The LSD drug experience seems to be therapeutically effective, because in some way not entirely understood it stimulates a profound shift in personal values. This is the effect of the frequently noted 'mystical' or 'religious' experience noted by many patients.

What the Minister Ought to Know About LSD

ARTHUR H. BECKER

Professor of Pastoral Care
Lutheran Seminary
Columbus, Ohio

"PASTOR, my husband is in the V.A. Hospital, for his drinking, you know."

"Yes . . .?"

"Well, he wrote to me and says that next week they are going to give him LSD as a part of his treatment. Do you know anything about LSD? Is this something like Antabuse? Will it hurt him? I have heard that it sometimes makes people go out of their mind."

This is an imaginary conversation, but it may become real for many ministers if the use of LSD in the treatment of alcoholic patients continues to show promise. Present research is directed at separating the realities of the effects of LSD from the enthusiasm generated by the "first bloom of success" associated with any new drug. LSD has also been used effectively as an adjunct to individual psychotherapy, particularly in cases where the person has not responded well to conventional methods. Enthusiasm at the clinical results of LSD is in some quarters matched by ecstatic excitement because of its possibilities for investigating "mystical experience." In a few places, widely publicized cults or colonies depend upon the drug for self-enlightenment.

The minister needs to understand a drug which has such wide and often enthusiastic applications. He should be acquainted with current programs of treatment and research in order to appraise enthusiastic and often sensational claims about the powers of LSD.

There are ethical reasons too for knowledge about this drug. It is a drug which has a profound impact upon the consciousness of those who take it. The full effects of this impact are not yet known.

> An issue is the degree of danger they [consciousness altering drugs] present to the psychological health of the person who uses them. This has become an important

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question because of a rapidly increasing interest in the drugs among laymen.[1]

This article is a report on the appropriate and helpful uses of LSD and on some of the findings of research programs investigating its effects. Uses of the drug which are unethical or even illegal will be indicated in order that the pastor may be warned, and in order that he may caution his own people. Implications of the drug for pastoral care and for the understanding of religious experience is deferred to a subsequent paper.

What is LSD?

LSD-25, or more exactly, D-lysergic acid diethylamide, belongs to the group of drugs which have the ability to alter the consciousness and perceptions of those who use them. These so-called hallucinogenic drugs include mescaline, peyote, psilocybin, and psilocin as well as LSD-25. All of these drugs can produce hallucination-like changes in perception and sensation, although the person under the influence of the drug can usually distinguish his illusion from reality. The label "hallucinogens" is not quite accurate, therefore, since in true hallucination the person firmly believes that his visions are reality.

When Hoffmann, a discoverer of LSD, took a small dose in 1943, he noted in his lab report:

> My visual fields wavered and everything appeared deformed as in a faulty mirror. I was overcome by a fear that I was going crazy, the worst part of it being that I was clearly aware of my condition.[2]

He therefore labeled the drug a "psychotomimetic," that is, the effect of the drug mimics a psychotic episode. This characteristic of LSD, plus the chemical similarity to serotonin which is present in greater quantity in persons suffering from schizophrenic reaction, caused consideration of a possible link between mental illness and the chemistry of the body. Original research interest in LSD centered around this hypothesis in the hope that LSD might give new insight into chemical causes of mental illness. Research to date, however, has not supported this. Further experience has also made clear that the drug produces many effects which are dissimilar to the psychotic reaction.

The label that seems least prejudiced and which is now preferred is "psychedelic," that is, consciousness enlarging or manifesting. There is universal agreement that the typical experience with LSD-25 is one in which the persons seem to transcend the usual bounds of perception and imagination, a consciousness expanding experience.

Is LSD-25 New?

