

Betty Eisner

The Birth and Death of Psychedelic Therapy

September 29, 1915–July 1, 2004 • Betty Eisner was a psychologist who worked at the University of California at Los Angeles School of Medicine in the 1950s and 1960s with physician Sidney Cohen, a leading researcher during the early era of investigation into psychedelics. Eisner has been recognized in particular for the contributions she made in developing the use of LSD for the treatment of alcoholism. She and Cohen were active participants, along with such luminaries as Aldous Huxley, Gerald Heard, Alan Watts, and Anais Nin, in discussions focused on socially acceptable uses of LSD.

Eisner also made contributions pioneering the use of Ritalin and carbogen with patients undergoing treatment with psychedelics. In particular, she became known for group psychotherapy models utilizing experimental combinations of psychoactive drugs and bodywork. She wrote a dozen scientific papers related to psychedelics and consciousness, and also penned the 1970 book *The Unused Potential of Marriage and Sex*.



AT AGE 35, I was doing my doctorate in psychology at the University of California at Los Angeles, and I saw a posting on a bulletin board that simply said: “Wanted: A psychology student to help with a drug that’s unusual.” I had a feeling that it was LSD, because there had been an article on it in *Look* magazine, and I wanted to take LSD because it sounded so fascinating.

I couldn’t help immediately, as I would have liked to do, because I was too far along with my own dissertation. So I told a friend that I’d tell him about this opportunity if he promised to let me be the first subject of their study. He agreed, so I took him to meet the researcher, Sidney Cohen. After they had taken LSD themselves, they made me their first subject in the first research study that Sid did.

It was November 10th, 1955. The study was actually very frustrating, because just as the LSD experience would start, the facilitators would pull me back and have me draw or complete tests—that's what that study was about. But in between the prescribed activities, I could feel how incredible the drug was, and afterwards I said to Sid, "It seems to me this drug has therapeutic potential."

After my experience, I met with Sid when I had time off, and we read reports on LSD research. We also met with Al Hubbard, Humphry Osmond, and other researchers who told us what they had done. We worked for about a year getting ready to try to discover what the possible therapeutic benefits of LSD might be.

In early January of 1957 I had my second session, this time to investigate the therapeutic potential. In the first session with Sid, they kept pulling me back for psychological testing. It was as though I was in a great, lovely, green pasture—which was reality—and they kept bringing me back to the fence and asking me questions about the fence, which seemed totally irrelevant. [laughs]

After my first experience, we had decided that somebody should always be with the subject, and consequently I had been sitting in on other people's sessions since that time. So a friend sat with me for my second session. This friend had experience with psychoanalysis, and she said I went through the equivalent of five to six hundred hours of analysis during this session.

During this second session I encountered my psychological defense patterns and I had an awful experience. It's hard to describe, but the session left me profoundly depressed. Sid was gone, and my friend was asleep, but I was up all night, and what I went through was dreadful. So I went to the library in our house and read Saint John of the Cross, which was the one thing that helped bring me out of it. I'm not normally subject to depressions, but this depression persisted until the next session. I had taken a very low dose of twenty-five gamma [micrograms], and ten days later, I again took twenty-five. And that time I broke through to the mystical experience, which ended the depression. It was as though all of the necessary preparation work had been done in the earlier session.

This convinced me that using low doses was the correct method. I swore I'd never do to a patient what was done to me—to generate such an enormous influx of so much psychological material. I would do it gently. So in our studies, we gave subjects twenty-five gamma the first session, fifty the next week, and then seventy-five the third week. After completion

of the initial psychotherapeutic study, Sid and I wanted to do a study with cancer patients, but the money didn't come through. So then I took psychedelic therapy into private practice

Overall, I worked with Sidney Cohen for about a year and a half. It wasn't a long period of time, but it was very productive. Sid was a clear-headed researcher with an incredibly sharp mind. But Timothy Leary's antics eventually turned Sid against LSD, which was a tragedy. Before Tim died, I went to visit him, and he apologized, saying that he was sorry he had messed up our work. I was amazed that he said so.

