LSD Reconsidered

Should clinical research be resumed?

by Lester Grinspoon

Many people vaguely remember that LSD and other psychedelic drugs were once used experimentally in psychiatry, but few realize how much they were used, and how long. This was not a quickly rejected and forgotten fad. Between 1950 and the mid-60s more than a thousand clinical papers were published, discussing 40,000 patients. Several dozen books appeared, and six international conferences were held on psychedelic drug therapy. LSD aroused the interest of many psychiatrists who were in no sense cultural rebels or especially radical in their attitudes. It was recommended for a wide variety of problems, including alcoholism, obsessional neurosis, and childhood autism.

Almost all publication and most therapeutic practice in this field have come to an end, as much because of legal and financial obstacles as because of any loss of interest. Perhaps those two decades of research and clinical practice, which took up a considerable part of the careers of many respected psychiatrists, should be written off as a mistake, a mistake which now has only historical interest. But it would be wiser to see first whether something can be salvaged from those years, and to see what the story suggests about the boundaries of psychiatry and the meaning of drug use in the field.

Psychedelic Therapy

There were two polar forms or ideal types of LSD therapy; one emphasized the mystical or conversion experience and its aftereffects, and the other concentrated on exploring the labyrinth of the unconscious in the manner of psychoanalysis. Psychedelic therapy, as the first kind was called, involved the use of a large dose (200 micrograms of LSD or more) in a single session and was thought to be helpful in reforming alcoholics and criminals as well as in improving the lives of normal people. The second type, psycholytic (literally, mind-loosening) therapy, required relatively small doses (usually not more than 150 micrograms of LSD) and a series of sessions; it was used mainly for neurotic and psychosomatic disorders.

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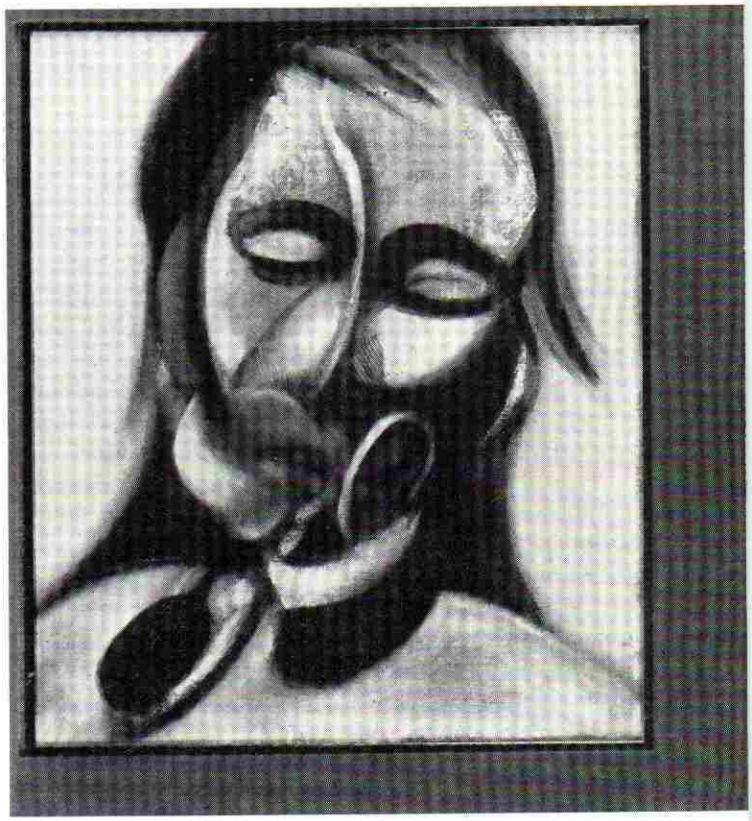
The theoretical basis of psychedelic therapy is rather underdeveloped, like that of the religious conversions it resembles or reproduces. The central idea is that a single overwhelming experience can produce a drastic and permanent change in the way one sees oneself and the world.

