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THE USE OF L.S.D. 25 (D-LYSERGIC ACID DIETHYLAMIDE) IN THE TREATMENT OF THE SEXUAL PERVERSIONS*

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Much has been written in recent years about the use of L.S.D. 25 as an aid to the treatment of neurosis and alcoholism. The success claimed is often considerable but the technique usually involves repeated, gradually increasing doses at intervals of a few days over a lengthy period. It is considered necessary for the patient to be admitted to hospital – at least initially – involving a considerable outlay in time on the part of medical and nursing staff, together with the immobilization of at least one large room for the whole of each day of therapy.

The drug seems to be of benefit in psychotherapy by enabling the patient to have heightened recall of previous events, facilitates the appearance of unconscious material and aids the development of increased clarity of insight and awareness of self. At the same time a clearer appreciation of personal difficulties and relationships between self and environment may develop with occasional appearance or re-emergence of experiences which seem to have a profound spiritual significance for the patient.

Therapeutic methods and theories of action have been dealt with at length by other writers. (1-25)

As part of an investigation into sexual disorders it was decided to embark on an attempt to use L.S.D. 25 as an adjunct to therapy. The technique illustrated here has been used for nine months and there have been a few remarkable successes.

The method was determined for many of our cases by the following factors. Most patients were not prepared to accept admission for periods longer than a few days because of employment and business obligations. Nor, for the same reasons, could they countenance repeated absence from employment for 'whole-day' out patient attendance. Furthermore, because of limited available facilities and the numerous other commitments upon them, it was not possible to offer such regular out patient therapy of this nature. Accordingly, the patients were admitted in the evening, given treatment the following day and were discharged late in the afternoon of the third day. Had there been any prolonged reactions patients would, of course, have been retained for a longer period. On the evening of admission the nature of the treatment was explained to the patient and reassurance given at length. A large room was provided, furnished with a comfortable couch, two arm-chairs, table and chair, radiogram – with a selection of classical, light opera, musical comedy and dance music – together with books of photographs such as "The Family of Man". An adequate supply of soft drinks and fruit was provided and lunch and tea were given in the room.

In view of the fact that it was intended to give only one such session, it was felt desirable to ensure the efficacy of the drug by giving a large dose. Patients arrived at the department from the ward, having had a light breakfast at 8.00 a.m. and were immediately given 200 microgrammes of L.S.D. 25 in a glass of water. Thereafter one of us was continually present throughout the morning and usually until late afternoon unless, as occasionally occurred, the drug had only

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minimal effect. Music, which most patients felt to be soothing, though occasionally ecstatically stimulating and beautiful, was played at their discretion and when not listening to music we talked, discussed the photographs, etc. It was found that the most therapeutically valuable period was usally between 10 a.m. and 1-2 p.m. (that is two to five or six hours after administration of the drug) and often intense, almost unbearable insight was apparent.

The experiences of patients were greatly varied but of the types described by previous authors. In no case were side effects other than minimal and it has never been necessary to terminate the therapy. By late afternoon only residual effects persisted and patients returned to the ward at about 5 p.m. after having been given 50 mgms. chlorpromazine by mouth. So far it has never been necessary to repeat the dose later in the evening. In the late afternoon the patients were asked to write as detailed a description as possible of the day's experience and the following morning completed a questionnaire.

The psychotherapeutic approach used was determined for the individual patient by his intelligence, background, nature of his disorder, previous knowledge on the part of the therapist gained from earlier psychotherapy, but above all by the nature of the material revealed at the height of the experience. At one time group therapy was considered but the idea was abandoned in view of the nature of the clinical material.

The two cases whose histories are briefly given here had both attended this and other departments over a number of years, having a variety of forms of psychotherapy, including psychoanalysis and each had required several hundred hours of attention. All of this treatment had produced no improvement whatever.

Case 1

Male. Aged 46. Married with two children. A professional man and a university graduate.

