

LSD, TRANSCENDENCE AND THE NEW BEGINNING

On the 16th of January, 1960, a day-long symposium on lysergic acid diethylamide was held at the Napa State Hospital, Imola, California.¹ The symposium attracted considerable regional attention and was later broadcast over KPFA, an educational FM station. Because of its length it has been impossible to publish it in its entirety. As a joint contribution of the Mental Research Institute, Palo Alto, JNMD herewith presents papers given at the symposium by three members of that Institute, Dr. Charles Savage, Dr. James Terrill and Dr. Donald D. Jackson. The manuscripts have been edited by Dr. Savage and where possible have been brought up to date with footnotes. An effort has been made to capture the original spirit of the symposium, which was characterized by a turning away from the conventional view of LSD as a mere facilitator of therapy toward the view of it as a new experience, a new beginning.² We offer these papers with some confidence that they will be of interest to our readers.

The Editors

The Nature of the LSD Experience

JAMES TERRILL, PH.D.³

What is the nature of the LSD experience? There is no simple answer to this question. Early in our work with LSD at the Mental Research Institute it became clear that there are no regular and predictable effects of LSD *per se*, but rather that the effects are the result of a complex interaction⁴ of the drug, the psychological and physical environment, the personality structure of the subject and therapist, and the set or

expectancy as to what the drug would do. Judging from the literature on LSD, this point about the relativity of LSD effects has not been sufficiently emphasized (2).

Our conclusions regarding the psychological effects of LSD have developed out of a series of exploratory studies that were carried out at the Mental Research Institute over a two-year period (1958-59). Ss have included 60 volunteers and 29 psychiatric patients. Most of the volunteer Ss were professional people (psychiatrists, psychologists and social workers) who took the drug, ostensibly, out of curiosity. The psychiatric patients were, for the most part, already in regular psychotherapy and were taking the drug as a part of their treatment. Many of our Ss have had more than one LSD experience.

During some of the early work at the Institute several ways of approaching the subject in the LSD state were tried, including the administration of psychological tests and the utilization of various interview techniques. Experiments in this regard led to the conclusion that any attempt on the experimenter's part to impose a structured

¹ Sponsored by Dr. Theo Miller, Superintendent, Dr. William Mandel, late Director of Research, and Harry Althouse, regional representative of the Sandoz Corporation.

² Both points of view were introduced by Dr. Sidney Cohen, chairman of the symposium. The earlier point of view was presented by Dr. Michael Agron, of Palo Alto. It has been amply documented in the literature (*e.g.*, 1, 2, 5, 7, 11, 20, 21). A critique of this point of view was published by Savage in 1957 (23). The newer point of view was developed by Osmond and Hoffer (9, 18).

³ Mental Research Institute, Medical Research Foundation, Palo Alto, California. This work was made possible by USPHS Grant MY 2621.

⁴ I prefer the word "transaction" introduced by Cantril (6). Implicit in this concept is the necessity to structure the environment according to what one wishes to get out of it (22). The patterning of the milieu described hereafter derives from the Hollywood Hospital group, though the symposium antedates their publication (17). Ed.

test or interview on the situation had the effect of radically altering the subjective experience of *S*. The most significant effects of the drug seemed to occur when *S* was allowed to follow his own spontaneous train of thought.

The technique of administration used with most of *Ss*, therefore, is based on an attempt to provide a relatively permissive, comfortable and accepting atmosphere. *Ss* were encouraged to give themselves up to the effects of the drug as much as possible. All the drug sessions were conducted in a small, sound-proofed room that was very comfortably furnished with a couch, carpet, pictures on the wall, and a stereo record player. *Ss* were usually provided with an opportunity to listen to music or look at visual stimuli. An attempt was made to reduce the amount of stress to a minimum. Someone was with *S* during most of the day. He therefore had the opportunity to talk with someone if he wished, although it was made clear to each *S* that he need not talk if he did not feel like it.

The dosages used have ranged from 50 to 200 micrograms, with the most frequent dosage being 100 micrograms.

Volunteer *Ss* and patients were treated in much the same manner, except that the patients entered the sessions with a very different set. The LSD sessions were presented to each patient as an adjunct to his regular treatment, and his therapist was usually present during a part of the time. The role relationship between the experimenters and the patients was naturally quite different from the role relationship between the experimenters and the professional volunteer *Ss*. When a professional volunteer takes LSD in the presence of a colleague he is frequently thrown into considerable conflict as to what his role should be. This often presents a rather difficult situation for the person who is administering the drug as well.

In describing the effects that we have observed under these conditions and with these *Ss*, it is important to distinguish

between two classes of effects. One class is the immediate effects, *i.e.*, those which occur within 8 to 12 hours after ingestion of the drug. The other class consists of the more lasting effects, *i.e.*, those which persist for an indeterminate period after the immediate effects have dissipated.

In studying the immediate effects, the approach has been to observe the subject's relatively spontaneous behavior while he is under the influence of the drug and also to analyze the tape recordings made of each drug session.

EFFECTS

The immediate effects which have been observed can roughly be classified into five categories:

- 1) Mood and affect
- 2) Interpersonal behavior
- 3) Sensory and perceptual effects
- 4) Intellectual functioning and reality testing
- 5) Intuitive-intellectual effects

In terms of *mood and affect*, *Ss* have demonstrated a wide range of reactions. Often an emotional lability is seen which ranges from tearfulness to euphoria. There is frequently an increased intensity to emotions in general. Feelings of well-being or euphoria, which many subjects have reported, tend to merge into feelings of omnipotence. Sometimes there appears to be an increase in anxiety; while at other times anxiety is decreased, and there is a feeling that previously threatening things can be talked about. *Ss* tend to show an increased concern with the feelings and events of the immediate moment, and sometimes there is a marked lack of concern about the past and future.

