A REVIEW OF THE RESEARCH AND THEOLOGICAL IMPLICATIONS OF THE USE OF PSYCHEDELIC DRUGS WITH TERMINAL CANCER PATIENTS

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This article reviews the major research studies on the use of psychedelic drugs with terminal cancer patients. Present-day research is concentrated at the Maryland Psychiatric Center, where many of the early pilot studies were conducted. The conclusions of researchers such as Eric Kast, Sidney Cohen, Walter Pahnke, William Richards, and Albert Kurland indicate that controlled experimentation with such drugs as LSD should be continued and expanded, subjected to careful scientific, ethical, and theological scrutiny. The significant theological implications of this research, especially those suggested by Gordon D. Kaufman, are briefly examined.

Then, I don't know exactly what time it was, he asked me for his tablet and wrote, "Try LSD 100 mm intramuscular." (Huxley, 1968: 283)

> If the way Aldous died were known, it might awaken people to the awareness that not only this, but many other facts described in *Island* are possible here and now. Aldous asking for the *moksha*-medicine while dying is not only a confirmation of his open-mindedness and courage, but as such a last gesture of continuing importance . . . Now, is his way of dying to remain for us, and only for us, a relief and consolation, or should others also benefit from it? (Huxley, 1968: 288)

Thirteen years after Aldous Huxley's request for LSD as he neared death by cancer, American TV viewers were exposed, probably for the first time, to research with psychedelic drugs and terminal cancer patients in a memorable segment on the CBS program, *Sixty Minutes* (January 4, 1976). In this program, Dan Rather interviewed Dr. Albert Kurland, Superintendent of the Maryland Psychiatric Research Center, and Kenneth Pugh, a thirty-nine-year-old terminal cancer patient. Rather explained that "researchers here used to use pure LSD on patients; now they use similar, though faster acting hallucinogenic drugs."

Viewers saw a film attempting to recreate a psychedelic trip, an artist's concept of what it is like to be under a psychedelic drug, based on descriptions of people who have been there. Then they heard Kenneth Pugh speak of his "ineffable" experience:

> It's all blackness at first, and all of a sudden it's just like—like Panavision. It just opens up. I had no bad experiences whatsoever. None. I had nothing to fear. I didn't see horrible animals or gargoyles or anything of this nature. I heard beautiful music. I saw beautiful scenery. My first encounter—When I went into this world, I was only seven years old. I was a child. It took me that

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far back at first. We played as we did when we were children. At one point, I found myself standing on the top of a mountain. There were three people there; and I was one, and Christ was the other, and the Holy spirit was the other; and we were standing with our arms around each other. This, to me, was a very moving experience. It gave me a feeling of: everything's okay, it's all going to end well.

Pugh went on to testify that the experience helped him cope with his pain, improved his ability to communicate with his family about his impending death, and enabled him to accept death without terror.

Two years after the death of Aldous Huxley and eleven years before the Sixty Minutes program, a research team of the Spring Grove State Hospital (later to become the Maryland Psychiatric Research Center) began to focus on LSD-assisted psychotherapy with terminal cancer patients. Prior to 1965, research on this subject was limited to the findings of Eric Kast and Sidney Cohen. Kast, who began his pioneering experiments using LSD with terminal cancer patients in 1963, reported encouraging observations—superior analgesic effect, relief of depression, improved sleep, lessened fear of death (Kast, 1963, 1964, 1966; Kast and Collins, 1964). Sidney Cohen, in a study conducted in 1965 with only a few patients, confirmed Kast's findings, concluding that "LSD may one day provide a technique for altering the experience of dying" (1965: 69-72, 77-78).

The Maryland research team, as of July, 1972, has reported that their total experience was based on the psychedelic treatment of sixty cancer patients. (Further research, including a controlled study with financial support from the Babcock Foundation, is currently underway.) The researchers emphasize the pilot nature of this research and are careful to urge that the results should be considered as indications of the therapeutic effects of psychedelic treatment with terminal cancer patients rather than as conclusive proof.

The unique nature of the LSD session lies in the weeks of preparation and the follow-up of intensive help to the patient in integrating the experience. Viewers of the Sixty Minutes segment could sense the comfortable and secure relationship Kenneth Pugh had with his therapist. Indeed, the LSD session is undertaken only after the therapist has (1) gained intimate knowledge of the patient's developmental history; (2) established close rapport with the patient, and (3) specifically and comprehensively prepared the patient for the procedure. The therapist attends the patient throughout the entire period of drug action. In the evening of the treatment day, therapy is continued with the family and the patient together. After the LSD day, time is spent with the patient and family for integration of the experience and data collection (Richards, *et al*, 1972).

