential relationship towards the therapist, the ego usually succeeds in working through and accepting previously repressed material, sometimes at first indirectly in symbolic forms but later on realizing more directly the full significance. Fractional reviving of memories, as seen in normal psychoanalysis, occurs in the LSD state as well, and one is surprised to see how the acting-out patient is acting-in, facing his problems, and how the patient who was supposed to have poor integrative powers, shows a remarkable capacity for autosynthesis.

Intensive after-care of the criminal patient who has received LSD treatment is an absolute necessity. This applies especially to the first half or one year.

It has to be kept clearly in mind, that LSD treatment can provide certain corrective emotional experiences and insight, and may be even a restitution of faith in life, God, and self. But this newly acquired set of values has yet to be learned and put into practice. This is a process of development and maturation, which needs time, and entails many troubles, insecurities and failures.

The patient might be compared to an infant who begins to learn to walk. He must have some assistance and support, so long as he has not acquired a firm stand in the different regions of his life.

Complications were relatively few. Two patients with occasional hysterical twilight states developed this condition of somewhat prolonged duration after taking LSD. In both cases large quantities of heavily charged material were abreacted with good results. In one case the pathological state of consciousness disappeared completely; in the other, it recurred with much less intensity and frequency.

Another patient complained of a constant come-back of the LSD experiences (up to six months) after termination of treatment, as if a never-ending movie picture was being shown to his inner eye. It seems very unlikely that this condition had anything to do with the so-called after-waves attributable to the pharmacological effect of the drug, and we looked on this symptom more as a psychological factor which counteracts the patient's inclination to fall back upon his old pattern of repression of his emotional life. It was nevertheless a peculiar condition that annoyed the patient considerably. He blamed the doctors for having made him crazy, and expressed all sorts of aggression. After a short period of hospitalization, physical rest, and psychotherapeutic care, the condition disappeared completely, and the patient was discharged as improved, although he himself was not prepared to admit it.

Confrontation with the deeper layers of self may cause serious fits of acute depression, to such an extent that the patient becomes a danger to himself and his surroundings.

Some people, especially narcissistic characters among the psychopaths, may prefer death rather than face the fact that their lives have been failures.

Close supervision during the first period after treatment is advisable to prevent complications from the inclination of some patients to fall back on their familiar acting-out patterns of running away, abuse of alcohol, suicidal attempts, and the like.

The most important advantages of LSD treatment, compared with other artificial aids, seem to be:

1. Little or no fear of the procedure, as such, after the first experience (contrary to practically all other forms of depth treatment), because no loss of consciousness takes place. The patient practically never forgets that he is in a therapeutic process of an experimental, temporary character, so that whatever horrors he may go through, by the fact of his split consciousness, he perceives the experiences also with a healthy remnant of his ego and he is always able to identify these horrors as expressions of his own unconscious self, i.e., as not ego-alien material.
2. The great majority of patients describe the experience as a revelation of fundamental emotional value, highly enriched, tension-releasing, and insight-giving in the structure of their personal problems, hitherto concealed. Therefore, indifferent patients become co-operative, and begin to take the process of psychotherapy very seriously.
3. Re-living of past experiences with such intense release of emotion in the presence of the therapist, without danger or shame, has great cathartic value, and creates a completely new existential relationship that paves the way for fruitful therapeutic contact during and after treatment.
4. The strong catalysing force of LSD seems time-saving. Especially for the sceptical, indifferent patient, who possesses little or no awareness of his problems and their relation to his criminal behaviour, it provides for realization in a very early stage of treatment that there is something essentially wrong within himself. This process may take a half year or longer in group psychotherapy, and even in individual therapy may not be completed at all, if the patient has a strong resistance.

5. The increasing interest in the significance of the re-lived experiences promotes the internalizing of conflicts. This is a great step forward, in a sense of social improvement for the patient with a strong tendency to act-out.

Although the period of catamnesic observation of our material is as yet of too short duration to allow definite conclusions, it can be stated for the time being that when treatment was terminated fourteen of twenty-one patients were registered as clinically improved (twelve) or much improved (two).

Since then, some of them have married, found better jobs, and seem emotionally stabilized to such an extent that one would be inclined to speak of social recovery; others are involved in a social struggle, with many ups and downs. A remarkable point is, however, that all our improved patients are so much more realistic in their willingness to accept modest jobs as factory workers etc., instead of the social positions they used to strive for inadequately in the past.

A chronic alcoholic with a history of nine years, including four years unsuccessful treatment, has stopped drinking, seems socially well adapted, and states that he has found other satisfactions. An inveterate swindler and sexual pervert, formerly judged morally insane and treated unsuccessfully during five previous years, is now such a different character that sceptics would say this is too good to be true.

I should like to reserve my final judgment for another two years. One of the much improved cases had a relapse and committed another crime. Much inclined to self-investigation, he shows insight into the unconscious motives and dynamics of the event, and regards this incidental failure as a necessary step on the road of reality-testing.

Conclusions

We have reason to believe that experience with LSD treatment of psychopaths proves that the widespread scepticism about treatment of the psychopathic personality needs revision.

Especially I feel that we have to postpone the verdict of incurability on constitutional hereditary grounds until we have tried seriously to establish an affective contact and to penetrate deeper into the emotional life of the patient, and tried to understand the underlying motives of his behaviour patterns.

With this concept in mind, forming the general attitude of the staff, and aided by the tolerant atmosphere of the therapeutic institution and LSD, we have seen functional changes in the personality coming about that would have been regarded as impossible according to our conventional concepts.

No matter what the final statistical outcome may be—statistical evaluation of psychotherapeutic results has always been difficult and relative—I feel convinced that in the treatment of these most difficult and resistant patients, where other methods tend to be of no, or very limited, influence, LSD can take us a great step towards mobilizing the process of mental growth in many criminal patients.