Vision producing drugs have been known in folk wisdom for centuries. In many primitive societies the plants from which the psychedelic drugs were derived have been known since pre-Columbian times and were ritualistically used for divination, healing, meditation to improve self-understanding, and for union with supernatural powers. Among the ancient Aztecs there were professional diviners who induced ecstasy by eating peyote or hallucinogenic mushrooms (called "gods' flesh"). The Native American Church of the North American Indians (Peyotism) still flourishes in the Southwest and in Saskatchewan. It represents a fusion of ancient peyotism with Christianity. God is worshipped as the Great Spirit who controls the universe

[1]Frank Barron, Murray Jarvik, Sterling Bunnell, "The Hallucinogenic Drugs," *Scientific American*, 210, No. 4 (April 1964), pp. 29-37.

[2]Sanford M. Unger, "Mescaline, LSD, Psilocybin and Personality Change," *Psychiatry*, 16, No. 3, (May, 1963), pp. 111-125.

and puts some of his power into peyote. Jesus is the man who gave the plant to the Indians in their time of need. Peyote is regularly eaten, and religious meditations take place during the drug experience.[3]

In 1938, A. Stoll and A. Hofmann succeeded in synthesizing d-lysergic acid diethylamide—LSD-25—while working in Switzerland with some derivative of ergot. The hallucinogenic properties of the drug were discovered in 1943 by Hofmann.

What is Being Done with LSD-25 Today?

At the present time, LSD-25 is being used in four broad programs of research and treatment: (1) treatment and research with alcoholic patients; (2) research and treatment in psychotherapy; (3) study of "mystical experiences" and (4) use by "self-enlightenment" cults, and occasionally by *bona fide* religious groups.

In response to some abuses and extravagant claims which have arisen, coupled with the still unknown effects of cumulative doses, LSD is now rigidly controlled by the U. S. Food and Drug Administration as with any other experimental drug. It can be distributed legally to only a few qualified investigators for approved research. Only investigators working under research grants from a state or the federal government, or working for a state or federal agency can receive the drug. This control, recently imposed, means that some of the programs dependent upon the drug will be curtailed or turn to the other psychedelic drugs which require more massive doses to achieve the same effect as LSD.

How is LSD Used in the Treatment of Alcoholic Patients?

One of the earlier uses of LSD in the treatment of alcholic patients resulted from the similarity between the so-called "model psychosis" produced by LSD and the delirium tremens or "D.T.'s." It was thought that LSD could help in understanding the nature of the delirium tremens and why, in some patients, remission of alcholism followed the delirium. Following this line of reasoning, some of the early workers sought to duplicate the D.T.'s by the model psychosis of LSD.[4] This produced sudden, and quite unexpected cures of the alcoholism itself, though the LSD experience and the delirium tremens were found to be distinctly dissimilar in most respects. In this way the "white man" stumbled onto what Indians, using peyote in their religious cults, had long since known, namely, that the alcoholic and other reprobate characters were often reformed after using peyote.

Always prone to look a gift horse in the mouth, medical researchers hastened to study this new coincidence. Initial studies were undertaken at the Saskatchewan Hospital, Weyburn, Sask., and are now under way in a limited number of American centers.[5]

Present treatment of alcoholic patients using LSD-25 seems to be based on three assumptions: (1) The impact of the drug upon the consciousness brings about a marked loosening of repression and rationalizations by which the patient has customarily screened his perceptions of reality. (2) Under the impact of the drug the patient has greater facility for recognizing underlying conflicts which motivate his drinking. (3) The patient under the influence of the drug is more amenable to suggestion and guidance as

[3]James S. Slotkin. *Peyote Religion*, (Glencoe, Ill.: Free Press, 1956), pp. 76-77.

[4]Personal conference with Dr. Hoffer, 1964, by Dr. Ray Bullard, Topeka.

[5]The author is indebted to the research team at the Topeka Veterans Administration Hospital for assistance in preparing this article.

he reorganizes shaken up perceptions of reality. The patient is thus more open to new frames of reference for life under the guidance of the therapist. Crucial for the recovery of the alcoholic is his decision to live differently than before, according to Dr. Kenneth Godfrey. The drug experience seems to be instrumental in helping bring about this change of attitude in an experience not unlike a religious conversion experience.

