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The LSD Controversy

By Jerome Levine and Arnold M. Ludwig

ACCOMPANYING THE INTRODUCTION of many new treatment techniques into psychiatry there is often an initial wave of enthusiasm followed by a trough of disillusionment and then a prolonged period of reappraisal and evaluation. With the introduction of lysergic acid diethylamide (LSD) as a therapeutic agent, the subsequent enthusiasm and disillusionment have reached proportions reminiscent of those surrounding the early use of hypnosis by medical practitioners. These premature and emotional reactions have led to much heat, but little light in the area of a objective appraisal of the efficacy of this drug for treatment purposes.

In the evaluation of any new therapeutic agent or modality, three essential questions need to be answered: (a) To what extent and in what disorders does the agent bring about relief or effect change? (b) Does the new agent offer appreciable advantage over existing forms of therapy? (c) What are the dangers or risks involved when this agent is employed? Let us now consider the evidence which has been brought to bear in the case of LSD.

Ever since the initial use of LSD for the treatment of eight psychiatric patients by Busch and Johnson in 1950,[10] numerous investigators have employed this drug in either individual or group settings, and in single or multiple sessions for the treatment of a wide variety of psychiatric disorders. The drug has been reported to be especially useful in the treatment of psychoneurotic conditions, character disorders, sociopathic personality disorders, and sexual perversions.[1,2,4,6,11-13,26,37,38,40,46-48,57,58] Therapists have reported impressive results in the treatment of many recidivistic individuals, such as criminal psychopaths, who were formerly considered either hopeless, refractory cases or inaccessible to ordinary forms of psychotherapy.[5,47] Many investigators have also claimed considerable success with this drug in the treatment of alcoholism.[7,8,14,22,35,39,42,44,49,55,56] The Bureau on Alcoholism, Regina, Saskatchewan, in its *Interim Report*,[9] stated that, "Such excellent results have been noted by Bureau staff in individual cases, usually with records of resistance to other forms of therapy, that LSD treatment, which was originally regarded by the Bureau as experimental, became a standard form of treatment to be used where indicated."

Much of the enthusiasm generated by the use of LSD stems from the purported ability of this drug to accelerate the process of psychotherapy by facilitating abreaction and the emergence of previously repressed material, increasing the transference reaction, stimulating the production of fantasy material, intensifying affectivity, diminishing excessive intellectualization, dissolving the patient's customary defenses, and thereby allowing him to face his problems more honestly.[3,13,23,25,26,37,46,47,50,52,54]

However, these particular actions represent only a small part of those described for this drug. The "spectacular, and almost unbelievable" results,

which may be achieved by using even one dose of LSD,[8,14,39,51,54] supposedly derive from the drug's ability to produce a heightened awareness and "expanded consciousness."[8,13,32] Not only does the patient become more insightful and attain a greater appreciation of the "self"[14,32] due to the "integrative"[18,23,32] or "transintegrative"[39] properties of the drug, but he may also experience a "rapid personality change," akin to a religious conversion experience,[14,18,22,49,54,56,60] whereby this "total value system" may change for the better.[51]

Because of the highly subjective, experiential nature of the LSD experience, several authors have considered present scientific terminology inadequate to describe the archetypal,[15,39,46,47,48] transcendental or mystical feelings which often have been reported to accompany the use of this drug.[13,17,33,49,54,62] According to Sherwood,[54] a "universal central perception" (crucial to the healing process) may emerge during which the subject discovers the vast extent of his own being and that he has an understanding and abilities far greater than he previously imagined. "Such words as Self, Being, and Reality are used, not as defined concepts in any final sense, but as desperate endeavors to communicate a quality of experience which borders on the incommunicable (p. 78)."[54]

Somehow, the LSD experience provides patients with an encounter,[7,34,51] "a new exeperience which will enlarge (their) horizon and give new meaning to life. These experiences are a part not just of therapy, but of life itself (p. 435)."[34] As a result of the experience, patients seem to become "less anxious, less rigid, more spontaneous, more tolerant of ambiguity, more appreciative of esthetic and symbolic modes of experience, more capable of enjoying intuitive, irrational experiences, and less concerned over the past and future (p. 428)."[59] In some unexplained way, the drug seems to bring about this change by providing the patient with an enhancement of his sensory fields, and increased emotional sensitivity which leads to a widened range of emotion and permits a greater sensitivity to the emotions of others.[8,14] The opportunity for objective self-assessment and alteration of self-concept supposedly comes about through learning other ways of feeling and sensing the world.[8,14,32,34,51,59]

If such glowing claims for the effects of this drug could be substantiated, the drug would indeed revolutionize psychiatric treatment. However, there are many difficulties in appraising the effectiveness of LSD. Beside the many methodological and conceptual problems which arise in evaluating the usefulness of any form of psychiatric therapy, certain other "non-scientific" factors tend to cloud the issues.

