

Section of Psychiatry

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The Use of Lysergic Acid in Individual Psychotherapy

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ONE of the main problems in psychiatry is the time involved in psychotherapy. However, recent experience has shown that lysergic acid, in small doses, can expedite this procedure. Lysergic acid (LSD) is chemically related to ergot. Taken in small doses, it effects a state of reverie with a re-experiencing of memories even back to birth, accompanied by a most therapeutic abreaction. In our experience it can safely be used on an outpatient basis in suitable cases.

Selection of Cases

The most important factor in determining the patient's suitability for treatment is his motivation. It is often difficult to determine whether the patient wishes to get well, or merely to be looked after, and whether he has more to gain by getting well or by holding on to his disability. The person who has made a reasonable adjustment in life as regards marriage and occupation carries a better treatment prognosis than one who has been a relative failure. Ego strength is equally important. The person with insufficient ego strength will become such a burden on the psychiatrist and nursing resources as to make him unsuitable for outpatient treatment. Also a certain amount of intelligence is necessary for the patient to be able to understand not only the meaning of the material, but also the interpretations that may arise.

It is difficult to give an upper or lower age limit without reference to the total personality of the patient, but people under 18 are usually too immature. The upper age limit is somewhere between 50 and 60. As LSD is an exhausting form of treatment, one should exclude patients suffering from uncompensated cardiac lesions and severe hypertensives. Special enquiry should be made as to any history of liver damage not only because LSD itself is detoxicated in the liver, but also because Largactil is routinely used for interruption of the treatment.

As neurosis in itself is often a problem not of individuals but of whole families, it is sometimes advisable to treat both partners in a marriage. The problems of a person undergoing LSD become intensified for forty-eight hours after a session and the patient may temporarily become more difficult to live with.

LSD is particularly suitable for anxiety states with accompanying tension, but such cases need, as do all others, considerable support and encouragement between sessions. Neurotic depressives with associated anxiety also do well if the personality is adequate. The response in psychosomatic cases is variable probably because to a greater or lesser degree they enter all the diagnostic categories. We have been particularly successful with cases of migraine. Dyspareunia, ejaculatio præcox, frigidity and other marital difficulties can often be relieved. Some homosexuals can be reorientated heterosexually provided they really want to co-operate. We have found particularly gratifying results in treating co-operative married couples at the same time and in the same room.

Contraindications

Psychotics are unsuitable for outpatient treatment. Severe depressives can sometimes profit by LSD after E.C.T. has cleared up the depression leaving behind the underlying anxiety due to unconscious conflict. With inadequate schizoid personalities there is a risk of precipitating an acute schizophrenic illness.

Other contraindications are: poor motivation or treatment undertaken in a negative attitude and at the strong request of a relative; a poor level of intelligence; a very deprived infancy (patients completely deprived in infancy are often unable to face the experiences under LSD and there is a risk of precipitating a profound depression); monosymptomatic hysterics who present with a single conversion symptom, resistant to treatment

for many years, which is the only escape route from their conflicts; and a secondary gain from the illness when the patient has more to gain by holding on to his disability than by having it removed.

Method of Treatment

Diagnostic interview.—Each patient was seen on at least two occasions. A full history was obtained from more than one source and reports of previous treatment considered. Treatment in the night hospital was offered to those patients who were working in the daytime. The procedure and principles of treatment were explained to the patient as simply as possible.

Environmental conditions.—Only four patients are treated on any one night, each with a room to himself and a bell to summon the doctor or nurse. The rooms are quiet and dimly lit. Both doctor and nurse are readily available but do not sit in with the patient. The majority of patients who have done well were those who did not insist on somebody being with them all the time but rang the bell only when they needed reassurance, interpretation or refreshment.

Instructions to the patients.—Patients attend the night hospital at 6 p.m. once a week and stay the night. They can work the next morning but are advised not to drive a car until midday. After injection they are encouraged to relax and enable the drug to bring back any memories or fantasies.

Dosage.—A starting dose of 40 µg LSD is given intramuscularly together with 5–10 mg of Methedrine which potentiates action of LSD and lessens anxiety. At subsequent treatments the dose of LSD is increased by 20 µg. Eventually the average dose was found to be 100 µg LSD and 15 mg of Methedrine. Anxious patients are started with 25 µg and very resistant ones may need about 200 µg. The effect of injection begins after about fifteen minutes and treatment is interrupted after four to six hours by 50 mg of Melleril or Largactil by mouth. Should they become too disturbed the treatment is discontinued by giving 50 mg of Largactil intramuscularly. Twice it has been necessary to give intravenous Pentothal, but most patients need only reassurance and discussion of their experiences.

Apart from LSD the patients have at least one interview weekly. After eight treatments it is advisable to discontinue for a month or so as the drug is cumulative.

Precautions and support.—The anxious patient is given 1–3 grains of Sodium Amytal half an hour before the treatment. All patients are given Largactil to take during the following two to three days, if necessary, as the effect of the drug

sometimes recurs during this period. The majority of patients undergo their treatment alone but it is often helpful for a husband to sit in with the wife, or vice versa. Between treatments, patients can telephone the therapist if they feel anxious.