The treatment of alcoholic patients with LSD involves several important elements. LSD is never used by itself. Present practice in one representative center includes the following: (1) A group process in which a group climate not unlike Alcoholics Anonymous fellowship is stimulated. (2) Members of the treatment group undergo careful psychiatric evaluation and are frequently asked to write an autobiography to assist in self-appraisal. (3) All patients are involved in individual and group psychotherapy and, in some instances, group therapy with hypnosis. (4) There is an active ward program including occupational therapy, recreational therapy, physical therapy, and vocational rehabilitation. (5) Imbedded in the middle of the program is the LSD experience itself. Usually one dose of the drug is given in a carefully controlled environment in which a physician-researcher is in constant attendance with the patient. (6) Following administration of the drug the patient is encouraged to discuss his drug experience and the insights gained therein. The intention is to assist him in every possible way to assimilate and appropriate whatever insights he may have gained during the LSD experience. (7) All patients are encouraged to participate in A.A. programs when they leave the hospital. The length of the treatment program varies from as little as three days to ninety days. The Topeka program lasts ninety days. (8) Finally, there is a follow-up of patients by a social work team which further helps in rehabilitation as well as investigates the nature of the "recovery" of the patient.[6] In the Topeka Veterans Hospital program patients in the program are those who have "hit bottom" and are voluntary admissions.

Not all alcoholic patients respond well to the use of LSD; therefore careful psychiatric evaluation is necessary. The reports of patients who respond most favorably to treatment are at present somewhat contradictory. MacLean *et. al.* report that "alcoholic subgroups which respond best to treatment were those classed diagnostically as "personality trait disturbances" and "addiction without complication."[7] Chandler and Hartman, however, report in their study that "patients with character trait disturbances do most poorly."[8] Chwelos *et. al.*, report that of 8 patients with "character disorder," 5 showed much improvement, 2 improved, and 1 remained unchanged, and of 7 patients diagnosed as "psychopathy," 5 were much improved, and 2 improved. There is general agreement among workers that patients with brain damage show little or

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[6]Further specific details on the various programs of treatment are reported in *Quarterly Journal Studies on Alcohol.* See especially N. Chwelos; D. Blewett; D. Smith, and Abram Hoffer, "The Use of LSD-25 in the Treatment of Alcoholism," 20, (1959), pp. 577-590, and J. R. MacLean; D. MacDonald; U. Byrne, and A. Hubbard, "The Use of LSD-25 in the Treatment of Alcoholism and other Psychiatric Problems." 22 (1961), pp. 34-35.

[7]J. R. MacLean, et. al., "The Use of LSD in the Treatment of Alcoholism and Other Psychiatric Problems," *Quart. Journ.*, 22 (1961), p. 34-35.

[8]A. L. Chandler and M. A. Hartman, "Lysergic Acid Diethylamide (LSD-25) as a Facilitating Agent in Psychotherapy," *Archives of General Psychiatry*, 2 (1960), pp. 286-299.

no improvement. Adequate statistics with clear-cut diagnostic categories are as yet uncertain because of the relatively small number of patients treated by this method.

In general, the results of the programs are felt to be encouraging and are considerably better than those achieved by conventional individual psychotherapy, hospital therapy or group therapy. The Canadian workers report that between 50 and 66 per cent of the patients treated become totally abstinent, and of those who did not, 75 per cent showed definite reduction of alcohol intake. Findings from the Topeka program, while preliminary, indicate that well over half the patients treated show marked improvement. All findings are based upon six or more months of follow-up observation following discharge from hospital.

To Sum Up:

The use of LSD in the treatment of alcoholics was begun in the late 1950's by workers in Canada and is now under way on the West Coast and in several Veterans Administration Hospitals. The drug loosens repressions and facilitates insight, making the patient more amenable to reorientation of life under the careful guidance of the therapist. The drug is most effectively used when it is a part of a milieu treatment plan and followed by participation of the patient in Alcoholics Anonymous or similar group activity. Results of the treatment are encouraging, indicating that over half the patients treated become completely abstinent or show marked improvement. One psychiatrist associated with the Topeka program concludes that: "LSD is not the complete answer in the treatment of alcoholism. It may be one of the most important elements but its value is enhanced by a total program aimed at changing the alcoholic."