Many individuals have gained their knowledge of LSD through the highly publicized activities of two psychologists, Richard Alpert and Timothy F. Leary, who initially began working with this drug while under the auspices of Harvard's Center for Research in Personality.[27,29,33,36,41,61,63] Subsequently, while under severe criticism, Alpert and Leary "left" their university positions and began devoting full time to the formation of the International Federation for Internal Freedom (IFIF), an organization designed to "expand" man's

consciousness through the ingestion of LSD and other psychedelic drugs. However, neither critical scientists nor laymen could see very much therapeutic or scientific value in the "educational" hallucinatory flights or voyages taken by the mental astronauts of IFIF. The many verbal and written accounts of the activities of IFIF have helped produce an aura of sensationalism, disrepute, and suspicion which seems to have generalized to include others working with LSD. This is unfortunate since many potential investigators will probably shy away from working with this drug to avoid the unspoken stigma and "lack of respectability" that has come to be associated with the abuse of this drug.

In another area of the LSD controversy, criticism has been directed at investigators or therapists who believe it essential to take the drug along with their patients, either in individual or group therapy. Grinker[28] stated that some psychiatrists who administered the drug to themselves "became enamoured with the mystical hallucinatory state, (and) eventually in their 'mystique' became disqualified as competent investigators." Although it seems perfectly reasonable for an investigator to acquaint himself with the LSD experience before initiating a study, when the investigator persists in taking the drug on numerous occasions, we are forced to consider the possibility of "psychic addiction" or habituation to the drug. Moreover, when a "drugged" therapist attempts to treat a "drugged" patient, it is likely that the therapist's ability to critically evaluate the therapeutic situation will be impaired. Some drug-ingesting investigators claim that the drug enhances their empathy or rapport with the patients during the LSD experience,[8] but these claims are at present unsubstantiated. It is hoped that in the future these investigators will provide objective data to support their position.

Critics of the drug also point out that almost any time a promising new drug is introduced into psychiatry, there comes a wave of unabated enthusiasm and a deluge of literature describing the revolutionary advantages of the new drug. If one waits long enough, enthusiasm for the drug will begin to diminish and the drug will either disappear from use or soon find its proper niche in the over-all psychotherapeutic armamentarium. According to Hoch[30] and West,[64] psychiatrists also seemed to be unduly hopeful following the introduction of such adjuncts to psychotherapy as ether, carbon dioxide, methamphetamine, and sodium amytal. Hoch believes that "LSD, mescaline and many other drugs can be used as adjuncts to psychotherapy, but it has not been proven that they are superior to drugs already in use."[30]

Although treatment fads and vogues occur frequently in medicine,[53] an equally irrational but opposite tendency is also known to arise with the introduction of new drugs or treatment techniques. The introduction of novel and revolutionary concepts or treatment modes has occasioned marked resistance, emotional tirades, and even persecution on the part of the respected medical community of the time. In general, whenever new modes of thought deviate from the accepted, conventional and time-honored notions or models of any professional group, an automatic resistance and skepticism frequently occurs. Physicians cannot be expected to relinquish readily certain concepts

or treatment techniques which have stood them in good stead, and in which they have considerable emotional investment.

Fortunately for medicine, an impartial arbitor, known as *scientific method,* can always be called upon to mediate in the dispute between the equally irrational tendencies of excessive enthusiasm and the automatic resistance to new ideas. When the question of the efficacy of a certain treatment procedure is in doubt, the matter can be resolved by subjecting the treatment procedure to the stresses and rigor of scientific study. Unfortunately, because of the small number of adequately controlled studies, employing objective and quantitative treatment measures[31,35,43] it is virtually impossible to evaluate the therapeutic efficacy of LSD at present. Most of the positive claims for this drug have been more of the nature of religious testimonials or statements of clinical conviction rather than cautious scientific observations and interpretations. As a result, neither the advocates nor critics seem to have enough objective information upon which to base their entrenched positions.