Reactions under lysergic acid.—The first reactions are physical and can be divided into motor and sensory. The sensory ones consist of patients feeling alternately hot and cold. There is sometimes hypersensitivity to light, touch and smell. Some patients report tingling, numbness, throbbing or pain. Motor manifestations consist of muscular tension beginning in the neck, and sometimes crying, laughing or trembling. With suitable doses the major ego functions are not disrupted. The patient remains orientated for person, place and time. He does not lose consciousness or contact with reality but the access to his own unconscious is facilitated. The sense of time may be disorganized. With higher doses the patient regresses further into childhood or infancy and at times withdraws altogether from immediate reality. He can become completely absorbed by phenomena at the deeper psychic levels but can at any time “pull himself together” and discuss his experiences with remarkable insight. There is always some amnesia and some repression which can be reduced by discussion and by encouraging the patient to repeat a certain experience and to write it down after the session. Primitive impulses and wishes are often expressed through imagery, fantasy, identification and symbolization rather than by acting out. The patient gains insight not only into his real emotions and impulses but also into his own defences against their recognition.

The nature of the fantasy content depends on the dose, the patient's intelligence, age, education and cultural background. With small doses, these may be only recent pre-conscious memories and often include schoolday experiences. As the dose is gradually increased to the optimum for the patient, he will produce childhood and infancy memories which he will be able to relive. Some patients produce a stage fantasy in which their own problems are acted by others while they themselves remain merely spectators. Some patients are able to see their problems only in a form of symbolic, religious or mystic experiences. This is a defence through intellectualization. Not infrequently a patient will express awareness of his own feelings or of emotional tension in the family without being able to verbalize any experience.

The role of the nurse and the therapist.—The nurse should be an understanding motherly type who gives the patient security and encouragement

to relieve the more disturbing experiences of his childhood and infancy. She should be familiar with the principles of the treatment and should not herself be overburdened with unconscious problems which she projects on to the patient. The therapist has to establish a good rapport with the patient and understand the enhanced transference produced by LSD. He must be able not only to withstand the demands produced by disturbed patients, but also to produce an atmosphere of calm encouragement and if necessary interpret the material produced. Where possible interpretations are best left until after the session.

Diagnostic Groups

Of our first 50 cases under treatment the provisional diagnosis was: Tension states 26, anxiety states 13, sexual pathology 4, character disorder 3, obsessional 1, conversion hysteria 2, psychopath 1. The classification of the neuroses is notoriously difficult and in many instances cases fell into more than one category.

Results of Treatment

All cases were seen not less than six months after the completion of treatment when the results were classified according to Sandison's formula (Sandison and Whitelaw, 1957) as follows: Recovered 7, Greatly improved 8, Moderately improved 23, not improved 11, Worse 1.

With careful selection and suitable dosage the only serious complication is the risk of suicide. We had one attempted suicide which occurred in a man who discovered, while feeling about 2 years old, that his mother was a prostitute. He was seen daily for a week, was able to accept the situation and two months later came back asking for further treatment which, however, was not considered advisable.

The following 3 cases were shown to the Section:

Case I.—Mrs. M., aged 51. A happily married drama teacher who had complained of severe migraine since the age of 9 and generalized tension since adolescence. She had seen many neurologists, never receiving any real relief. The migraine was frequently precipitated when she faced a difficult situation. She came of middle-class background and her parents were fairly happily married. There were 3 older brothers, one of whom was the father's particular favourite. She had six weekly sessions of LSD in doses of 40–90 μ g, in each case combined with 15 mg of Methedrine. She experienced ambivalent feelings towards her father and the inconsistency of her mother's love. She felt her mother desperately wanted a daughter and that she replaced one of her brothers in her mother's affections. In another session she felt 3 years old and

experienced intense jealousy of the brother who was her father's favourite, and had an overwhelming desire, associated with guilt, to kill this brother. In her last session she felt 10 years old, in 1917, when the news came that her brother had been killed in France. She re-experienced her death wishes towards this brother, associated with great remorse and guilt and a horrifying feeling that her death wish had been carried out. Her first attack of migraine occurred when the family received news of her brother's death. The whole experience was of deep emotional significance and she felt that her whole life pattern had been laid out before her. Now, eight months since her last treatment, she feels free from tension and has had no more attacks of migraine.

Case II.—Mrs. P., aged 31. A working-class housewife from East London had complained of tension, neurodermatitis and severe dyspareunia. Her first marriage ended in divorce due to her sexual difficulties and she was frightened that this would happen again. She had 7 treatments under LSD starting with 40 μ g and working up to 100 μ g. She saw a great deal of her early deprivation and realized that her mother was her father's mistress and felt that although her mother disliked her there was a deep bond between her father and herself. At the eighth and last session she saw, at the age of about 5, her father in his vest with his penis erect, approaching her and she became terrified. He played about with her sexually and eventually committed fellatio, which horrified her. For the ensuing three days she was preoccupied with this experience which eventually she accepted and realized why sex had always been repugnant. She told the meeting that her sexual life was now extremely happy and that she was able to obtain full orgasm with real satisfaction. Her tension had also gone and her neurodermatitis cleared. She felt that her problems had been solved and there was no need for further treatment eight months later.

Case III.—Mr. C., business executive, aged 32. At work he had great difficulties with both his superiors and subordinates, combined with inability to form a satisfactory relationship with women. He had had intercourse only once and felt frightened of any form of intimate relationship with women although his dreams were heterosexual. Previously he had had two years psychotherapy without improvement and then had 28 sessions spread over eight months under LSD. He was the only child of unhappily married middle-class parents and he experienced the deep mixture of love and hate that he felt towards his mother. After some time he relived with great emotion experiences in which his mother made him masturbate her and the one occasion his father caught them doing this. Mr. C. told the meeting that he was now relieved from his tension, felt that his human relationships had changed completely particularly as regards his superiors and that he had recently fallen in love with a girl whom he hoped to marry. He had lost the feeling of uncleanness and horror that he had always associated with sexuality.

Reference

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