How is LSD Used in Individual Psychotherapy?

The use of LSD in individual psychotherapy has attracted wide attention in popular publications. One of the more detailed records is the autobiographical account by Constance Newland entitled *My Self and I*. The use of LSD, much like hypnosis, is regarded as a major intervention by most therapists and is reserved for patients who seem unable, for a variety of reasons, to make effective use of the conventional methods of psychotherapy.

As in the treatment of alcoholics, LSD is an adjunct to psychotherapy, never a substitute for it. Few psychotherapists use it, and those who do are often of an unorthodox persuasion. The drug is used in individual therapy only after a strong therapeutic relationship has been established and after careful evaluation of the patient. This evaluation includes: (1) Consideration of the person's personality integration, his "ego strength," including consideration of how heavily he relies on his defenses and how well he might function when they are drastically lowered. Also to be considered is the patient's capacity to face his unconscious impulses without being completely overwhelmed. (2) Consideration of the therapeutic relationship prior to drug administration. In the drug experience very strong positive or negative transference feelings may be verbalized with which the therapist must be prepared to deal. (3) Consideration of the motivation of the person receiving the drug. If the request for the drug is simply an effort to gain instant insight or to "turn life on with a pill," it should be refused since the person is likely to be disappointed and may become severely depressed after the experience. He may then addictively seek the experience again and again in a kind of cultic retreat from normal living.

LSD has been found most helpful for

obsessional patients, cyclothymic personality disorders, adult situational reactions, anxiety neuroses and sociopathic disorders, including addictive problems and sexual deviation. It does not work well, and may even cause serious harm to very anxious patients, deeply depressed or suicidal patients, inadequate personalities, passive dependent persons, those who are markedly paranoid who rely on denial or projection as major defenses, rigid, overconscientious persons, and psychotics or borderline psychotics.

The effect of LSD when used in psychotherapy is not yet completely understood but workers feel that one or more of the following is an appropriate description of why it is therapeutic. (1) LSD has the ability to elicit unconscious material making possible more direct contact with the unconscious. Sandison notes that the drug "provides access to the inner self and contact with archetypes."[9] (2) The drug triggers the tendency toward a heightened therapeutic relationship and the patient feels much more free to communicate his transference feelings to the therapist. (3) The drug does not hamper the ego function of the patient but rather has the "capacity for intensifying integrative experience." Unconscious material which is released can be more insightfully appropriated by the ego.

The drug experience seems to be therapeutically effective, finally, because in some way not entirely understood it stimulates a profound shift in personal values. This is the effect of the frequently noted "mystical" or "religious" experience noted by many patients.

[9]This observation by Sandison is quoted by Stephen M. Schoen, "LSD in Psychotherapy," *American Journal of Psychotherapy*, 18, No. 1 (January, 1964), p. 35.

To Sum Up:

Given proper conditions of therapeutic relationship, careful diagnosis, and proper motivation, inhibitions are lowered, barriers of repression and reaction formation are reduced, and greater access to unconscious materials gained. With a less encumbered ego, the patient is able to integrate the material more insightfully. Under the impact of the LSD a re-synthesis may occur which transforms intellectual insight into appropriate motivation; conflict is reduced by abandonment of certain values and acceptance of new and more suitable values. Some workers theorize that the LSD experience becomes a kind of setting for super-reinforcement with a potential for radically altering the self-concept toward a new beginning.[10] Follow-up therapy, which in the opinion of most workers is mandatory, assists the person in further integration and reality-testing of the insights gained.

What is the Drug Experience Like?