In terms of *interpersonal behavior*, *Ss* typically have manifested an increased sensitivity to their interactions with others. In many *Ss* this sensitivity has taken the form of being easily hurt or feeling neglected. With the majority of *Ss* there has been an enhancement of the relationship with the person who is conducting the experience.

Sometimes patients have developed paranoid constructions about being manipulated.

The following varieties of *sensory and perceptual effects* have been relatively common with our Ss: there is an increased sensitivity to sounds and visual stimuli in general. Distortions of the body image (visual distortions which are usually illusory but sometimes hallucinatory) also occur. There are synesthesias with all sorts of combinations of sensations; *e.g.*, music may produce visions of color, pictures may produce sounds, and odors may produce visual and auditory images or somatic sensations. There are transformations of the time sense, such as time standing still, racing backwards or forwards, or dragging interminably. The external world becomes unstable, receding and approaching, flowing and vibrating.

In the area of *intellectual functioning and reality testing*, LSD usually has resulted in a lability of thought processes which frequently has manifested itself as a flight of ideas. There often has been a marked disruption of the organization of thoughts and concepts. In attempting to deal with this disorganization, *S* has often come up with new, sometimes insightful, ways of conceptualizing his experiences. Unless the LSD therapist is equally at home with both old and new ideas he may overlook creative aspects of the patient's thinking and label it all as merely confused or psychotic. The therapist's confusion may in turn confuse the patient.

There is still a fifth class of effects which could be termed *intuitive-intellectual* effects. Included in this category are experiences such as a feeling of oneness, a feeling of "understanding" life and existence, religious experiences, transcendental experiences, or a strong inclination to think along philosophical lines. Such experiences have been reported relatively frequently and appear to be a combination of both emotional and intellectual functions. Patients who have had vivid experiences of this type have tended to value them highly and often have

expressed the feeling that such experiences seem to have some sort of lasting beneficial effect.

This list of immediate effects covers a wide range, and frequently *S* in a single drug session will experience a large number of them. It should be noted that many of the effects mentioned are contradictory. In this connection it has been observed that *S* will often shift from one experience or emotion to its opposite in a very short time.

RESPONSE VARIATION

Individuals differed greatly in their responses to LSD. At a given dosage some Ss reported that they experienced little or nothing out of the ordinary, while others reported extremely intense and unusual experiences. Of those who did report significant effects, some experienced predominantly unpleasant effects, while others felt the experience was primarily pleasant; some were principally concerned with changes in the body image, while others became preoccupied with esthetic experiences on philosophical issues. It was also noted that the same individual might show considerable variation in his response to LSD from one session to the next.

In general we have felt that the more positive kinds of experiences have something to do with *S*'s willingness or ability to give himself up to the effects of the drug. If *S* is very concerned about maintaining control or fighting the effects of the drug, the experiences can be frightening, sometimes terrifying.⁵ By and large, however, we have observed very few reactions that could be termed blatantly psychotic. It would probably be fairly easy to induce more psychotic-like behavior if Ss were put into a more stressful situation and made to feel more insecure.⁶

⁵ Beringer (4) noted the same thing for mescaline in 1927.

⁶ Dr. Terrill's conjecture was soon thereafter confirmed. An associate put himself in an extreme stress situation by privately consuming 200 micrograms of LSD which he had stolen. It took him two years for a full recovery.

In studying the effectiveness of LSD as a therapeutic adjunct, attention has been focused on what kinds of possible *lasting* effects might occur as a result of one or more LSD experiences. Often the more lasting effects seem difficult for the patient to describe. A study of Ss' reports along with observations of their behavior suggests that the following kinds of changes occur as a result of a series of therapeutically oriented LSD sessions: *S* becomes less anxious, less rigid, more spontaneous, more tolerant of ambiguity, more appreciative of esthetic and symbolic modes of expression, more capable of enjoying intuitive, irrational experiences, and less concerned over the past and future. Whether these changes are of a universal order remains a question for further investigation. It is conceivable that they are a function of the particular sample of Ss, many of whom tended toward emotional constriction, intellectualization and ruminative thinking.

In addition to these general kinds of changes, there are specific changes that have to do with the individual's dynamics. Often *S* may gain a new perspective on himself or gain an important insight into his defenses which results in a change in behavior. Sometimes, however, what the patient calls "insight" turns out to be an irrational, ineffable and peculiar experience that seemed to have a very important personal meaning to *S*. As an example of this, a man felt during his initial LSD experience that his joints were somehow grinding together. He felt that all of the rough edges in his joints were ground smooth, and this gave him a "well oiled" feeling which seemed to persist for weeks afterwards.

One of the most intriguing aspects of the use of LSD as in psychotherapy is that when positive changes have occurred they often seem to have occurred in terms of the *person's value system* rather than in terms of recovered memories, interpersonal insights and the like, as is usually the case with more traditional forms of psychotherapy. Such changes are apparently in the direction

of a higher valuation of esthetic, creative, philosophic and perhaps even religious interests.

It should be pointed out that although the use of LSD in therapy often results in changes that one would not get otherwise, this does not obviate the need for regular psychotherapeutic procedures. Although the patient may make significant gains as a result of an LSD experience, we have concluded that the experience needs to be followed up with regular therapeutic sessions in order to work through the insights that have been gained and the behavioral changes that have been initiated.