How would psychedelics be viewed if Timothy Leary hadn't played a part in their history?

Very differently. They would have taken a scientific path. We were planning things like clinics where people could go to have LSD experiences, supervised by doctors. This would have been run by people who were familiar firsthand with LSD—because you have to *know* LSD or you can't do anything. It's ridiculous to say LSD is this, that, or the other, if you haven't had it.

Early on you found that the way to go was to start with low doses, gradually build up, and always have a sitter present. Was there anything else that proved to be valuable?

We also found that music was terribly important¹, and of course preparation. But the basic element of LSD therapy is *trust*. Trust enables the person to let go to the drug, so that it works. With our approach, we had no situations in which the drug didn't work, but Sid did a study with psychoanalysts, and it didn't work for them! One of them said, "Oh, it's just like a martini. It's nothing." But he and the other analysts didn't really let go.

One of the problems at Harvard was that they began using LSD in unsupervised settings, creating almost a kind of cocktail party environment. Did that go on among the researchers at UCLA?

No, not at all. At first I did the sessions with Sid at the veteran's hospital, and later—after I went into private practice—we did them in my office. But then the psychological associations got spooked, so we had to do them in a hospital under medical supervision. It was very important to me to hold the sessions in a safe environment. Eventually we had group sessions, sometimes with as many as twenty-two people. But I never took the drug myself in the group sessions.

The use of group sessions actually started with Bill Wilson, of Alcoholics Anonymous fame. Bill Wilson took LSD along with Tom Powers,

who handled the publicity for AA, and Sid Cohen and me. That was the first group session. Strangely, for Tom and me the drug didn't work for four hours while we were doing therapy with Bill Wilson. [laughs] Then it hit the moment we got out of the hospital environment! Interesting.

What were Sid Cohen's LSD experiences like?

He would never talk about them, even in the early years. Now I know that in his 1964 book *The Beyond Within: The LSD Story*, one of the reports presented is his own. But he was very chary about personal things, and he never shared his own experiences.

Could you tell us about Bill Wilson and your experiences with him? Perhaps give us some background to his session, and what followed.

Alcoholics Anonymous was actually considering using LSD. Alcoholics get to a point in the program where they need a spiritual experience, but not all of them are able to have one. Tom Powers was Bill Wilson's right-hand man in this. Tom had been through hell with alcoholism, so he brought Bill Wilson out to meet us. Sid and I thought it might be a good idea to try a low dose together, but when I met Bill, I thought, "Uh-oh, this is going to be *his* therapy session." And that's one of the things it turned out to be. We each took twenty-five gamma, except for Bill. Sid offered him several pills, and Bill said, "Don't ever do that to a drunk," and he took two. But the rest of us just took one.

He was supposed to come back again, but things changed. I think that the board that ran Alcoholics Anonymous got scared, and they pulled back. They were going to do an LSD experiment and Sid went to talk to them about how to set it up. But I think they got scared and shut it down. As you know, Alcoholics Anonymous is formally against *any* kind of drug. They're even against aspirin!

After his session Bill Wilson thought that LSD could be a powerful facilitator of alcoholism treatment?

That was what I thought. He certainly was better, and Tom Powers said he'd never *seen* him in such good shape. He was wonderful, and later we received a letter from him, thanking us and saying he felt better than he had for a long time.

Were Humphry Osmond and Abram Hoffer using LSD for alcoholics in Canada by this time?

That was a little later. But Humphry came down to see us, and eventually he and Hoffer did their study. Later Keith Ditman, of the Neuropsychiatric Clinic at UCLA Medical School, replicated their work.

All of these people used higher doses?

There are two techniques: the low dose, and the high “mystical experience” dose. Al Hubbard was a proponent of high doses, and he felt that it was important to give people life-changing mystical experiences. And that’s what Humphry and Hoffer also found in Canada, as did Keith Ditman.