A fairly consistent phenomenological account of the "typical LSD experience" is available from several studies. The experience can be categorized according to: (1) Perceptual experiences. Early in the history of the use of hallucinogenic drugs, Havelock Ellis described a "Saturnalia of vision." Schoen in a recent paper notes: "The individual appears absorbed in a profusion of sensations which sweeps him along, as it were, at high velocity." In the Topeka experiments, there is an almost universal reporting of the sensation of great intensification of light; many patients describe "brilliant silver white light." There is a vivifying of the sense of color. One subject, a psychologist, writes of his experience:

[10]Sanford Unger, *Psychiatry, op. cit.*, p. 124-125.

I found myself describing color and form in a most unusual detail. I was able to look into the heart of a blossom and see the most minute changes and alterations in structure and movement. It was simply a feast of the senses and as I turned to observe people and broader aspects of the scene I was enraptured by a series of tableaus which were similar to paintings.[11]

The subject frequently reports the sensation of living in a plastic world, with pliable walls, persons being seen as if in carnival mirrors, the whole effect being a play of light and color as though light were alive. Many report a new awareness of the beauty of the world, of visual harmonies, of exquisite detail. The phenomenon of synesthesia is frequently noted: a patient will perceive the prick of a pin on the skin as ripples on a pond, or "see" sound as brilliant fireworks. A "cold" voice makes him shiver. One has the impression of a person watching the movie "Fantasia."

The perception of time is also altered. The patient feels himself beyond time or space. Some report a vast compressing of time as though the years flow past the vision in a three-D color video tape.

A second group of reactions to the drug has to do with self-perception. Feelings of dissociation, depersonalization, abnormal detachment, and distortion of body image are frequent. There is an awareness of abnormal distance or closeness between the self and what happens in consciousness; events or objects that are perceived seem to merge with one's own body. One patient reported: "You hear music way down off in a cavern and suddenly it is you who is way down in the cavern. Are you now the music or is the music at the mouth of the cavern?" A ten-year-old boy who accidentally ate a sugar cube saturated with LSD con-

[11]Murray Korngold, "LSD and the Creative Experience," *The Psychoanalytic Review*, 50, No. 4 (Winter, 1963-64), pp. 682-685.

fiscated by his detective father complained for several days of the pain of "checkerboards going right through him." Sometimes the patient reports sensations of severe pain which are often found to be associated with repressed conflicts. These body sensations from LSD do not approximate delirium or loss of judgment or motor ability as in alcohol or other forms of intoxication. The person is well oriented in that he knows that he is having these sensations and that they are not reality, yet the sensations are very real to him.

A third group of reactions to the drug experience involve the impressiveness or "awesomeness" of it. One subject comments: "One looks beyond the horizon of the normal world and this beyond is often so impressive or even shocking that its after-effects linger for years in one's memory." Humphrey Osmond, one of the pioneers in working with the drug, recalls: "Most subjects find the experience valuable, some find it frightening, and many say it is uniquely lovely . . . for myself experiences with these substances have been the most strange, and awesome . . ."[12] This awesomeness, as well as the distortions of perception and self-perception, arouse varying degrees of anxiety. It is not strange that this awesomeness and the anxiety it produces are often handled in a cultic or "religious" way. The awesomeness of the experience has led many to speak of it as a "religious" or "mystical" experience, which particular aspects will be examined in the subsequent study.

Something about the experience is awesome enough, or arouses so much anxiety that, for most people, one exposure to the drug is enough. The Topeka investigators report that "no patient ever asks for it again." This is supported by other workers. Psychiatrists who use it in individual treatment, however, report the opposite, which may be due to the more intense therapeutic relationship and amount of support available in individual therapy.

The drug experience itself seems to occur in stages which have been more or less clearly defined on the basis of its use in treating alcoholics. Six stages of the drug experience have been defined: (1) "Flight into ideas" in which the effect of the drug is denied or resisted by concentrating on objects or ideas outside the self. (2) In the second stage, the person concentrates on the physiological changes and somatic sensations he is experiencing. Anxiety occurs at this point (between one and three hours after taking the drug). These somatic changes include occasional violent nausea, palpitations, feelings of constriction, violent headache, numbness of limbs.

