Use of Lysergic Acid Diethylamide in a Psychotherapeutic Setting

SIDNEY COHEN, M.D., and BETTY GROVER EISNER, Ph.D., Los Angeles

In experimental psychiatry the hallucinogenic drugs have a firmly established position; hundreds of articles attest to the growing interest in their psychotomimetic activity. As an adjunct to psychotherapy, however, their potential has been incompletely investigated.

The initial mention of lysergic acid diethylamide (LSD-25) in this connection appears to be the 1950 publication by Busch and Johnson,[3] where the drug was described as having "profoundly influenced the course" of progress of eight cases of psychoneurosis. The remembering and reliving of early traumatic episodes were especially noted.

Of subsequent researchers, Abramson [1] has investigated the drug most extensively in this country. He uses LSD-25 in conjunction with analytic treatment. Patients are given small doses periodically when they appear to be at a standstill in therapy. He noted that LSD-25 is characterized by pharmacologic safety, maintenance of the patient in a conscious and cooperative state, and repetition without evidence of addiction.

Frederking [7] uses small doses both of mescaline and of LSD-25 in his office practice. He speaks of a dream-like state which occurs and can be analyzed, with a resulting psychocatharsis.

Sandison and his colleagues, in England, have evolved a special inpatient technique whereby a ward of Powick Hospital is reserved for LSD patients. Treatments are given weekly. Dosages increase from 25μg. to levels of 100μg. or 200μg. The patient-treatment team consists of a psychiatrist in charge, nurses who are in attendance during drug sessions, and the therapists, who conduct group therapy apart from the drug experiences.

Their recent report [11] on 94 patients includes follow-up periods as long as five years, and their 65% improvement rate is impressive in view of the fact that their patients had chronic, severe neuroses which had proved resistant to all other types of therapy. The authors stress the fact that all their cases were "in danger of becoming permanent mental invalids, lifelong neurotics or suicides."

Work by others in the field [2,5,6,8-10,12,13] seems to indicate that LSD-25 lowers resistance and facilitates the appearance of unconscious material, which can then be dealt with therapeutically. The investigators also mention the heightened relationship between patient and doctor and note that drug action does not interfere with clarity of consciousness; in fact, recall of past events is heightened.

In an earlier study at the Brentwood Neuropsychiatric Hospital, in which psychological test changes in normal volunteers were studied,[4] there were further indications of the possible therapeutic value of LSD-25. Although individual reactions varied over a wide spectrum, there was,

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From the Neuropsychiatric Hospital, Veterans Administration Center.

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in general, a lowering of ego defenses, an intensification of the interpersonal relationship during the session, and an outpouring of unconscious material. Some of the subjects described their experiences as psychotic, but others reported unusually pleasant and insightful sessions. A few believed that their experimental exposure to the drug had a sustained beneficial effect on subsequent behavior.

The present study was a preliminary exploration of LSD-25 as an aid to the uncovering and acceptance of unconscious material and to determine whether the therapeutic process could be accelerated. A total of 29 patients whose diagnoses varied from depressive states to borderline schizophrenia were treated. There were also a number with character disorders, and one schizophrenic. This report is concerned with 22 of these patients, ranging in age from 21 to 60 years, who have had a follow-up period varying from 6 to 17 months. The seven not to be reported have had follow-up periods of less than six months.

Method

Weekly or biweekly treatments were given; because of the rapid onset of tolerance, sessions were never less than three days apart. Initial doses were one 25μg. tablet; subsequent interviews were conducted by increasing the dose by increments of 25μg. until a level of 100μg. or 150μg. was reached. Two patients, resistant to the drug, received 50μg. increments. On five occasions 500μg. of ALD-52 or MLD-41,* amounts which appear to be equivalent to approximately 250μg. of LSD-25, were administered.

The gradual increase in dosage minimized unpleasant side-effects. Anxiety was usually absent or negligible, and as the patient progressed to the higher dosage levels, deeper areas of the unconscious seemed to become available.