His history was of frottage since his late teens consisting of a compulsive desire to touch women in the gluteal region, following which if he had not experienced simultaneous orgasm he masturbated. To indulge this impulse he ran incredible risks in crowded shops, transport, etc. and on several occasions was nearly apprehended by angry crowds.

In his late teens and early twenties he indulged in homosexual activities, mainly mutual masturbation, but these ceased some years before his marriage and have not recurred. Initially his marriage was happy but due to strongly differing personalities and the fact that for many years now his wife has been affected by an almost classical manic depressive psychosis, the marriage soon became sexually non viable.

As a young man he was intensely preoccupied with religious matters.

There is no family history of sexual abnormality but one of gross psychopathy on the part of both parents, resulting in the patient having a very disturbed childhood.

He found the L.S.D. experience stimulating and interesting. There was no major emotional abreaction but an intense preoccupation with matters mystical developed and he experienced many symbolic visual hallucinations. He felt markedly depersonalized and periodically experienced sensations of great tension, showing evidence of moderately severe autonomic disturbance. Occasionally his hallucinations were very frightening but were mainly ecstatic, entertaining and reassuring. He felt aware of new dimensions of thought, as if he was on several planes of awareness simultaneously and able to accept himself truly for the first time. Everything seemed to be intensely symbolic and meaningful.

He saw a unity in "all things" and himself to be part of this, having a close

spiritual relationship with God, feeling that his personal understanding was immeasurably enhanced and his acceptance of 'life' in all its aspects was more complete.

It is now eight months since his treatment. He remains very much improved, having felt only once the impulse to indulge in frottage and that only fleetingly. He is much happier, relaxed and contented and claims to be better than he has ever been since his perversion began.

Case 2

Male. Aged 27. Single. A professional man, college trained.

A paedophiliac since his early teens, particularly interested in boys of eight to ten years of age. His need for intimate contacts with such children proved to be a constant hazard in his occupation. He had little or no interest in the opposite sex and his only contact with them was in the course of his employment or occasionally at country dancing classes. There was no homosexual activity with adults.

There is no family history of sexual abnormality but one of early maternal death and an unusually intense, exclusive relationship with his father, including sleeping regularly with him till two years ago.

In the course of his L.S.D. session he became extremely disturbed, showing great anxiety, agitation, hyperactivity and fear. At times he became depersonalized and felt confused. Things seemed to happen to him so quickly that he was unable to verbalise much of it and often seemed to be too complicated to understand. For a while he became afraid of going insane, then felt himself to be insane and was intensely suspicious of everything. Yet at the same time he felt emotionally very close to everyone around him.

At the height of his experience he stripped almost naked, repeatedly inspected his genitalia and expressed obvious castration anxiety, "girls won't hurt it", "might eat it up if you have intercourse with them". These fears were countered by much direct reassurance and discussion about such matters. Shortly afterwards he thought himself back in the Stone Age and at one time began to make definite sexual advances to J.A. Later in the day he felt that he had experienced new dimensions of thought and many levels of awareness, with time passing very slowly. Everything seemed to be highly significant and symbolic and "trying to help me". He, like the first patient, felt himself to be part of a larger unity, developing a closer bond with God and that his acceptance of others and of himself had been permanently enhanced.

For three weeks after the treatment he suffered a mild anxiety state which required mild sedation and much reassurance.

Shortly afterwards he began to indulge in heterosexual activity for the first time in his life. Later in the summer he went for a holiday with a girl friend. It is now seven months since he was given treatment with L.S.D. 25. He continues to have moderate heterosexual interests and his paedophilia, though still present, is much more easily controlled than ever before. Also he feels himself to have a much more positive outlook on life than previously, to have developed many new interests and is only rarely depressed—whereas previously he continually bemoaned his fate and looked forward only to a grim future.

Altogether a total of ten cases have been given L.S.D. 25, using this technique and also that of repeated dosage. The cases include:

One transsexualist

One transvestist

Five male homosexuals

One female homosexual

None of these have been treated more than five months ago, but the impression gained is that, whilst they usually claim to be improved, the improvement is not confirmed by subsequent behaviour.