How effective is LSD as a psychotherapeutic agent? Ratings of improvement based on therapists' judgments and in some cases pre- and post-LSD psychological tests indicate that 15 of the 29 patients who received one or more LSD sessions benefited therefrom. This evidence is far from conclusive, however, since these patients were receiving regular therapy at the same time and since no control group was utilized. Plans had been made at the Mental Research Institute to undertake a more complete, and well controlled study of the therapeutic effectiveness of LSD, but unfortunately we have not yet been able to obtain sufficient financial support to carry these out. Although much has been written on LSD as a therapeutic adjunct, there is still a dearth of well controlled studies with adequate measures of change.

Comparable data are not available on our professional volunteers. We were primarily interested in learning from these Ss their theoretical interpretation of their experiences and their judgment as to how LSD might best be utilized. We found it difficult to obtain post-LSD reports from these Ss, and their reports when obtained were oriented more toward the personal experience rather than to theoretical interpretation. Even though these sessions were not therapeutically oriented (though conducted in a therapeutic setting) many professional Ss reported increased feelings of well-being

and confidence. For example, one volunteer had the annoying habit of being late and consuming even more time with apologies. Since the LSD experience she has been observed to be less often tardy—and if late she is less guilt-ridden and apologetic.

Our work with LSD so far has perhaps raised more questions than it has answered. One of the most important of these is the question of the relationship between personality factors and response to LSD. Our attempts to predict the kind of LSD response a person would have, based on pre-LSD test and interview data, have been discouraging. For example, three patients had Holzman, TAT, and historical evidence from which the only possible prediction was a psychotic break under LSD. On the contrary, they seemed to have richly rewarding experiences.⁷ It seems clear that LSD can provide very therapeutic experiences for some, although more research is needed to determine what kind of person is most likely to benefit.

Another unanswered question is the relationship between the nature of the experience and its after-effects. Many

workers have assumed that positive experiences are most helpful and that transcendental experiences have the greatest therapeutic potential. And yet there are instances where frightening or terrifying experiences have had beneficial after-effects. Several of our professional Ss have remarked that they believed that much of the beneficial effect of LSD was due to a person's having faced a stressful and ambiguous situation and worked it through satisfactorily.

SUMMARY

Exploratory LSD studies carried out at the Mental Research Institute over a two-year period have suggested that LSD may prove to be a very powerful tool in speeding up movement and overcoming resistances in psychotherapy. LSD did not, on the other hand, show promise as a diagnostic tool. When therapeutic changes did occur they often were of a qualitatively different order than those which occur in traditional psychotherapy. Under the influence of LSD, the individual goes through highly intense and unusual experiences which may well change the way in which he views his life.

LSD, Alcoholism and Transcendence

CHARLES SAVAGE, M.D.³

"Visit either you like: they're both mad."

"But I don't want to go among mad people,"

⁷ A three-year follow-up on this trio is instructive. Dr. P.S. made a dramatic improvement following LSD, but two years of family therapy were required to sustain it. His pre-LSD Holzman shows many torn, syphilitic, bleeding genitals and ani. The post-LSD Holzman is more typified by nymphs dancing with satyrs.

Mrs. B.L.S. could not tolerate sexual relations with her husband. He had had a vasectomy and she thought him abnormal. Following LSD their sex life became satisfactory until he suggested anal intercourse; this suggestion restored her frigidity which has since remained inviolate.

Mr. I.M. suffered from a three-year spell of impotence, but after LSD was able to have normal sexual relations twice in an evening. His wife cooperated fully. The next morning she upbraided him bitterly for having raped her while drunk.

Alice remarked.

"Oh, you can't help that," said the Cat.

"We're all mad here. I'm mad. You're mad."

"How do you know I'm mad?" said Alice.

"You must be," said the Cat, "or you wouldn't have come here."

The Cat recognized what was not apparent to his Victorian contemporaries. We are all part of a sick society, troubled members of a troubled world. Inevitably many people look to drink for salvation. For some it is an imperfect salvation, leading to the couch, the hospital or the grave.

Our plight is not unlike that of the 19th-

Three years of therapy were required to restore his potency.

century American Indian. His land was stolen, his livelihood lost, his life forfeit, his language, customs and beliefs were all deliberately undermined by the white man in the name of Christ, Culture and Civilization. Confronted with physical and spiritual annihilation, the "red man" faced the future with grim foreboding. Many Indians turned to drink; but others turned to peyote, the Aztec counterpart of LSD. Seemingly they turned to peyote for inner strength. "Peyote gave them faith in a new power and a new road that they might follow from the path that was still in their hearts and mind to a feared and little understood future. The meeting of compelling forces, conscious and unconscious, of racial memories, the loss of tribal security and religious beliefs, added to the drive of the creative urge to make live in form and color the spirit of the Indian" (26).⁸

Slotkin (24) has reported that peyote has remarkable physiological and psychological characteristics so that when taken under proper conditions, the worshiper experiences a revelation. In most cases this takes the form of a vision. In some cases, it is a mystical state, the unification of all immediate experience with "God."

The connection of peyote and LSD is not only in their psychophysiological properties; it happens also that both have been and are used in the treatment of alcoholism. As early as 1907 anthropologists (24) had reported that peyote was a cure for alcoholism; and in 1909 it was reported of the Winnebagos that of the degenerate drunks of thirty years ago [1879], those who had turned to peyote had now become the most successful, healthy and outstanding members of the Winnebago community.⁹

⁸ Monroe Tsa Toke, from whom this quotation is taken, has done paintings which are unquestionably the best illustration of the "Peyote Ritual" and the peyote visions.