In the psycholytic procedure moderate doses of psychedelic drugs are used to aid in psychoanalytically-oriented psychotherapy by uncovering the unconscious roots of neurotic disorders. Patients may be hospitalized for the treatment or not; they may be asked to concentrate on interpretation of the drug-induced visions, on symbolic psychodrama, on regression with the psychotherapist as a parent surrogate, or on discharge of tension in physical activity. Props like eyeshades, photographs, and objects with symbolic significance are often used. Music may play an important part in the treatment.

An advantage of psychedelic drugs in exploring the unconscious is that a fragment of the adult ego usually keeps watch through all the fantasy adventures. Patients remain intellectually alert and remember their experi-



ences vividly. They also become acutely aware of ego defenses like projection, denial, and displacement as they catch themselves in the act of creating them; and transference can be greatly intensified (transference is a phenomenon in which unconscious desires, often retained from childhood, are transferred or redirected toward a new object, such as the analyst).

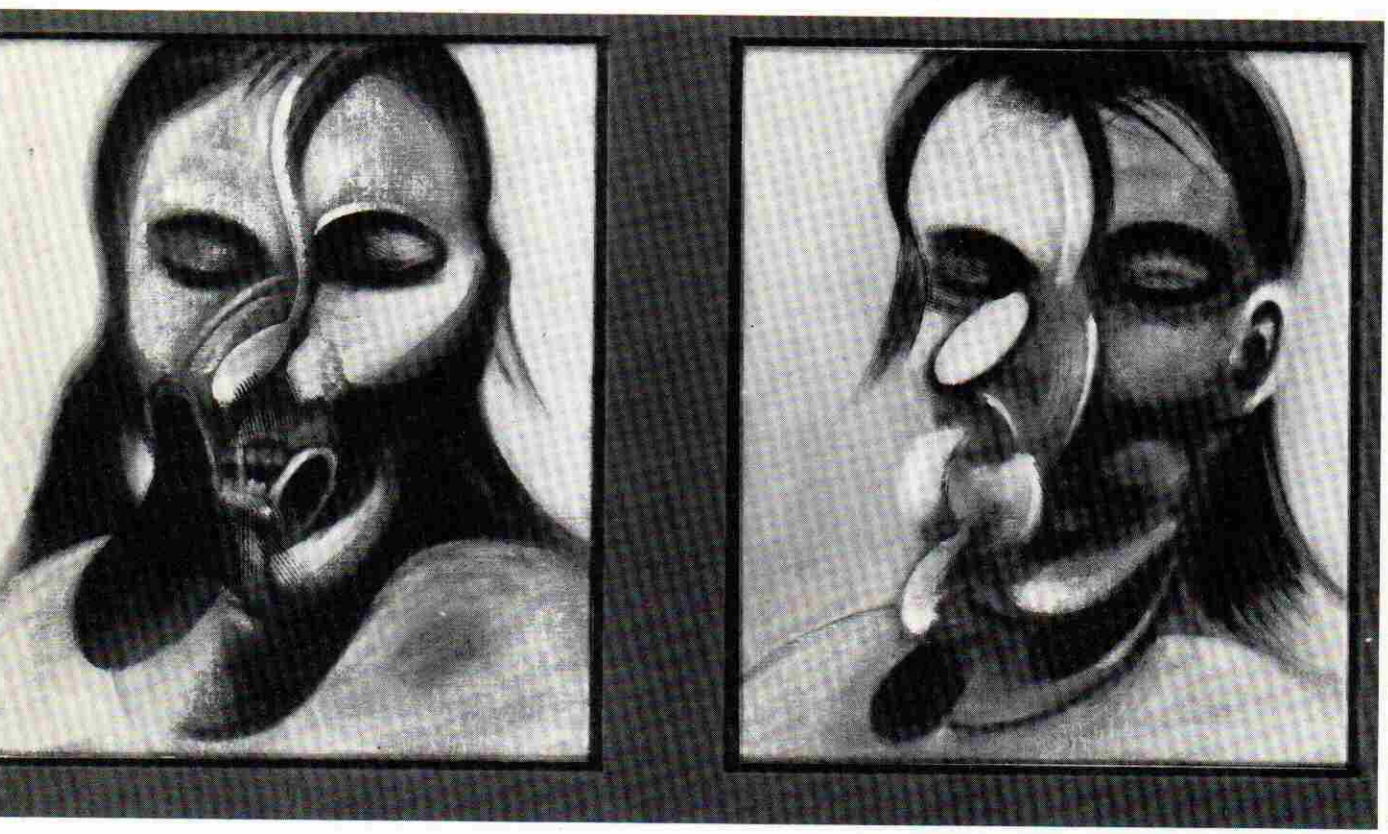
Psycholytic therapy has been recommended to speed up psychoanalysis and psychoanalytically-oriented psychotherapy, especially for people with excessively strict superegos and a lack of self-esteem; it has also been used to overcome the resistance of severe chronic neurotics whose defenses are so rigid that they would otherwise be inaccessible to treatment. Psychedelic drugs can also be used as a treatment for migraine headaches, ordinary forms of neurotic depression and anxiety, and sexual problems. The drug seems to have produced dramatic and lasting improvement in many intractable cases.