In our therapeutic approach, we started with low doses a week apart. However, Hubbard used preliminary sessions with, for example, nitrous oxide to “blow off stuff” and get people’s problems out of the way. That way, during the LSD session the person would be more likely to have a mystical experience. But the beauty of the low-dose LSD was that it enabled a person to let go as much as he or she wanted. Perhaps just a little bit at first, then a little more the next time, and finally they would allow it to happen completely.

How often did that incremental progression actually produce mystical experiences?

In our study, people got through to this resolution in all cases. We kept giving them sessions until they did—five or six sessions at most. Let me present a specific case—an alcoholic who we started at fifty gamma, and later we gave him seventy-five gamma. During one session, he uncovered a traumatic war experience where he had killed two Germans in order to get free. Uncovering that experience made the difference. He’d had twenty-eight hospitalizations for alcoholism, but following the LSD sessions he didn’t return to the hospital for alcoholism. He still had problems, but alcohol was no longer one of them.

Who originally had the idea that LSD would be good for alcoholism? Where did that come from?

I think it came from several places simultaneously. Of course, the main source was Humphry Osmond and Abram Hoffer. But I think anybody who studied LSD recognized that it would be effective with alcoholics.

I used LSD from 1957 until 1964, when they took it away. By then, I had read about the UCLA alcohol clinic, where they gave a drug called Ritalin and the alcoholics abreacted a lot. We decided to try it, and found that it worked fantastically. We gave Ritalin sessions before the LSD sessions, and that would save some of the expense of going into the hospital.

With some sessions we gave intravenous Ritalin on top of the LSD. If somebody got to a point in their trip where he or she was really stuck, the Ritalin would blow the defenses away. It was incredible.

Would you say that ketamine did the same thing?

Yes, it's very hard to maintain defences against ketamine. But Ritalin is much better because it's more controllable. You can start it orally or you can use it intramuscularly or intravenously, and use it with LSD.

What amount of an oral dose of Ritalin was used for these sessions?

We used fifty to one hundred mg orally, a pretty high dose. We also did bodywork, since we found that this worked well in conjunction with Ritalin.

Did you yourself use Ritalin when you were exploring it, before LSD was taken away?

Yes, because I always tried drugs myself if I was using them on patients. When I first tried Ritalin, I had planned a two-hour hiatus before seeing my next patient. But at the end of the two hours I was still very out of it, and I could barely deal with my patient. I could see how strong a drug it was, and that it was very good for reducing defensiveness.

So using the Ritalin helped make an LSD session more manageable? Were many other groups of psychedelic therapists or researchers using Ritalin in combination with psychedelics?

If you hit a barrier, Ritalin would blow you through the barrier. But it wasn't exactly *manageable*; it was explosive. But no, this was not in common use. Virginia Johnson used very high doses of Ritalin, but she didn't use LSD. Another therapist, Tom Ling, who heard about it from me, wrote some papers on Ritalin in combination with LSD. At first, he used methamphetamine, because that's what Al Hubbard had told us would be good to prepare for LSD. Then we found the Ritalin was better.

How did Sid get along with Al Hubbard? They seem to be very different types.

There was something about Al Hubbard that was quite sincere, and you had to accept him on that basis. I think Sid accepted that, but he thought it was bad that Al didn't get proper training—because Al got a mail-order PhD, to be called doctor. But I don't think it mattered. He did so much good, and in such a marvelous way, that he was very valuable.

Al established several clinics, the first one in Canada. Later he was instrumental in founding the clinic in Palo Alto that Myron Stolaroff, Willis Harman, and Jim Fadiman worked at. After the late 1960s, when the mainstream became increasingly hostile to psychedelics, Al moved back to Canada. Al should get enormous credit for the work he did. We called him the "Johnny Appleseed of LSD," and he really inspired the researchers. We might not have agreed with all his methods, but we had to recognize what a good job he did. He died in 1982.