(3) Confusion and distortion of perception, which has earned the drug the label of "psychotomimetic" since the sensations are much like an intensified schizophrenic reaction. Often the distortions of perception are so overwhelming they cannot be interpreted and the patient is aware of a vast jumble of visual and auditory synesthetic sensations. (4) The patient begins to rationalize his unreal experiences. He recognizes his delusions and feels at the mercy of the environment and the people around him; he is frightened that he may expose himself further, is suspicious of those around him and has a paranoid fear that they may "toy" with him. He deeply distrusts himself and others, insight is reduced, referential thinking occurs with occasional mild acting-out.

At the fifth level, a stabilizing reaction begins. The patient begins to accept his enhanced perceptual and intellectual ca-

[12]Sanford Unger, *Psychiatry, op. cit.*, p. 114.

pacity as genuine. He feels he is walking a razor's edge between a psychotic state and a kind of revelatory experience; as he goes along he gradually gains confidence in himself.

In the sixth and deepest stage of the experience, the stabilizing process continues and reality becomes unified. The patient accepts the glimpse of a new reality. One said; "I felt outside our bounds of space and time and had an understanding of infinity." A strong feeling of the essential unity of all things and of harmony with infinity overtakes the person. The implications of these last two stages of the drug experience for an understanding of the nature of religious experience and revelation will be dealt with in a subsequent paper.

What About Those Cults?

The transcendental experience triggered by the psychedelic drugs easily tempts one into becoming enamored of the mystical hallucinatory state or into using it more frequently as a means of "self-enlightenment." Various cults, which exploit the drug for its pleasurable or revelatory effects, or seek to make ritualistic use of the altered state of consciousness produced by it, have arisen. The Native American Church of the Indians is an historic example. Societies like the International Federation for Internal Freedom formed in New England in 1962, are a contemporary form. Others who have had the drug experience find a common bond of "evangelistic fervor" which unites them in an informal way.

For many persons the drug experience is so overwhelming that it must be shared and it must be repeated. These seem to be the two positive motives stimulating the formation of cultic groups. "Taking the drug is such an overwhelming experience that we soon realized that those who had done so had something wonderful in common," said one member of the Harvard community group headed by Dr. Richard Alpert.[13] It should be noted that these groups use the more commonly available psychedelic drugs, psilocybin and mescaline.

Dr. David McClelland of Harvard, considering the ethics of Alpert's work, reported to the faculty the following effects on those who use the drugs in cultic groups. (1) A sense of bland superiority toward those who have not had the experience; (2) insensitivity in not being able to gauge accurately the effect of the drugs on others or on groups; (3) a feeling of omniscience as though the drug user had discovered ultimate philosophical or religious truths. He notes that "many reports are given of deep

[13]Noah Gordon, "The Hallucinogenic Drug Cult," *Reporter*, Aug. 1963, pp. 35-43.

mystical experiences, but their chief characteristic is the wonder at one's own profundity rather than a general concern to probe deeper into the experience of the human race on these matters."[14] The fact that these groups frequently grow out of use of the drugs in research in sensation, perception or religious experience underlines the danger of the cultic temptation.

"Is There Any Danger in Using LSD?"

In an editorial in the May, 1963 "Archives of General Psychiatry," Dr. Roy Grinker writes:

> ". . . deleterious effects (from LSD) are becoming more obvious. Latent psychotics are disintegrating under the influence of even a single dose; long continued LSD experiences are subtly creating a psychopathology. Psychic addiction is being developed . . . This editorial is a warning . . . that greater morbidity, and even mortality, is in store unless controls are developed against unwise use of LSD-25."

Drs. Sidney Cohen and Keith Ditman have assembled data on patterns of complications resulting from indiscriminate use of the drug.

1) Prolonged psychotic decompensation: It has been found that the drug can produce a psychotic break by releasing a flood of conflicted material that is overwhelming to the person's established defenses. These breaks may be of brief or prolonged duration.