Of course, individual case histories, however impressive, can always be questioned; placebo effects, spontaneous recovery, and the therapist's and patient's biases in judging improvement must be considered. Not many studies satisfy stringent methodological conditions; often one notes an absence of controls and an inadequate follow-up. With LSD there is the special experimental difficulty that a double-blind study (in which neither the doctor nor the patient knows which drug is being given) is impossible, since the effects of the drug are unmistakable. No form of psychotherapy for neurotics has ever been able to justify itself under stringent controls, and LSD therapy is no exception. Most psychiatrists who have done LSD therapy with neurotics would probably regard all the recorded controlled experiments as far too brief and superficial to provide a genuine test, especially where so much may depend on the quality of the therapeutic relationship.

For LSD therapy, as for psychoanalysis generally, psychiatrists tend to favor neurotics with high intelligence, a genuine wish to recover, a strong ego, and stable even if crippling symptoms. Beyond that little is clear.

Epiphany

It is commonly accepted that one overwhelming experience which has the character of a religious epiphany sometimes changes the self-destructive habits of a lifetime. Inducing such an experience is the purpose of psychedelic therapy in the treatment of alcoholics. But can psychedelic drugs consistently produce such an experience? There have been many positive reports in the literature. Albert A. Kurland reports the case of a forty-year-old black unskilled laborer brought to the hospital from jail after drinking uncontrollably for ten days. He had been an alcoholic for four years, and his psychological tests showed severe anxiety and depression. During the LSD session, he felt he was being chased, struck with a sword, run over by a horse, and frightened by a hippopotamus. One week later his score on a questionnaire testing neurotic traits had dropped from the 88th to the



Three studies for a Portrait (1976-78) by Francis Bacon. Courtesy of Marlborough Gallery, N.Y.

10th percentile. Six months later his psychological tests were within normal limits; he had been totally abstinent during that time, and despite a temporary relapse when he lost his job, he was still sober after 12 months.

There is no doubt that LSD often produces such powerful effects on alcoholics; the question is whether they can be reliably translated into enduring change. Early studies reported dazzling success: About 50 percent of severe chronic alcoholics treated with a single high dose of LSD recovered and were sober a year or two later.

Unfortunately, as the results of more careful research began to come in, the picture changed. All the early studies had insufficient controls and most lacked objective measures of change, adequate follow-up, and other safeguards. When patients were randomly assigned to drug and control groups, it proved impossible to demonstrate any advantage for LSD. Even the most enthusiastic advocates of LSD have not been able to produce consistently promising results.

In the late sixties, A.M. Ludwig, J. Levine, and their associates at Mendota State Hospital in Madison, Wisconsin, undertook the most elaborate and methodologically adequate study of psychedelic therapy for alcoholics that has ever been made. The 195 patients were divided into four treatment groups. All had 30 days of milieu therapy and in addition three had LSD alone, LSD with psychotherapy, or LSD with psychotherapy and hypnosis. Patients were assigned to different treatments at random. The results in all four groups were the same after three, six, nine, and 12 months; about 75 percent improved on measures of employment, legal adjustment, and drinking habits.