How many patients did you treat with LSD during your career?

My study at the hospital involved only 22 patients, but in private practice I saw a lot over twenty-two years. People came from long distances to see me. The results of these studies were, quite frankly, incredible.

Tell us more about your work with ketamine?

We started out with intramuscular shots of ketamine, around seventy-five to eighty-five milligrams, but it took too much time for it to work, and if you had several people in a group session, the timeline got all messed up. So we tried it intravenously, as I remember around twenty or twenty-five mg. Then, wham! Bam! You can't defend against ketamine, if you're taking it in a therapeutic setting.

My husband Bill found out about ketamine at a group session in a Mexico City clinic. They offered him a shot of something they had just recently found out about, without telling him what it was. Everybody who worked at that clinic thought it was a great thing to have this special new drug. So he took an intramuscular shot of one hundred milligrams, and had quite a trip. The next day, he took pains to look at the bottle, and it was ketamine. So he walked across the street to the farmacia, bought some over the counter, and brought it back to the United States in his shaving kit. Then we came across an article—I think it was published in Iran—which talked about the therapeutic aspects of ketamine. That enabled us to use it, so we applied for and got the ketamine around 1970.

How have your experiences with psychedelics changed your world-view, your view of spirituality, and how you understand the mind?

They had a profound effect. They change you so much psychologically, and when mystical experiences come, you see the true fabric of the universe. I think that psychedelics are the most profoundly important drugs that we could have, and I think our culture handled them really badly. I hope we have another chance to use them properly.

What do you feel went wrong?

I think Tim Leary was mainly responsible for things going wrong. His "turn on, tune in, and drop out," message came at a time when young people wanted something else to latch onto, I guess.

I heard Aldous Huxley and Humphry Osmond talking to Timmy and saying, "Please, this is not the way to do it." Sid warned him too, saying, "This is going to be a mess. This is not the way to do it." But Tim wouldn't listen—he was rather hardheaded.

Did you have any non-drug-induced mystical experiences prior to taking LSD?

Yes. But my own LSD use has mostly been psychological and therapeutic in nature. From time to time I broke through into the mystical realm, but not very often.

After LSD therapy was banned, did you stop your involvement with psychedelics altogether? Or did you continue to work with them informally?

No, we had Ritalin, so we used the Ritalin instead. I tried to stay within the law the whole time.

So, you stayed with what was legal: Ritalin and ketamine. Did you use anything else?

Yes, carbogen—also known as Meduna's mixture (30 percent carbon dioxide, 70 percent oxygen). That's another marvelous drug for blowing people through problems. It produced a lot of strange experiences, and sometimes very difficult experiences, but despite that, it could really help.

What was the response from other psychiatrists and psychologists? How did they respond?

Badly. Particularly the psychologists, who went after me relentlessly until they finally got my license. They were scared. But before they succeeded, I did twenty-two years of psychedelic therapy, just with LSD, then Ritalin and ketamine.

Do you feel you were under even greater attack than some of the psychiatrists?

Sure, I was a woman. At that time there were very few women in this field—the field was totally male dominated. The psychiatrist I worked with who did the ketamine shots had his license suspended for one day. Mine was taken away entirely!

Could you talk about the possible social benefits of psychedelic therapy?

I think that our civilization is going downhill rapidly. It's becoming increasingly materialistic, more individualistic, more selfish, more hardcore. I think it's tragic that this has happened. Richard Alpert and I have discussed this, and he feels the same way. LSD brings us back to our inner reality, and our inner reality is connected to the cosmic center—that which *is*, we could say. LSD helps people touch that center and change.

You said you focused mainly on therapeutic applications, but did you find that psychedelics have a place in a spiritual practice? Perhaps for someone who isn't working on psychological issues but more on spiritual growth?

I'm not spiritually inclined. If someone wants a mystical experience, that's great. But can one work on religious problems? I think I'd have to be a religious healer to be able to answer that.