Now let us turn our attention to the purported dangers and risks associated with the use of this drug. Immediate adverse effects, such as paranoid episodes, unmanageability, panic reactions, physical complaints, and short-lived depressions, or prolonged adverse effects, such as psychotic decompensation, release of pre-existing asocial trends, depressive and paranoid reactions, have all been reported as side-effects or complications of LSD drug use.[13,16,18-20,21,23,38,45,50] Unsuccessful and successful suicide attempts have also been reported as complications following drug use.[16,21,50] In a recent editorial, Grinker[28] has made the rather strong but enigmatic statement that "latent psychotics are disintegrating under the influence of even single doses; long-continued LSD experiences are subtly creating a psychopathology." In any event, the impression one tends to gain from reading many of the articles concerning LSD use is that the drug is fairly dangerous with rather serious complications, mostly of a mental nature. This is exemplified best by the sub-title of an article in a popular magazine which reads, "While some psychiatrists have found LSD useful in therapy, growing numbers of doctors are gravely worried by evidence that the drug may cause mental distress rather than cure it."[27]

However, with careful study, the various reports concerning the dangers of this drug seem to be misleading and exaggerated. In most of the reported cases, no direct causal relationship was established between LSD therapy and subsequent psychotic deterioration or suicide attempts. A form of *post hoc ergo propter hoc* reasoning seems to be apparent in connecting these adverse reactions with prior administration of LSD. Cohen (p. 38)[16] alludes to the tenuous causal relationship between administration of the drug and some of the reported adverse effects when he states, "The hallucinogenic experience is so striking that many subsequent disturbances may be attributed to it without further justification. The highly suggestible or hysterical individual would tend to focus on his LSD experience to explain subsequent illness."

We would not devote as much space to the matter of adverse side-effects if it were not for the fact that critics and popular magazine writers seem to have seized upon and distorted the dangers of LSD. There is also the possibility that research with this drug may be further curtailed by legal means because of these erroneous impressions, incomplete case reports, hearsay accounts, and illogical interpretations which have contributed to the folklore concerning the dangers of this drug.

In a major study of side effects and complications, Cohen,[16] on the basis of replies received from 44 LSD workers, reported the incidence and nature of difficulties in 5,000 individuals who had received either LSD or mescaline on more than 25,000 occasions. The incidence of complications was as follows:

Table 1.—*Estimated Rates of Major Complications Associated with LSD*

	Attempted Suicide	Completed Suicide	Psychotic Reactions Over 48 Hours
Experimental subjects	0/1000	0/1000	0.8/1000
Patients undergoing therapy	1.2/1000	0.4/1000	1.8/1000

A study of this table reveals the incidence of adverse effects associated with the drug to be low. It would seem that the incidence statistics better support a statement that the drug is *exceptionally safe* rather than dangerous.[52] Although no statistics have been compiled for the dangers of psychological therapies, we would not be surprised if the incidence of adverse reactions, such as psychotic or depressive episodes and suicide attempts, were at least as high or higher in any comparable group of psychiatric patients exposed to any active form of therapy.

We do not deny that serious complications may occur due to drug use and that it is important for physicians to both report and be aware of these dangers. However, it is also important for psychiatrists to maintain their objectivity and view these dangers in proper perspective; both in respect to other drugs and in respect to baseline rates of psychotic reactions and suicide attempts in psychiatric patients who have never had any exposure to drugs. In their most recent paper on prolonged adverse reactions following the administration of LSD, Cohen and Ditman (p. 479)[20] state: "The actual incidence of serious complications following LSD administration is not known. We believe, however, that *they are infrequent. It is surprising that such a profound psychological experience leaves adverse residuals so rarely* (Italics added)."

There can be little doubt that the improper use of LSD may cause great harm, just as the improper use of any treatment technique or agent, such as ECT, hypnosis, tranquilizers, or prefrontal leukotomies, would. Poor judgment in the treatment of psychiatric patients is bound to cause harm sooner or later, regardless of the form of therapy.

It is also important to distinguish between the proper use of this drug in a therapeutic or experimental setting and its indiscriminate use and abuse

by thrill seeekers, "lunatic fringe," and drug addicts. More dangers seem likely for the unstable character who takes the drug for "kicks," curiosity, or to escape reality and responsibility than someone taking the drug for therapeutic reasons under strict medical aegis and supervision. For this reason, Elkes'[24] plea to curb the growing illicit traffic in psychedelic drugs, especially among the more unstable and fringe elements of society, is of the utmost importance.

As is readily apparent, there is a great deal of emotional bias, irrationality and unsupported belief on both sides of the LSD issue. However, in view of the consistent dramatic and enthusiastic claims by LSD therapists, psychiatry cannot afford to condemn the use of this drug without first subjecting it to a fair and impartial trial. Regardless of the experiential nature of the psychedelic experience, there are, in fact, a number of treatment parameters, such as attitude change, symptom relief, and social or community adjustment, which are capable of both quantification and scientific investigation. When subjected to strict scientific rigor and methodology, the glowing claims for this drug may prove unfounded, but the potential promise this drug offers certainly seems to warrant the investment of further research in this area. Adequately controlled studies and follow-up evaluation must be undertaken before any final conclusions can be reached regarding the therapeutic efficacy of this unique drug.

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