This study is revealing in several ways. It provides a correction for psychiatric overenthusiasm, showing that even the most profound and heartfelt resolutions to change—nothing is more deeply felt than an intense LSD experience—have to be regarded with skepticism. By making it clear that the great majority of alcoholics will improve after *any* treatment, Ludwig and his colleagues show that excessive drinking is often sporadic, and that periodic relapses are common. At the time alcoholics arrive at a hospital, they have probably reached a low point in their cycle and have nowhere to go but up.

It would be wrong to conclude that a psychedelic experience can never be a turning point in the life of an alcoholic. Bill Wilson, the founder of Alcoholics Anonymous, said that his LSD trip resembled the sudden religious illumination that changed his life. But unfortunately psychedelic experiences have the same weaknesses as religious conversions. Their authenticity and emotional power are not guarantees against back-sliding when the same old frustrations, limitations, and emotional distress have to be faced in everyday life. And when the revelation does seem to have lasting effects, it might always have been merely a symptom of readiness to change rather than a cause. The fact remains that there is no proven treatment for alcoholism. When so little is known, does it make sense to give up entirely on anything that has even a chance of working?

Clinging to the Self

When Aldous Huxley was dying, he asked his wife to give him 100 micrograms of LSD, the drug he had portrayed in his last novel as the liberating *moksha*-medicine. After that he looked at her with an expression of love and joy but spoke little except to say, when she gave him a second injection of LSD, and shortly before he died, "Light and free, forward and up." Laura Huxley, in her memoir of her husband, writes: "Now is his way of dying to remain for us, and only for us, a relief and a consolation, or should others also benefit from it? Aren't we all nobly born and entitled to nobly dying?"

There is a new concern today about dying in full consciousness of death's significance as a part of life. As we look for ways to change the pattern, so common in chronic illness, of constantly increasing pain, anxiety, and depression, the emphasis shifts away from impersonal prolongation of physiological life toward a conception of dying as a psychiatric crisis, or even, in older language, a religious crisis. The purpose of giving psychedelic drugs to the dying might be stated as reconciliation: reconciliation with one's past, one's family, and one's human limitations. Granted a new vision of the universe and their place in it, dying patients learn that there is no need to cling desperately to the self.

Beginning in 1965, the experiment of providing a psychedelic experience for the dying was pursued at Spring Grove State Hospital in Maryland, and later at the Maryland Psychiatric Research Institute. Walter N. Pahnke, the director of the cancer project there from 1967 until his accidental death in 1971, was a doctor of divinity as well as a psychiatrist, and he first reported on his work in an article for the *Harvard Theological Review* in 1969. Seventeen dying patients received LSD after appropriate therapeutic preparation; by the criteria of reduced tension, depression, pain, and fear of death one-third improved "dramatically," one-third improved "moderately," and one-third were unchanged. The results of later experiments using LSD and DPT have been similar. These studies lacked control groups, and there is no sure way to separate the effects of the drug from those of the special therapeutic arrangements that were part of the treatment. Nevertheless, the case histories recounted by Pahnke and his colleagues and successors are impressive, and this research should be renewed.

Danger

The main danger in psychedelic drug therapy is the same as the danger of any deep-probing psychotherapy: If the unconscious material that comes up can be neither accepted and integrated nor totally repressed, symptoms may become worse; psychosis or suicide is possible.

But the potential for harm has been exaggerated.

Much irrational fear and hostility is left over from the cultural wars of the sixties, making it difficult for many to view LSD research objectively.

The most serious danger is suicide, and there are several reports of suicide attempts or actual suicides among patients in psychedelic drug therapy. But many people who have worked with psychedelic drugs consider them more likely to prevent suicide than to cause it. Walter Houston Clark and G. Ray Funkhouser asked about this in a questionnaire distributed to 302 professionals who had done psychedelic drug research and also to 2,230 randomly chosen members of the American Psychiatric Association and American Medical Association. Of the 127 answering in the first group, none reported any suicides caused by psychedelic drugs, 18 thought they had prevented suicide in one or more patients; of the 490 responding in other groups, one reported a suicide and seven believed suicidal tendencies had been checked.