⁹ A controversy still rages about peyote and its value for alcoholism. Slotkin quotes Hensley [1908] with approval: "It [peyote] cures us of our temporal ills as well as those of a spiritual nature.

Today [1960] recovery rates as high as 70 per cent are being reported with the LSD therapy of alcoholics.¹⁰ Rather than attempt a critical evaluation of these claims, I propose to deal here with the question: How may LSD be of help to the alcoholic?

Long ago William James (14) made the comment: "The cure for dipsomania is religomania."

James quoted the following example from a drunkard, S. H. Hadley: "One Tuesday evening, I sat in a saloon in Harlem, a homeless, friendless dying drunkard. I had pawned and sold everything that would bring a drink. I could not sleep unless I was dead drunk. I had not eaten for days, and for four nights preceding I had suffered with delirium tremens or the horrors from midnight until morning. I often said, 'I will

It takes away the desire for strong drink. I myself have been cured of a loathsome disease too horrible to mention. So have hundreds of others. Hundreds of drunkards have been dragged from their downward way." La Barre, however, is cynical about the antagonism of alcohol and peyote. "One can eat lobsters one day and ice cream the next, but one ought not eat them the same day" (15). Radin's *Crashing Thunder* (19) gives an eloquent account of his cure of chronic alcoholism with delirium tremens by the use of peyote. Radin himself remained skeptical.

"So completely did all those who joined the peyote cult give up drinking that many Indians and whites were at first inclined to believe that this was a direct effect of the peyote. However, this is an error. The correct explanation is that John Rave, the leader of the cult, gave up drinking when he became a convert and included this renunciation of all liquors in the cult which he so largely moulded and dominated. If any additional proof were needed it can be found in the fact that as Rave's personal influence decreased and as the membership increased the number of people who drank liquor and ate peyote at the same time increased." But Radin overlooks the fact that John Rave gave up drinking because of peyote!

¹⁰ The figure of 70 per cent is taken from Hoffer (2) and covers a five-year period. The data on which the present paper is based, however, derive from a series of 20 hospitalized alcoholics (in addition to the M.R.I. patients). They were treated in the same manner described by Terrill except the dosage ranged from 150 to 500 micrograms. Fifty per cent had stopped drinking at the time of this symposium. Unfortunately follow-ups could not be obtained.

never be a tramp. I will find a home in the bottom of the river.' But the Lord so ordered it that when the time did come, I was not able to walk one quarter of the way to the river. As I sat there thinking, I seemed to feel some great and mighty presence. I did not know then what it was. I did learn afterwards that it was Jesus, the sinners' friend. I walked up to the bar and pounded it with my fist 'til I made the glasses rattle. Those who stood by drinking looked on with scornful curiosity. I said I would never take another drink if I died in the street." And so complete was Hadley's conversion that he never did take another drink.

As an example of a conversion reaction with LSD followed by abstinence: An alcoholic woman was given 150 micrograms of LSD; during her session she fell silent. She closed her eyes and seemed to fall into a trance. She woke with a start, and said: "I thought I had been killed. I thought I was tried, dragged in chains before God, condemned and taken out to be executed." She awoke feeling that she had been re-prieved, that she had been saved.¹¹

Another patient had had doses of 100 to 200 micrograms of LSD without noticeable benefit. She laughed and danced and listened to jazz records. She once described that she had talked with the devil and had thrown in her lot with him. So she went the devil's way, increasing her drinking and taking "dope." Her final session was with 500 micrograms. She talked to the devil and told him: "Look, I tried it your way and what has it got me?" She then had the feeling that "God" reached out his hand to her, and she was debating whether or not to grasp it. Following this experience, the

patient seemed to be in a psychotic or depersonalized state, became very depressed and planned suicide. She wrote a suicide note in the midst of which she fell asleep, awoke in the morning and found she was still alive. The last word she had written in her suicide note was "church" and she thought perhaps a miracle had occurred.

This patient's experience also illustrates the need for careful after-care in order to prevent suicide and psychosis.¹²

James' explanation of such experiences is compelling: "The difference between a sudden and a gradual convert is not necessarily the presence of a divine miracle in the case of one and of something less divine in that of the other, but rather a simple psychological peculiarity, the fact that in the recipient of the more instantaneous grace we have one of those subjects who are in possession of a large region in which mental work can go on subliminally and from which invasive experiences abruptly upsetting the equilibrium of the primary consciousness may come."

Some of these patients (treated with LSD) equate forgiveness of sins with healing. The relentless conscience has relented and now the patient is freed of guilt: Thus the old cycle of drink to still guilt, and drink giving rise to guilt, is broken. With the slate wiped clean, the patient is free to deal with the guilt of the moment rather than the guilt of the accumulated years. Borrowing from analytic metapsychology we might say the unconscious superego has become conscious, though it is still projected onto God rather than recognized as part of the self. Made conscious, it has lost some of its minatory quality.¹³

¹¹ Following this experience she stopped drinking, became interested in psychotherapy and I referred both her and her husband to a psychiatrist. He was an ex-alcoholic who had a spontaneous religious conversion and he insisted hers was synthetic and not genuine. Three years later he finally proved his point. My sympathies are somewhat with her. After listening to him on the phone for long periods in the late evening I have often found a drink very soothing.

¹² After a period of accelerated drinking, dope-taking and dalliance, this patient straightened out, returned to the church, and according to last report (1961) had made a good adjustment for two years.