We feel that success is possible when (a) the patient is of above average intelligence, and (b) the patient genuinely wishes to be rid of the perversion. In fact the two successes comply with both qualifications, whereas only the transsexualist of the others was of high intelligence and none of them really wished for radical alteration of their abnormal behaviour, which they found to be satisfying and fulfilling.

It is not claimed that this method of using L.S.D. 25 is preferable to other methods already advocated in the papers to which reference is made and it would be preferable to admit patients for longer and treat them on a number of occasions were this possible. Nevertheless, it is thought that this method is occasionally extremely effective, is economical and so far the large dose given has not resulted in any unfortunate developments. It may be that excessive and unnecessary caution with regard to initial dosage has, in fact, been expressed in the past. It seems worthwhile at least to attempt to use this preparation in the therapy of the sexual perversions, employing this and other methods of administration. Probably it will often fail but it is one extra weapon in our armoury and it may have, no matter how rarely, remarkable, long-lasting remedial effects.

Summary

1. A method of using L.S.D. 25 in the treatment of sexual perversions is given, using a large dose and single administration, requiring admission for three days.

2. Two illustrative case histories are given.

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References

1. Abramson, H. A. Lysergic Acid Dethylamide (LSD-25) III As an adjunct to Psychotherapy with elimination of fear of homosexuality. J. Psychol. *39*. 127 (1955)
2. Abramson, H. A. Verbatim recording and transference studies with lysergic acid diethylamide (LSD-25). J. Nerv. & Ment. Dis. *123*. 444 (1957)
3. Alvarez de Toledo, L. G., Fontana, A. E. and Pérez Montes, F. Psicoanalisis y dietalamida del acido lisergico (LSD-25). Fundamentos para una technica terapeutica combinada. Buenos Aires, 1957.
4. Busch, A. K. and Johnson, W. C. LSD 25 as an aid in Psychotherapy. Dis. Nerv. System *11*, August (1950)
5. Day, J. The role and reaction of the psychiatrist in LSD therapy. J. Nerv. & Ment. Dis. *125*. 637 (1957)
6. Eisner, B. G. and Cohen, S. Psychotherapy with lysergic acid diethylamide. J. Nerv. and Ment. Dis. *127*. 528 (1958)
7. Eisner, B. G. and Cohen, S. Psychotherapy with lysergic acid diethylamide. Use of L.S.D. in a psychotherapeutic setting. A.M.A. Archives. Neurol. and Psychol. *81*. 615 (1959)
8. Feld, M., Goodman, J. R. and Guido, J. A. Clinical and laboratory observations on LSD-25. J. Nerv. & Ment. Dis. *126*. 176 (1958)
9. Frederking, D. Ueber die Verwendung von Rauschdrogen (mescalin und Lysergsäure-diäthylamid) in der Psychotherapie. Psyche. 7. 342 (1953/54)
10. Frederking, W. Intoxicant drugs (mescaline and lysergic acid diethylamide in Psychotherapy. J. Nerv. & Ment. Dis. *121*, 262 (1955)
11. Gilberti, F. Gregoretti, L. and Boeri, G. L'impiego della dietilamide dell'acido lisergico nelle psiconevrosi. Considerazioni e principii preliminari di valutazione diagnostico-terapeutica. Sistema nerv. *8*. 191 (1956)
12. Gilberti, F. and Gregoretti, L. Considerazioni sulle possibili applicazioni farmacopsichiatriche della L.S.D. 25. Accad. med., Torino *70*, II, 204 (1955)
13. Gilberti, F. and Boeri, G. Studio farmacopsichiatrico di un caso di nevrosi fobico-ansiosa. Sistema nerv. *9*. 145 (1957)
14. Hoch, P. H. Remarks on LSD and mescaline. J. Nerv. & Ment. Dis. *125*. 442 (1957)
15. Katzenelbogen, S. and Ai Ding Fang. Narcosynthesis effects of Sodium Amytal, Methedrine and L.S.D. 25. Dis. Nerv. System *14*. 85 (1953)
16. Langnes, F. W. and Kemp, M. D. Quart. Bull. Pinebluff Sanit. *1*, (1956)
17. Leuner. Ueber Modellpsychosen. Wien. med. Wchnschr. *108*. 1091 (1958)
18. Lewis, D. J. and Sloane, R. B. Therapy with lysergic acid diethylamide. J. Clin. & Exper. Psychopath. *19*. 19 (1958)
19. Sandison, R. A., Spencer, A. M. and Whitelaw, J. D. A. The therapeutic value of