Walter N. Pahnke (1969: 11-12) has described the results of this early research in the Ingersoll Lecture he gave at the Harvard Divinity School:

> Bearing in mind the inconclusiveness of our impressions, what have we seen following the combined procedure of LSD plus associated psychotherapy when measured against the situation encountered at the beginning of treatment? First, no patients seemed to have been harmed, even those who were physically quite ill. In general, about one-third of the patients were not particularly helped, one-third were helped somewhat, and one-third were helped dramatically.
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> Let us look at the direction of the change, especially in those patients who were helped the most. The LSD session seemed to provide the focus around which a new situation could evolve in the milieu provided by the psychotherapy. The most dramatic effects came in the wake of a psychedelic mystical experience. There was a decrease in fear, anxiety, worry, and depression. Sometimes the need for pain medications was lessened, but mainly because the patient was able to tolerate what pain he had more easily.

There was an increase in serenity, peace, and calmness. Most striking was a decrease in the fear of death. It seems as if the mystical experience, by opening the patient to usually untapped ranges of human consciousness, can provide a sense of security that transcends even death. Once the patient is able to release all the psychic energy which he has tied to the fear of death and worry about the future, he seems able to live more meaningfully in the present. He can turn his attention to the things which have the most significance in the here and now. This change of attitude has an effect on all the people around him. The depth and intensity of interpersonal closeness can be increased so that honesty and courage emerge in a joint confrontation and acceptance of the total situation.

Pahnke notes above that the type of psychedelic experience most valuable in the treatment of the dying patient is the "mystical." He explains that this form of psychedelic experience can best be described as a dimension of experience that when expressed on paper by an experimental subject and subsequently content-analyzed, corresponds to nine interrelated categories. These nine categories were derived by Pahnke (1963) from a historical survey of the literature of mysticism, including the commentaries of scholars such as William James and W. T. Stace. Stace (1960) emphasized that such categories attempt to describe the core of universal psychological experience, free from culturally determined philosophical or theological interpretations.

In a pilot study with twenty-two cancer patients, the researchers at the Maryland Psychiatric Research Center found that the five patients who experienced a "mystical" or "psychedelic peak" experience showed the most dramatic improvement. The six major characteristics of this experience included the following six of Pahnke's nine categories: (1) sense of unity or oneness (positive ego transcendence and loss of usual sense of self without loss of consciousness); (2) transcendence of time and space; (3) deeply felt positive mood (joy, peace and love); (4) sense of awesomeness and reverence; (5) meaningfulness of psychological and/or philosophical insight; and (6) ineffability (sense of difficulty in communicating the experience by verbal description; yet most persons who insist on ineffability make elaborate attempts to communicate the experience) (Richards, *et al*, 1972: 11).

Since the focus of this journal is on drugs and religion, this review concludes with a consideration of some of the theological implications of this research. Gordon D. Kaufman, (1969) of the Harvard Divinity School, suggests some "questions" in his response to Pahnke's Ingersoll Lecture.

Kaufman addresses himself first to Pahnke's point that under properly controlled conditions LSD can make possible experience of the highest forms of exaltation, which religious mystics, East and West, have regarded as the goal of all human striving. "Some will wonder," writes Kaufman, "whether an experience, artifically induced with the aid of drugs, can be regarded as equivalent to the exaltation that may come after long self-discipline and the serious practice of religious devotion."

Pahnke (Pahnke and Richards, 1966: 417-419) seems sensitive to this criticism. He points out that "It would appear logical to suggest that whenever altered states of consciousness occur, whether they are anticipated or come as a complete surprise, underlying biochemical activity may be involved." Pahnke suggests that the Hindu yogin practicing breath control or the Christian monk spending long hours in solitary prayer may be seen to be influencing body chemistry in the same direction as the modern man who ingests a psychedelic drug. Pahnke further stresses that the positive mystical experience with psychedelic drugs is by no means easy or automatic: "Rather than a psychedelic experience being an easy way to achieve growth, many subjects report that the subjective sense of work done during

the drug session entails as much suffering and exhaustion as would be encountered in several years of living . . . perhaps the hardest work comes after the experience when insights must be integrated." Related to this initial criticism by Kaufman is what Pahnke refers to as "gratuitous grace." He believes the psychedelic experience can lead to a profound sense of inspiration, reverential awe, and humility, with the feeling that the experience is "essentially a gift from a transcendent source, a gift that can never be earned or deserved by any man." Pahnke argues that all chemical substances, including LSD, are part of God's creation. "Man, of course, has the freedom to misuse or abuse them, but the use of LSD to give comfort to the dying patient hardly seems an abuse. For man to decide that God cannot work through any part of his creation would be to limit the freedom and omnipotence of God."