¹³ The mere evocation of the superego into conscious form is not in itself curative. It occurs in terrifying fashion in delirium tremens, and can occur in terrifying fashion with LSD. In the writer's opinion it is the support of the therapist

The conversion reaction is only one type of spiritual experience which might lead to recovery from alcoholism; but there is still another and more basic one: the mystic experience. James has suggested that one of the motivations for drinking is to achieve an actual mystic experience:

"The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature, usually crushed to earth by the cold facts and dry criticisms of the sober hour. Sobriety diminishes, discriminates and says No. Drunkenness expands, unites, and says Yes. It is in fact the great exciter of the Yes function in man. It brings its votary from from the chill periphery of things to the radiant core. It makes him for the moment one with truth. Not through perversity do men run after it. To the poor and unlettered it stands in the place of symphony concerts and of literature; it is part of the deeper mystery and tragedy of life that whiffs and gleams of something that we immediately recognize as excellent should be vouchsafed to so many of us only in the fleeting earlier phases of what in its totality is so degrading a poison. The drunken consciousness is one bit of the mystic consciousness and our total opinion of it must find its place in our opinion of that larger whole." A longshoreman put it more simply: "If it weren't for whiskey, a poor man would never know how a rich man feels."

What, then, is the need for this mystic experience or the transcendental experience? I believe that Fromm has given us the answer. The alcoholic suffers from alienation, from the "sickness of the soul." All that has been worthwhile in him has been projected onto the outer world, whether it be God or manna. All that is base is retained within himself. "What is his problem? Is it his drinking or is his drinking only a symptom of his real problem, his failure to live a

meaningful life? Can man live with this degree of alienation from himself with so much hate and so little love without feeling inferior and disturbed?" (12).

An illustration of this appeared in *Life* sometime ago [1959] under the ironic title "The Good Life." The people therein portrayed are so discontented with themselves that they are continually racing after power saws, power motors, power boats. They cannot stand being with themselves for a moment. They are alienated from themselves, alienated from their universe. Their transcendental or creative function is entirely blocked. Compare them with Wordsworth:

Nuns fret not at their convent's narrow room;
And hermits are contented with their cells;
And students with their pensive citadels:
Maids at the wheel, the weaver at his loom,

Sit blithe and happy; bees that soar for bloom,
High as the highest Peak of Furness Fells,
Will murmur by the hour in foxglove bells:
In truth, the prison, unto which we doom

Ourselves, no prison is:

Unlike Wordsworth's ideal, modern man is so completely imprisoned and alienated that for him the happy idle hours become a rat race, and the time-waster spans his weekend with drink. Many drinkers drink because their lives have lost purpose and meaning. The old drunk might drown his sorrows; the modern drunk fills the emptiness of his existence.

The alcoholic attempts to find himself, to fulfill himself with drink; but the attempt fails and now the guilt over drink and the wasted opportunity has him trapped. How then may LSD help with this situation? It may provide a genuine transcendental or mystic experience instead of the spurious one "bit of mystic consciousness" which the alcoholic has been seeking. The artificial distinction between subject and object, self and world, conscious and unconscious, ego, id and superego are all abolished. The person is at one with the universe. In his mystic selflessness he awakens with a feeling

and his ability to maintain contact with the patient that makes the difference in the outcome.

of rebirth, often physically felt, and he is provided with a new beginning, a new sense of values. He becomes aware of the richness of the unconscious at his disposal; the energies bound up in and by repression become available to him.

One patient during LSD was drawn into a mystic experience by the sound of a floor buffer turning round and round in the passageway. She was drawn into a mystic participation with the writer and with God. Yet she struggled for her individuality, even as Jacob wrestled with the Angel. Afterwards she said: "I recognized after this that I was strong, that I didn't need to be afraid, that I didn't need to drink." She and her husband had been refractory members of Alcoholics Anonymous for years. Now that she has stopped drinking the husband has started again.¹⁴

What happens when we seek transcendence with LSD? Once we open Pandora's box, we cannot always control what flies out. The LSD experience may strip the patient of his capacity for lies and rationalization; he may see himself in all his psychological nakedness. To expose him so violently and suddenly to his shortcomings may only increase his guilt to an intolerable degree and leave him very depressed. He should, one would think, have at least some "glimpse of heaven" if he is to be "saved." Some inner strength, some hope, some creativity and some positive feelings must be revealed to him.

This brings us forcibly to the dangers of LSD treatment. The transcendental experience may open up avenues of creativity but it is not creativity itself; the experience of revelation while present may lead the person to confuse fantasy with actual achievement. Unless the constructive aspects of the experience are sufficiently stressed, the individual may not have the strength to face himself stripped of all his rationaliza-

tions and projections, a "herring lying in the gutter" (2). Therefore, unless he has some awareness of "God's" mercy, unless he can come to terms with himself as through the mystic experience, and unless he develops new and free energy from the unconscious to alter his life situation, he may develop not only a depression but a frankly paranoid reaction. The intervention of the therapist makes the difference between a helpful and a damaging experience. The therapist need arrogate no religious attributes to himself; indeed he must resist the temptation to believe in the omnipotent role in which he has been placed. For if he does not, he will then reinforce, rather than alleviate the pathological alienation which he is striving to overcome.

There is another danger which is shared with the peyotists. For years government experts and anthropologists have been warring as to whether peyote is or is not harmful. In point of fact the writer has been able to find authentic evidence of only one peyote psychosis, this on a brief personal visit to the Navajo reservation. But the circumstances are instructive. This was a young man who had branched out on his own. He had his own private stock of peyote which he was nipping on the side, instead of taking it during the highly formalized peyote ritual.¹⁵ In the same manner self-experimentation with LSD is clearly dangerous. LSD strips off the protective barriers of the ego and all sensitivity and perceptivity is heightened. The effect of any input is heightened, so that the drug has great potential for good and evil. It is possible to induce or reinforce unusual beliefs which may alienate the individual from his society at a time when he desperately needs it.