lysergic acid diethylamide in mental illness. *J. Ment. Sci. 100.* 491 (1954)
20. Sandison, R. A. Psychological aspects of the LSD treatment of the neuroses. *J. Ment. Sci. 100.* 508 (1954)
21. Sandison, R. A. LSD treatment for psychoneurosis. Lysergic acid diethylamide for release of repression. *Nurs. Mirror, London 100,* 1529 (1955)
22. Sandison, R. A. The clinical uses of lysergic acid diethylamide (From "Lysergic acid diethylamide and mescaline in experimental psychiatry"). Grune & Stratton, New York, London p. 27, (1956)
23. Sandison, R. A. and Whitelaw, J. D. A. Further studies in the therapeutic value of lysergic acid diethylamide in mental illness. *J. Ment. Sci. London, 103,* 332 (1957)
24. Savage, C. The resolution and subsequent remobilization of resistance by LSD in psychotherapy. *J. Nerv. & Ment. Dis. 125,* 434 (1957)
25. Telleferro, A. Mescalina y L.S.D. 25, Experiencias, valor terapeutico en psiquiatria. Buenos Aires 1956.

Résumé

L'article énumère les emplois antérieurs de l'acide d-lysergique diéthylamide dans le traitement de certaines formes de névroses et de l'alcoolisme et l'auteur mentionne les concepts acceptés quant à son mode d'action. Pour renforcer la thérapie au cours d'une enquête sur les déviations sexuelles on a commencé à se servir de cette drogue. Des considérations de limitations quant à la disponibilité du personnel requis et du milieu approprié, ainsi qu'à l'hésitation de certains malades à se soumettre à une longue série de séances, ont mené à la mise au point d'une technique comportant de brèves admissions à l'hôpital et à l'administration de la drogue à une dose relativement élevée. Le mode d'administration, le milieu où le traitement a été entrepris et la façon ordinaire dont les séances ont été élaborées et conduites, sont expliqués dans l'article.

Deux anamnèses font l'objet de brèves descriptions: dans un cas, il s'agissait d'un "frotteur" âgé de 46 ans, et dans l'autre, d'un pédophile du type homosexuel âgé de 27 ans. Les deux n'avaient connu aucune amélioration de leur état à la suite de toute une variété de traitements de psychothérapie, au cours d'une longue période de temps. L'article décrit la façon dont ils ont réagi. Le "frotteur" retrouva une bonne partie de la foi et du contentement de sa jeunesse, par suite des sensations mystiques intenses éprouvées au cours de son traitement, ainsi qu'un sentiment accentué de prise de conscience et d'introspection.

Le pédophile passa par une période au cours de laquelle il perdit un peu conscience, une vive appréhension se manifesta et où il crut vivre durant l'âge de pierre (intensité émotionnelle) et une agressivité hétérosexuelle marquée se démontra.

Par la suite, les deux malades connurent une amélioration sensible de leur état avec une importante diminution des impulsions de déviation, et, en outre chez le pédophile, une conscience fort accrue pour les relations, ainsi que le développement satisfaisant d'intérêts hétérosexuels.

On note qu'un certain nombre d'autres malades présentant d'autres genres de déviation sexuelle, ont été traités de la même façon, mais avec plus ou pas de succès. On propose des critères qui indiqueraient dans quels cas la thérapie par le L.S.D. 25 serait vraisemblablement utile.