The number of drug treatments ranged from 1 to 16, with a mean of 4.6. When a patient required more than four sessions, it was found that optimal therapeutic progress was made if longer periods elapsed after treatments in which a good deal of significant material was uncovered. Contact with the therapist was maintained by telephone or interview, and therapeutic gains appeared to be integrated and consolidated when the patient was allowed to listen to the tape recordings of particularly insightful sessions.

Drug activity could be noted usually for four hours at low doses and from six to eight hours when more than 75μg. was prescribed. The patient was on a couch during this time in a pleasant room, with the therapist constantly in attendance. Food was served when the patient became hungry. Music was played initially to aid in relaxation and was incorporated into the treatment after repeated observation that certain selections seemed to potentiate the drug action.

In addition to the music, other aids were found helpful. A mirror was available, and frequently the patient was able to project his unconscious concept of himself into the reflection and to deal with it objectively. Family photographs, especially of spouse, parents, and siblings, enabled the subject to externalize associated conflicts. Toward the end of each session, the patient was taken to the hospital art clinic to draw or paint whatever he desired. This seemed to augment the therapeutic process and to provide an opportunity to objectify subjective experiences.

The relationship between therapist and patient is of crucial importance during LSD-25 therapy. Almost every investigator has emphasized the enhancement of transference which occurs. It was observed in this series to be generally of a positive nature; however, on the few occasions where negative transference occurred, along with especially disturbing unconscious material, a straightforward examination of

* These compounds are acetyl and methyl analogues, respectively, of lysergic acid diethylamide.

these feelings helped with the resolution of the problem. The discussion of the feelings of the patient toward the therapist is not to be construed as an analysis of transference in the orthodox sense.

A patient often reexperienced repressed events with such vividness and force that they were described as having been "relived"; at the same time, he could witness these incidents with some detachment. Occasionally, the patient could recognize his problems even when they appeared in symbolic form. More frequently it was necessary to interpret the unconscious material as it arose. Such interpretations, which in conventional psychotherapy might have had devastating effects, appeared to be accepted without difficulty. An important aspect of the therapy was to direct the patient toward the frightening or painful symbolic material; if he was able to do this, its fearful or painful character seemed to dissolve.

The therapeutic approach was of the more direct, intuitive type used with schizophrenic patients. It is understandable that a directive, personally involved therapy, which is applicable to psychotics, may be appropriate, since the LSD-25 state also involves dissolution of the ego, hallucinatory imagery, depersonalization, and other schizophreniform characteristics. Because of the unusual and extremely subjective nature of the experience, the therapist should have had personal experience with the effects of LSD-25.

During intensive abreactions or at those times when ego disintegration was experienced as a psychotic-like state, it was helpful to have both a male and a female therapist present. They also served as surrogates for inconsistent, manipulating, or rejecting parents and often became a focal point for the projection of intense affectual discharge.

When critical problems were uncovered, various degrees of anxiety and somatic distress were felt. The discomfort disappeared when its psychogenesis was understood by the patient. Sometimes psychotic-like episodes or "death" in various terrifying, overwhelming, or excruciatingly painful ways was experienced. The patient was always encouraged to surrender completely to whatever was to happen, and the word most commonly used by him after such an experience was that he felt "purged."

As the problems were worked through, the patient underwent what might be termed an integrative experience. This involved a massive reduction in self-conflict, the patient having accepted himself for what he was, and, finally, a feeling of harmony with his environment. It is felt that this had therapeutic significance.

It is important that the insights achieved during drug sessions be put into action. Continuing psychotherapy is valuable in restructuring of habit patterns once the drug series has initiated a change in viewpoint and motivation. From our observation it appears that optimal use of the drug may be with drug treatments set within the framework of conventional psychotherapy.

Results

Of the 22 patients in our series with a follow-up period of at least six months, 16, or slightly over 70%, are improved. The difficulties in assessing improvement following psychotherapy are not limited to this study. The agreement of the two doctors, the patient, and the person closest to him, plus objective evidence of a better situational adjustment, were necessary before he was considered improved.