Finally, LSD causes an inflation of the ego which may be an effective antidote for low self esteem. Low self-esteem, of course, has many roots. All Good is projected onto God;

¹⁴ She has since found it prudent to bolster her new found strength with antabuse, to counteract her husband's importuning her to drink.

¹⁵ The writer has found that warnings against self-experimentation (22) are ineffective: it is like telling children not to put beans up their noses.

all Bad is retained in the form of original sin within oneself. There are other problems that derive the Protestant ethic. There is the stress on the outward evidence of grace as seen by visible evidence of prosperity, the stress on social mobility, the existential guilt arising from the fact that few reach their actual potential: all this adds up to a sort of mass, low self-esteem, a cosmic sense of inferiority, which is actually increased by material achievement and accession of material goods. Ordinary psychotherapy brings out a person's shortcomings and not his assets. But LSD allows a person to face his shortcomings with honesty, and at the same time experience some of the wealth and reservoirs which lie within him. We can perhaps promise that the Mute Inglorious Milton experience the raptures felt by Milton, even if he cannot write his poetry.

We should also recall that Vergil guided Dante into the Inferno and returned him safely, chastened and enlightened. Those who would use LSD should do as well for their patients.

CASE HISTORY OF EXCESSIVE DRINKING WITH IMPROVEMENT FOLLOWING LSD

This was a 30-year-old radiologist who consulted the writer in 1959. He complained that for the past year he had nightly drunk himself to sleep, and then awoke with nightmares in the middle of the night. His wife would become enraged at being awakened and he would spend the rest of the night crying. He was depressed, unable to work. However, his chief complaint, of years duration, was an inability to feel or experience. "It was as if I was inside a glass shell. I mean I could see out and people could see in, but I couldn't talk or feel."

The patient was an only child, whose mother had died when he was an infant. He was raised by foster parents until the age of four and then repossessed by father and stepmother. His relations with them were distant. His father reportedly insisted on high standards of intellectual performance, always blamed, never rewarded or praised. Raised as a strict Catholic, the patient married out of the Church and was cut off by his family. He abandoned the Church but it made little difference: as he expressed it: "When I was on a religious kick, it was 'I'm a sinner'; and essentially now it's 'I'm a neurotic'." His purgatory was in effect merely moved from the future

into the present. Alienated from God, nature, man, church, mother and family, he tried for reconciliation by conquering. His friends he subdued with words, his patients with his X-rays, and the universe with his theories. Only once in his life had he overcome his alienation. During sexual relations with his secretary, out in the moonlight, he felt "At that instant I had contacted the universe." He hoped for a repetition of this with his wife, and had the unwisdom to tell her about it on their honeymoon. But he felt nothing for her, could not love her. To add to their misery she became pregnant and he had a psychotic breakdown. She aborted but never forgave, never forgot nor allowed him to forget. He wanted a reconciliation but his efforts to force it only estranged them further. The patient said that he had taken to drink to recapture the experience, but it failed.

Psychotherapy seemed futile; words were used as hostile ammunition and playthings; he fielded each interpretation perfectly and returned the appropriate riposte, for he had read and was well versed in Freud, Jung and Watts. Yet when he left the hour, he had forgotten everything. It was the patient's suggestion that LSD be tried, which was done after 14 preliminary psychotherapeutic interviews.

He began the session by using the drug as a platform to preach his private philosophy. "So anyway this sort of thing, Goedel's proof, the Heisenberg principle of indeterminacy, the insolubility of any mechanical problem that contains more than two bodies by a method of other than successive approximation. . . . There's *me* sub one and *me* sub two and *me* sub one gets in the way of *me* sub two."

In order to turn off this stream and direct him inward we tried some abstract paintings and then Bruckner. "Anyway I'd like to hear a little Bruckner now. Oceanic feelings. Da dum da da dum. That is what Bach did for a living, Bach did for kicks."

Bruckner's music was an effective stimulus: the patient became ill and then suddenly experienced the nightmare of which he had complained. He shook with fear, trembled and sobbed: "I'm afraid, I'm afraid. I keep looking; there is nothing there; what am I afraid of?" I replied: "Perhaps that's what you are afraid of: nothing." With this the nightmare disappeared, and years later the patient reported that it had never returned. At that moment he reported a mystic enlightenment, a kind of *satori*. He experienced feeling, closeness with the therapist, with himself and the universe (and, after the session, with his wife). In the evening he telephoned to tell me how grateful he was. He had experienced completely successful sexual relations for the first time. He began to pour his energy into his work, and nightly drinking sessions were no longer required.

To the therapist he seemed profoundly changed, and for the better. His wife, on the contrary, be-

came much upset, bitter, angry and depressed. She reminded the patient continuously: "You're no different; besides it won't last; you'll see." A self-fulfilling prophesy. We thought to rectify the situation by repeating the LSD experience with the patient, by giving the wife an LSD experience, and then arranging a joint LSD session. The first two were accomplished, but not the third. She refused, saying it was a terrible experience. (Dur-

ing the LSD the observer would have thought she was having a delightful experience.) Eighteen months of intensive conjoint family therapy were required before she could accept the possibility of his being well.

Three years after the first consultation we learned that he was a professor of radiology at a leading university; and the couple was happily expecting a baby.