All available surveys agree that therapeutic use of psychedelic drugs is not particularly dangerous. In 1960 Sidney Cohen made 62 inquiries to psychiatrists and received 44 replies covering 5,000 patients and experimental subjects, all of whom had taken LSD or mescaline—a total of 25,000 drug sessions. The rate of prolonged psychosis (48 hours or more) was 1.8 per thousand in patients and 0.8 per thousand in experimental subjects; the suicide rate was 0.4 per thousand in patients during and after therapy, and zero in experimental subjects. Other studies have confirmed Cohen's conclusion that psychedelic drugs are relatively safe when used experimentally or therapeutically.

Irrational Passions

When a new kind of therapy is introduced, especially a new psycho-active drug, events follow a common pattern. At the beginning, there is spectacular success, enormous enthusiasm, and a conviction that it is the answer to a wide variety of psychiatric problems. Then the shortcomings of the early work become clear: insufficient follow-up, absence of controls, inadequate methods of measuring change. More careful studies prove disappointing, and the early anecdotes and case histories begin to seem less impressive. Later psychiatrists fail to obtain the same results as their pioneering predecessors; as Sir William Osler said, "We should use new remedies quickly, while they are still efficacious."

But the rise and decline of LSD took an unusual course. In 1960, 10 years after it was introduced into psychiatry, its therapeutic prospects were still considered fair and the dangers slight. Then the debate received an infusion of irrational passion from the psychedelic crusaders and their enemies. The revolutionary proclamations and religious fervor of the nonmedical advocates of LSD began to evoke hostile incredulity. Twenty years after its introduction it was a pariah drug, scorned by the medical establishment and banned by the law. In rejecting the absurd notion that psychedelic drugs are a panacea, we have chosen to fly to the other extreme—we treat them as entirely worthless and extraordinarily dangerous. Maybe the time has come to find an intermediate position.

Even advocates of psychedelic drug use have become much more modest in their claims about its therapeutic virtues. Few now believe in immediate personality change after a single dose. The trend has been away from reckless enthusiasm toward caution, away from quick cures toward long-term therapy. Many now see psychedelic drugs as difficult to work with, emotionally exhausting for both patients and therapists, requiring much preparation and follow-up, and effective only in a restricted range of cases. They are no longer regarded as the main solution to any large problem like alcoholism.

Nevertheless, psychedelic drug therapy did not die a natural death from loss of interest; it was killed by the law. Even though many of the researchers who devoted a large part of their careers to psychedelic drugs have retired or died, and many more now ignore them entirely, there are still others who would like to use the drugs if they could, and a few continue to use them illegally.

If therapeutic research becomes possible again, it might be well to begin with the dying, since in this case only short-term effects have to be considered. Psychedelic drugs might also be used to get past blocked situations in ordinary psychotherapy, to help patients decide whether they want to go through the sometimes painful process of psychotherapy, or to help a psychiatrist to decide whether the patient can benefit from the kind of insight that psychotherapy provides. In addition, MDA, harmaline, ketamine, and other psychedelic drugs with unique effects still need to be evaluated. Some critics feel that using these drugs means practicing a form of chemotherapy, like giving lithium to manic patients or chlorpromazine to schizophrenics. This is a misconception. Psychedelic drugs are used not as chemotherapy but as tools to attain self-knowledge in a way that both resembles and perhaps intensifies the effects of other insight therapies like psychoanalysis, religious disciplines, and the forms of psychiatry collectively referred to as the human potential movement. Patients are not maintained for a long time on LSD as they are on antipsychotic or antidepressant drugs.

Psychedelic drug therapy apparently still goes on underground. People would not continue to practice it under difficult conditions unless they believed they were accomplishing something. Many patients regard it as an experience worth having, some as a first step toward change, and a few as a turning point in their lives. It would simplify matters if we could be sure that they were deceiving themselves, but we do not know enough about what works in psychotherapy to say anything like that. No panacea will be discovered here any more than in psychoanalysis or religious epiphanies. Nevertheless, the field obviously has potentialities that are not being allowed to reveal themselves. □