Improvement with LSD-25 therapy does not appear to be restricted to patients in any one diagnostic category. Patients whose neuroticism was manifested by chronic anxiety or compulsiveness did well. Four with depressive states, one of them with a history of severe periodic depressions, persisting through seven years of analysis, improved. Four patients with passive-aggressive character disorders also showed favorable changes. Three others who improved were one with borderline schizophrenia and two with immature, hysterical personalities.

A type apparently not conducive to good results is the inadequate, schizoid personality. Two of the unimproved were in this category; one had 16 sessions; the second did not complete treatment. A third unimproved subject was a hospital patient with a diagnosis of schizophrenia who may actually have had a severe character disorder. The other three therapeutic failures showed substantial initial improvement, which was not sustained or consolidated by alteration in behavioral patterns. All three felt much better for from one to four months, and then relapsed.

The most favorable prognostic factor is the patient's genuine desire to get well. Ego strength and intelligence are important, but motivating drive is primary, and it must be more than just looking for the magic of an easy way out. Frequently the more troubled the patient the better the outlook, since impetus to change may be greater.

Although the follow-up period of from 6 to 17 months is not sufficient to establish long-term effects, these preliminary impressions are encouraging. The improved group appears to be separating into two subgroups. The larger group consists of patients who, on the whole, are maintaining their gains. They have contacted us from time to time for help with a current problem.

The second group is smaller but more impressive. They have shown no evidence that additional therapy is necessary and have continued to move toward emotional maturity on their own.

Potential Dangers

The dangers associated with the use of lysergic acid relate to its psychological, not pharmacological, activity. Suicide appears to be a definite hazard. Stoll[14] speaks of two suicides in Europe following exposure to LSD-25. One of these subjects had been given the drug without her knowledge. Savage[12] had a schizophrenic patient who committed suicide after treatment with the drug.

We have observed transient depressions occurring during the evening after an LSD-25 experience which may have been due to one of several factors: (1) an inability to incorporate unacceptable traumatic material uncovered during an interview; (2) a feeling of being overwhelmed by the effort necessary to repattern one's life; (3) "coming back to earth" after a transcendent experience. We have insisted that an understanding person stay with the patient during this period. A more prolonged depression may develop when the insights acquired are not translated into the life situation. Continuing therapy is recommended here.

A complication that might be anticipated is the precipitation of a prolonged psychosis with LSD-25. This was not encountered in this series, nor have we found such an event in the literature. However, one case was indirectly observed in a patient with a compulsive personality who had previously had five years of analysis. He was given two LSD-25 treatments of 50μg. and 100μg. Although the patient is functioning extremely well in his job and life situation, systematized delusions in the religious area and surrounding the drug are present.

None of our patients required termination with chlorpromazine because of intolerable affectual discharge. There was also no indication of psychological addiction. The rapid onset of tolerance makes physiological addiction unlikely.

Several investigators mention the possibility of momentary LSD-like states for periods of as long as a year after treatment. We have also observed the appearance of such after-effects. This appears to be due to a facilitation of access to the unconscious which need not be anxiety-provoking if the patient has been informed of its significance.

A further precaution that must be taken arises from the impairment of motor coordination seen in connection with full dosages of LSD-25. Patients should not attempt to drive a car until the drug effects have worn off.

Summary

Lysergic acid is an interesting, and a possibly important, aid in the psychotherapeutic process. The patient-therapist transaction is intensified, permitting more penetrating interpretations and a more direct approach to the basic problems. Repressed memories can be recovered, and the symbolic projection of unconscious conflicts is vivid and affect-laden. Abreaction of underlying problems insightfully may be followed by an experience of integration, in which the patient accepts himself for what he is and sees himself in harmony with his environment.

Short-term results in nonpsychotic patients following a brief course of LSD-25 interviews are encouraging. Complications were not encountered, although potential dangers do exist. Further investigation of patient selection, mode of action, and technique are necessary.

Neuropsychiatric Hospital, Veterans Administration Center, Wilshire and Sawtelle Blvds. (25).

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