LSD and the New Beginning

DONALD D. JACKSON, M.D.³

The experience of LSD and the new beginning is similar to what the existentialist, Ellenberger (10) has called the Encounter: "Encounter is, in general, not so much the fortuitous meeting and first acquaintance of two individuals, but rather the decisive inner experience resulting from it for one (sometimes for both) of the two individuals. Something totally new is revealed, new horizons open, one's *Weltanschauung* is revised and sometimes the whole personality is restructured. Such encounters are manifold, perhaps with a philosopher who reveals a new way of thinking, or with a man of great life experience, of practical understanding of human nature, of heroic achievements or independent personality. An encounter can bring a sudden liberation from ignorance or illusion, enlarge the spiritual horizon and give new meaning to life."

To the writer nothing better exemplifies how LSD can be useful to us. It can provide us with an encounter, a new experience which will enlarge our horizon and give new meaning to life. These experiences are a part not just of therapy, but of life itself.

While in analytic training, I took a three-day vacation during which I tried a new role—that of a salesman. I happened to meet another salesman and played the role quite enjoyably for the whole weekend. For my analyst this was an acting-out of the transference, but I think this view expresses only one side of the coin. Not

being a doctor, not being a psychiatrist even for a few days forced me to develop different sets of behavioral tactics and with them a different aspect of me that was enriching. Chancing to meet another person with whom I was compatible reinforced the behavioral change. I feel that there is an analogy in this experience to what *can* happen with LSD. The new experience under LSD can be reinforced by social experiences and further experience with the therapist. Without this reinforcement the LSD experience gradually pales and dies away; it becomes a memory, not a personality change.

Not everyone is grateful for a new experience. Galileo's contemporaries refused to look at the moons of Jupiter through his new telescope. And some of our contemporaries refuse to contemplate the intricacies of the LSD experience, or having contemplated them are unable to process the new data. For them the experience is unpleasant as is the inability to handle new data. For many this experience cannot be handled, and leads to grandiosity and rationalizations.

Some of our professional subjects and patients, learned philosophers, psychologists and psychiatrists, are unable to relax and enjoy the revelations of LSD. Instead of marveling: "My God, I've never been in this land before," they explain, interpret and deny all in terms of their conventional framework. Instead of enjoying the beautiful simplicity of planetary motion, they pile epicycle on epicycle. They cling desperately

to the old familiar terminology; they maintain a death grip on their "cathexes" and "repressions"; and clinging to the old, they cannot let go and be intrigued with the new. Acute discomfort is their lot, if they cannot hammer their data onto the cross (chi-square) of their old methodology.¹⁶

The early references to the LSD experience as a schizophrenic-like psychosis was, in my opinion, the natural outgrowth of casting the new in the old mold. If the therapist views the experience as a psychosis he unwittingly helps the patient develop a psychosis not through suggestion alone but also because he cannot offer the patient a framework to handle the new experience. The therapist must furnish adequate help in processing the new data, or a paranoid reaction, ranging from transitory suspicion or accusation to paranoia of several months, may set in.

In early work with LSD, when the therapist failed to provide the Encounter, psychotic reactions were inevitable. This led to overgeneralization of the effects of psychotomimetic drugs. (More accurately, perhaps, we should speak of psycholytic drugs given by psychogenic therapists.) The therapist provided the paranoid reaction by withholding vital information; just as with mental illness *sui generis* society and the therapist foster the paranoid reaction by withholding vital data. And often the patient fosters this by refusing to extract the data or, having extracted them, refusing to look at them.

Bavelas (3) has devised ingenious experiments to demonstrate the effect of withholding data. He has given insolvable problems to a highly motivated, highly intelligent

group of engineers; they were encouraged to solve the problem, and inevitably came up with an erroneous answer. The confrontation that they had the erroneous solution and that they could not have solved the problem, far from providing enlightenment, only led them to hold to their false solution with delusional and dogmatic intensity, increasingly buttressed by false rationalizations.

Having suffered once from the withholding of data, they now refused to process the new data. Could they then have been tested with LSD would they then have had sudden enlightenment, or would they have developed fixed paranoid ideas of being played with? Almost surely it would have depended on the Encounter with the therapist.

We speak of a new experience with LSD. What does a new experience mean and how can it be beneficial in specific terms? Let me give an example of a patient, a professor, a man of brilliant promise yet suffused with hopelessness because of an abiding fear of insanity. He had once the misfortune to consult a world-famous analyst about a marital problem, and had been told that he was a pseudo-neurotic schizophrenic and unanalyzable. This had been a somewhat less than happy encounter. Given a hopeless prognosis and refused treatment, he was left for years to alternate between lethargy and desperation. In desperation he consulted me and in desperation we tried LSD after a long period of counseling and preparation. His first session (100 micrograms) was uneventful, devoted mainly to a preliminary survey of the unknown and the establishment of trust in the situation. In the next session (150 micrograms) he plunged boldly into the psychotic state, became wildly agitated and was forcibly restrained. Together we came face to face with the insanity he had feared and together we mastered it. He was able to take the wraps off and let himself go because he knew that he and I could see it through together. Instead of finding nothing but the monster of pseudo-neurotic schizophrenia thinly veiled in pro-

¹⁶ The logical conclusion of Jackson's remarks would be to jettison all previous models. However, in the discussion he implied that a model borrowed from psychoanalysis and existentialism might be constructed. Viktor Tausk (25), in his essay on the origin of the influencing machine, describes the human need for causal explanations and the fantastic distortions of familiar explanations to process unfamiliar data.

fessorial robes, he found a phantom which he could discard, and he also found his real self, a living human being. A far more fortunate Encounter than his first.