What do you think about the term entheogen?

It bugs me. "Psychedelic" has a lovely history. It was invented, through a dialogue between Humphry Osmond and Aldous Huxley. In a little poem, Osmond suggested:

"To fathom Hell or soar angelic, Just take a pinch of psychedelic."

What about your own use of psychedelics these days? Are they still personally valuable?

I haven't used any for a while, as I've had so many physical difficulties. To tell the truth, I've been scared that I might have one of those awful experiences. I'm not up to it.

Any thoughts on MDMA? Have you had any experience with MDMA?

I had one, and it really was nice and relaxing, and my defensiveness was released. I'd like to try it with my husband Bill, only I don't know where to get it.

How about ayahuasca? Have you ever had that?

I haven't. But I did try ibogaine, although I didn't have much of a reaction. In the past, when these sort of drugs became available, I'd try them to see if we could use them therapeutically.

Did you do any follow-up with the people you treated using LSD, or hear how they fared?

Not much, but we ought to do a follow-up study.

Let's say our society allowed you to design public policy concerning psychedelics. How would you like to see them used and controlled?

Having clinics is a very good idea, so that's the first thing. But the political situation related to drugs is such a bleeping mess that to set up such clinics you'd almost have to change the thinking of the whole country. But good heavens, that's not anywhere in the near future.

Through the ages these drugs have helped humanity. Why should we be denied them, for goodness' sake?

What would you say about young people using psychedelics?

My kids were initiated as teenagers. Well, I guess they'd have to have been, what with me so involved in it. It was a positive thing. I think the psychedelics helped with adolescent rebellion. They made it a little clearer what was going on.

That's what the Brazilians say about the use of ayahuasca among adolescents. In fact, they say that ayahuasca is a prophylactic against drug abuse.

My kids never abused drugs. Never! The rebellion of teenagers occurs because they see no way out. But if they have a transcendental experience

that allows them to see through and beyond that, then they are obviously helped.

Do you see a down side to psychedelics, and what sort of cautionary advice might you give to people?

If the people who are giving them don't know what they're doing, it's disastrous. That's obvious. I'm curious about how psychedelics would fare in a world where people had legal unlimited access. Would people's experiences get better and better, or would the positive effects wear off in time?

Is there anything that you know now that you wish you had known back when you started working in this area?

I wish I'd had the energy to do more and that there had been more time. That's my only regret. I think it's important to remember that the drug is its own teacher. One of the main things I would say to a patient is, "The deep unconscious knows better than we do." If the person had a question, I would wait for the answer to come out of the patient, because that person's unconscious is what is involved, and the deep unconscious knows much more than we do.

How would you characterize what psychedelics actually do?

Don't they peel levels off, like one can do with an onion? You can sit there and watch the Freudian or Jungian principles manifest themselves. Then you can go deeper and deeper and deeper, until finally the ego cracks completely and you transcend it, or so it seems to me. Don't you think so?

Absolutely. Some say they are magnifiers of the unconscious, microscopes into the unconscious.

Well, they allow access to it. I would think they could be marvelous teaching drugs for a psychiatrist.

Have you encountered many psychiatrists who would agree with that?

I haven't really known many. I think people got scared off by the antidrug war, scared of dealing with the illegality of it. Everything got tainted.

What was the impact on the careers of those professionals who continued to be involved with LSD work?

Well, I personally don't know any people who were, although I heard that there were some who continued surreptitiously. I don't think that's a good thing to do, because it's not a surreptitious drug. At a certain point it was no longer even possible to talk publicly about this topic. Well, one didn't, anyway. I'm glad at least that has changed in recent years.

NOTE

1. For a discussion of the importance of music in the psychedelic therapy session, see B. Eisner, "Set, setting and matrix," *Journal of Psychoactive Drugs* 29, no. 2 (1997): 213–16. Betty Eisner is thankful for the contributions of her daughter Maleah Grover and her son David Eisner in helping to complete work on her chapter.