However, Kaufman raises a more fundamental question: "On what grounds do we decide that such extraordinary experience—whether drug-induced or otherwise—ought to be sought? . . . How do we know that we are not here happily accepting luxuriant illusions, or even delusions, in exchange for the much more drab and unhappy truth about ourselves and our human experience?" Kaufman wonders if the truth about human experience is given more clearly in feelings of tranquility than in anxiety and refers to Paul Tillich's argument that is is in and through anxiety that we become aware of our existence as it really is. He worries that Pahnke may too easily have passed by the questions about reality and truth in human affairs, "taking it for granted that all that really matters here are positive feeling-tones in experience."

For example, Kaufman specifically questions whether simply to relieve pain is always and under all circumstances good; whether we believe all suffering should be eliminated from human life if possible. He asks, "Are we really prepared to accept that fundamentally hedonistic notion as a basic moral principle? Is there not a moral grandeur and heroism in human life which is acquired only through facing suffering and pain with courage?"

Pahnke maintains that the goal of this treatment is simply to help the patient become more fully human and able to use the last days of his/her life in a meaningful way. Stewart Alsop (1974:32), writing shortly before his own death by cancer, expressed bitterness toward the "moral grandeur of pain" attitude. Alsop was urging the use of heroin in this country to relieve the agonizing and deteriorating pain of terminal cancer patients: "He is going to die. In the meantime, to provide him with as much pain-killing heroin as he himself feels he needs to control his pain is not to reduce him to a permanent state of drugged cretinism . . . he should, I think, have the right to this small recompense for his suffering and approaching death." Alsop goes on to argue that this right is denied the patient in part because of our Puritan heritage, whereby suffering is seen as a rightful and just part of life, and escape from suffering sinful. It would seem that both Kaufman and Pahnke would probably agree that intelligent and responsible distinctions can be made between those cases where suffering may be a constructive, redemptive experience and those terminal cancer cases where pain is clearly destructive and dehumanizing.

In turning to the question of ethics, Kaufman wonders whether the "consent" of the patients involved in those experiments may be genuine: "In the weakness, pain, and despair of his condition, is the terminal cancer patient really in a position to decide freely about an experiment which a physician tells him may give some chance of peace and contentment?" Pahnke has written that "informed consent" in the experiments includes both the possible risks and benefits. He adds: "Because of the sensationalism in the mass media about the dangers of LSD, most patients do not suffer from lack of information about risks. In fact, their exaggerated fears make a positive preparation more difficult, and some patients who might benefit greatly refuse to participate in the research because of fear." In response to

Kaufman's concern, Pahnke emphasizes that there is no attempt to gloss over risks involved, and therapists are careful to indicate that the analgesic effect of LSD cannot be guaranteed.

Kaufman asks a final theological question. Even if we grant the most extravagant claims made for this research, what has that to do with God? (He is referring here to Pahnke's observation that many patients in the LSD experiments spoke of the presence of "God" as the most adequate reflection of what they had encountered.) Kaufman argues that God's being and character must be independent of the particular feelings we may have under certain artificial conditions. "It may well be," he writes, "that God wills that the suffering of terminal cancer patients be transmuted by LSD therapy, but if so, that could be determined only by asking first who God is and how his will in known, not by simply discovering that such patients occasionally report their experience of exaltation or release in religious language."

It would seem that Aldous Huxley's asking for the *moksha*-medicine was indeed a "gesture of continuing importance." There is general agreement that controlled experimentation with such drugs as LSD should be continued and expanded, subjected, of course, to careful scientific, ethical, and theological scrutiny.

Perhaps the "religious" implications of this research are best summed up in Walter Pahnke's (1969: 20-21) conclusion to his Harvard Ingersoll lecture:

> Although the question of human immortality may always remain a tantalizing enigma, the psychedelic mystical experience at least teaches that there is more to the range of human consciousness than we might ordinarily assume. Because the answer cannot be definitely proved either way, there is certainly no cause for pessimistic despair. Perhaps it is not so unfortunate that each person must ultimately find out for himself. The psychedelic mystical experience can prepare one to face that moment with a sense of open adventure.

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