Sometimes this may be followed by depression. It has happened where families have not been able to support the new experience and the new changes, where for them the new beginning is fraught with danger.¹⁷ Now when we give LSD we insist that the marital partner be involved in the situation lest divorce or depression supervene. Another patient had a remarkable—and unfortunate—experience. He was verbally attacked so roundly by his depressed wife that within a month's time she had brought him lower than when he started. Two years of family therapy were required to restore what had been lost in a single day.¹⁸

The Encounter may be illustrated by the following brief case history.

The patient was a 35-year-old accountant who had been in intensive psychotherapy for five years because of chronic depression and crippling obsessive traits. He had had a brief psychotic reaction and had made an abortive attempt at self-castration. His oldest sister was a semi-invalid; he was placed in a position of great responsibility for her; yet he had always to be deferential and to accept continuous criticism. He had no pleasant experiences of adolescence, and no dating. At the beginning of therapy he complained of intense loneliness. Both patient and therapist were frustrated by his meager progress. His solid intellectual defenses were refractory to interpretation. Occasionally he made efforts to improve his isolated social position; each time he neatly sabotaged the effort. He improved slightly, worked a little better, and became a little less depressed; but if anything his isolation and loneliness was intensified.

Because of the complete affect block we

decided that he should have LSD (despite the history of a previous psychotic break). He agreed and was given 100 micrograms of LSD. He seemed more relaxed and a bit more happy. Yet, though we focused on his relations to his father, there was little affect, little recall and no fantasy.

The writer thought that surely there must be some fantasy available in this constricted personality. What kind of a fantasy might such a boy, with such a father, have had? Surely he would have been pleased to have buried his father in a shallow grave, supine; and if Father died like Balzac's M. Beaucoq with his lance erect [because he was hanged] so much the better; and if he reverentially mowed the grass over father's grave, and if each passage of the blades over his father's grave cut a little deeper, there might be a gradual diminution, or shearing off of the parental authority, a trimming of the father imago. I shared this fantasy with the patient and suggested that he might well have had such a one. The effect was electric. He exploded with laughter. The feelings and fantasies about father came pouring out, as though Moses had smote the rock. For the balance of the afternoon we reveled in an exchange of fantasies about his father.

From that day he was a changed man. Previously he had been a Milquetoast at work, whom everyone pushed around. Now he became self-assertive and positive. He no longer let advantage be taken of him. He was poised and comfortable. It occurred to him he might do better working by himself. During the next LSD session (150 micrograms) he was able to continue the work of the preceding session. With the dread father laid to rest, he could relive his adolescent days with the therapist, not as they had been, but as they might have been. He expressed for the first time the desire for a girl. In the month following, astounding changes developed. He developed a sense of humor; he became efficient; he began to date; he made plans to leave his job and set up his own business, and this he actually

¹⁷ This is a danger common to many therapies, including psychoanalysis (13).

¹⁸ See footnote 7 (first patient) and Savage's illustrative case history, above.

accomplished. He enjoyed dating and experienced intense sexual feelings. In therapy he expressed the desire for marriage and children. He struck up a friendship with another man, with whom he discussed topics formerly tabu: sex and women.

Following LSD he began to have intense dreams, sometimes pleasurable, often in color, which he had not had before.

In seventeen [now nineteen] years of practicing psychotherapy I have never seen as much change in an individual with a rigid obsessional character. The change has been permanent. While it has leveled off, there has been no backsliding since our first Encounter using LSD.¹⁹

SUMMARY (C.S.)

The LSD experience is considered a complex transaction of the amount of material given, the psychological and physical environment, the set or expectancy and the personality of both the patient and therapist. According to the structuring of the situation, a psychotic-like (psychotomimetic), a psychotherapeutic (in the sense of facilitating psychotherapy), or a transcendental reaction may evolve. The psychotic-like reaction may emerge where the intent is to produce and study psychoses, where excess stress and insufficient security is provided, and where the therapist fails

¹⁹ Dr. Jackson's fantasy may have been suggested by one of our patients who had the hallucinatory experience of roasting his father over a slow fire in Hell, experiencing the most intense glee as he basted him. Despite its effectiveness, one is hard put to explain its success. But it seems to have combined an accurate representation of the patient's feelings with complete nonsense. Thus it derives much of its force from its absurdity, much as the Zen masters drive a point home by a seeming absurdity. The combination of the LSD and the complete nonsense allowed the patient to see the complete absurdity of his continued subservience to his father, to get beyond it and to achieve the new beginning. A sensible interpretation would probably have remobilized intellectual defenses and demolished the whole LSD experience. (We have learned [1962] that this former patient is now president of his men's service club.)

to help the patient process new and unfamiliar data. The psychotherapeutic reaction is an intensification of the conventional therapeutic process and leads to an intensification of the traditional psychotherapeutic values of recall, reliving, insight and emotional release. These may be experienced where they had not been before the administration of LSD. The transcendental reaction is a temporary loss of differentiation of the self and the outer world. It may lead to a lessening of alienation, to a rediscovery of the self, to a new set of values, to the finding of new potential for growth and development and to a new beginning. This may be followed by a change in behavioral patterns, as in the cessation of drinking. If the environment (including therapist) supports these changes, they may become a part of the patient's habitual reaction patterns. Otherwise, the social matrix will remold the patient and the LSD experience will become a memory rather than an integral part of the personality.

An historical paradigm of the therapeutic use of LSD-25 is found in the use of peyote by the Plains Indians, in the treatment of alcoholism.

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