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MULTITHERAPIST INTERVIEWS UTILIZING LSD *

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In the last few years, there has been increasing use of LSD as an adjunct to psychotherapy. Some investigators (5, 6) utilize the drug primarily for its transcendental effect, sometimes leaving the patient in a darkened room with music. Others (3) rely on the cathartic effect of the drug and allow the patient to remain alone or with a nurse. The patient then speaks into a tape recorder. Still others (1, 2) rely on a standardized interview technique on a one-to-one basis or on a group-therapy technique (7). In summary, the nature of the therapeutic process is as varied as that of the therapists.

Utilizing the above procedures, we have found that patients do not develop the degree of insight plus motivation to continue in intensive therapy. In follow-up studies of patients who had had LSD once or twice without after care, results have been very poor (very high relapse rate).

The following technique was developed as a modification of previously described work (4). The major purpose was to devise a technique in which previously untapped anxiety-laden areas were probed (most of the patients had been in therapy previously). In addition, it was hoped that these patients could be motivated to continue in a therapeutic relationship following the LSD session.

At the South Oaks Psychiatric Hospital, it has been found that multitherapist interviews are practical and maintain a patient as an active participant in the therapeutic process. The multitherapist approach has been employed in the past, but apparently not under conditions in which the patient was administered LSD as an adjunct to psychotherapy.

Our multitherapist extended interviews begin anywhere from 8:00 to 8:30 A.M. The patient is administered 100 micrograms of LSD (supplied by Sandoz, Inc.) orally. This is administered with one of the interviewers present. Within 30 to 45 minutes, the remaining two interviewers join the conference.

As the effect of the drug heightens, the patient reacts to the presence of therapists. Differing transference reactions to each therapist are made

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more manifest. Almost invariably one therapist is selected as a "parent figure" or "protector"; another, as the "enemy," a therapist whom the patient evidently feels safe in attacking. The third therapist is variously identified as contemporary: a teacher, or a professor.

The initial phases of the conference are conducted vis-à-vis, with the patient sitting in an undarkened room. Within one to one and one-half hours, as the reaction heightens, the patient is encouraged to lie in bed and to associate to the material previously discussed. At that time, the room is darkened.

Some of the patients assume a foetal position. Others seem to enter deeply into an almost hypnotic state by repeating one statement over and over. During this phase of the conference, the orientation of the therapists moves from a more directive to a less directive approach. The patient frequently moves spontaneously into highly traumatic childhood experiences and may hyperventilate or act out certain feelings. None of this acting out interferes with therapist interviews. More success has been encountered with patients who have previously been in analysis with unsuccessful results as contrasted with groups of relatively psychologically unsophisticated patients.

After the patient has entered into a heightened reaction, such a reaction is permitted to continue relatively unabated for one to one and one-half hours. On occasion, the reaction is terminated when the patient begins to hyperventilate excessively or begins to show signs of dealing with material that would overcome ego reserves.

Another aspect of the procedure that is considered very important consists of having lunch with the patient as a device for terminating the interview. Associating on such an intimate level with three persons whom the patient also sees more or less as authority figures invariably has some beneficial effect. The patient occasionally is able to begin to resolve some distortions as to authority figures. In addition, this period is used to recapitulate some of the findings. The patient continues as an active participant. He is often so involved as to be unable to eat.

Previously described studies utilize the administration of 25 to 400 micrograms of LSD. Our experience is that very high dosages serve to inhibit rather than enhance the response pattern during psychoanalytically oriented interviews. The usual dosage is 100 micrograms administered orally after breakfast and approximately one hour before the conference is to begin. If there is an insufficient response, an additional 25 to 75 micrograms is administered hypodermically. The dose rarely exceeds 200 micrograms.

It is our experience that conferences can profitably be terminated from four

and one-half hours to five hours after beginning. The patient is then administered one of the phenothiazines or a barbiturate.

In multitherapist interviews utilizing 47 patients over a three-year period, 27 patients continued in intensive therapy (58 per cent). Forty (85 per cent) of these patients expressed a belief that the interview procedure had been of benefit. Staff opinion was that 30 patients (64 per cent) had benefited. Research is continuing in follow-up studies of these patients.

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