2) Severe depressive reactions: These reactions presumably arise when the patient has unrealistic or magical expectations of the effect of the drug, namely, that some instantaneous, magical experience will resolve their conflicts. These persons are often hypersuggestible individuals whose critical ego-function is reduced by the effect of the drug. They become overwhelmed by anxiety and guilt laden insights which they cannot assimilate. Such guilt and anxiety with accompanying pathology is more likely to develop when taking the drug represents a form of rebellion against social norms. There are reports of occasional suicide from these depressions.

3) Disturbances in impulse control: The reduction of inhibitions triggered by the drug may indeed "free" the person, but in some instances leaves him unable to maintain appropriate control of impulse or emotion. These persons may become psychologically dependent on the drugged state and may join cultic groups. Failure to accept or fulfill the normal responsibilities of life may then occur.

4) Confirmation of latent ideas of grandeur or persecution: Persons whose normal attitude toward life is one of suspicion, or who use mechanisms of denial and projection, may react to the drug with increased suspicion. Their tenuous grasp on reality becomes disrupted for longer periods of time.

5) In the majority of cases in which complications occur, the drug was administered without careful evaluation of the patient or supervision of a psychiatrist during and following the experience. In some instances the drug was taken unknowingly. A "black market" exists in which LSD tablets or ampules or saturated sugar cubes are available in larger cities or on university campuses. The recent action of the Food and Drug Administration is directed against such abuses.

Summary

1. LSD is a powerful consciousness altering drug whose full effects on the personality or psychic structure are not

[14] *Ibid.*, p. 38.

yet fully known. There seem to be no direct physiological side effects.

2. The use of LSD is now carefully regulated by the government and it is available only to qualified investigators in government hospital settings.

3. It offers real promise in helping some alcoholic patients to gain insight into themselves and to choose to live differently. It is not a "cure" for alcoholism which can be administered "by the dose." It is helpful only when used as a part of a total treatment program.

4. Experimentation with LSD as an adjunct to psychotherapy indicates that it is helpful, in some instances, in stimulating insight and bringing about more wholesome self-concepts.

5. The individual reaction to the drug depends, to a far greater extent than with other drugs, on the context in which it is taken. Who gives the drug, reasons for taking it, the meaning of the drug experience to the person, his own stability and the facilities for subsequent integration, are all of critical importance if severe damage to the personality is to be avoided.

6. Careful evaluation of the patient before administering the drug is absolutely vital. Also vital is a therapeutic relationship which can sustain the patient through the experience and provide a setting in which he can integrate his new insights into a realistically oriented pattern of living.

7. Due to the nature of the drug experience, the temptation to retreat into cultic enclaves or develop a personal "mystique" is particularly great.

In this article we have reviewed the history and developing use of D-lysergic acid diethylamide, noting particularly some of the promising results of its use in the treatment of alcoholic patients, and some of the possibilities indicated by its use in psychotherapy. Some of the dangers to the person using the drug have been detailed as well as procedures for avoiding them. The relation of the drug experience to the nature of mystical or religious experience has been noted and raises some critical theological and ethical questions which need further consideration. LSD is not a new "key to the Kingdom" that some claim it to be, but it may well prove to be another of the gifts of a Providential God, which properly used, can bring about greater well-being for many suffering people.

LOOKING BACK on my own experiences [under the influence of nitrous oxide] they all converge towards a kind of insight to which I cannot help ascribing some metaphysical significance. The keynote of it is invarably a reconciliation. It is as if the opposites of the world, whose contradictoriness and conflict make all our difficulties and troubles, were melted into unity. Not only do they, as contrasted species, belong to one and the same genus, but *one of the species,* the nobler and better one, *is itself the genus, and so soaks up and absorbs its opposite into itself.* This is a dark saying, I know, when thus expressed in terms of common logic, but I cannot wholly escape from its authority.—WILLIAM JAMES