

NOTES ON THE USE OF DRUGS TO FACILITATE GROUP PSYCHOTHERAPY

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In the course of using LSD-25 (d-lysergic acid diethylamide*) experimentally and therapeutically for more than five years, a number of other drugs have been used, singly or in different combinations (LSD-mescaline, LSD-amphetamine, LSD-ritalin, and mescaline-amphetamine); the environment has been manipulated (physical setting, music, mirror and photographs, production of art work); and the number of persons present during drug sessions** has been varied, either when the drug-facilitated therapeutic process was concentrated on one individual or when it involved a group whose members were all under the drug effects.

This report concerns extracts of meaningful observations, from four week-long group therapy seminars, held in the same setting with 10 or 12 participants. The members were part of a loosely-organized group of individuals, engaged in what they call "the quest for meaning, the search for orientation, the pursuit of self-fulfillment, and the realization of our highest potentialities." Members of the four therapy seminars were drawn from this group, which uses group methods as the main vehicle of inquiry. All have become highly conversant with group processes of the seminar type, wherein the leader's function is merely to keep the discussion on the issue but not to promote any specific viewpoint.

Members of all four groups had been to at least one "basic"† and one "continuation" (both nontherapy-oriented) seminar; and subsequently had agreed to take part in the group therapy seminar because of a desire to work more deeply on personal problems. Introductory and continuation seminars are held during the summer; the rest of the year interested individuals meet weekly in small postseminar groups for continuing discussions. Most of

*D-lysergic acid diethylamide, a synthetic ergot derivative, was discovered in 1943 by Hofmann¹ and has been the subject of much study. Appreciation is tendered to Sandoz Pharmaceuticals, Inc. for allowing the experimenters to purchase the drug.

**By "drug" is meant treatment with LSD, mescaline, ritalin, or amphetamine, used alone or in various combinations.

†"Basic" or "introductory" seminars are concerned with "issues" of life as seen in the teachings of Jesus; "continuation" seminars go more deeply into what is considered important to creative living; further seminars concern themselves with progressive translation of these principles into everyday life.

the participants of the four therapy seminars had been in previous situations, seminar or postseminar, with each other. However, none of the prior situations had involved the author; none of the individuals had attended a group therapy seminar prior to the sessions just reported; none of the groups had met before as units; nor were there members of any group who had not met at least singly in other prior groups.

A brief description of the matrix within which therapeutic drug sessions function optimally and an examination of the effectiveness of an informal group as an aid to individual LSD therapy are important if one is to understand background factors in drug-facilitated group psychotherapy.

A fairly uniform setting evolved from an earlier study of the use of LSD as a therapeutic tool.^{2,3} Drug sessions, held weekly, with an increase in dosage each week, took place in a hospital room comfortably furnished with rugs, household furniture, and paintings. The author was present continually for the therapeutic sessions, usually seven to eight hours at a time. As the drug effect wore off, a patient was taken to the art clinic to work in pastels or water colors. Music was very important in potentiating drug action and inducing mood changes. A mirror was used to precipitate consideration of self-images, and photographs of family members and close friends were found helpful in focusing relationship problems. There was less anxiety and optimal drug action with an attractive physical environment and someone continuously with the patient.

A physician* was present as time allowed, always joining the patients and the therapist for lunch. Frequently one to three additional doctors might be present during sessions. The patient, if he so desired, was also permitted to include a friend.

LSD sessions, used as an adjunct to conventional psychotherapy and patterned on those just described, have been supervised by Dr. Marion Dakin, at the Southern California Hospital in Los Angeles for the last four years. A novel approach was introduced in that different individuals (patients or ex-patients, known or unknown to the original patient) were brought into the room while LSD treatment was in progress. There emerged from these pro-

*Dr. Sidney Cohen, at that time assistant medical chief, Brentwood Neuropsychiatric Hospital, Veterans Administration; at present chief, psychosomatic medicine, Wadsworth Hospital, Veterans Administration, Los Angeles.

cedures a recognition of the group as a valuable factor in accelerating therapy and alleviating some of its more difficult aspects.

Two distinct and quite different advantages appeared to accrue from the use of a number of persons during a single LSD therapy session. One involved the psychological re-creation of early life situations. With a properly constituted group, it is possible to recapitulate the early family emotional setting and to confront the patient simultaneously with Oedipal and sibling patterns as well as their interactions.

The other value appeared to lie in a capacity to discharge either repressed material, or the concomitant affect, at a nonverbal level. In some cases the material never came to conscious knowledge of the patient; in others, it seeped through gradually during a period of from three months to a year. The matter of nonverbal therapy will be described elsewhere.⁴

The direct and nonverbal confrontation of problems through use of drugs and the presence of additional individuals does not take place until some time has elapsed during which both conventional and/or drug treatments are used and the patient has reached a readiness, in time and capacity, to handle such a situation. The necessary factors seemed to be: a relationship of trust with the therapist; enough familiarity with drug action to allow lowering of defensive barriers so that effective work can be done; capacity to tolerate interaction with others in a group setting, and the readiness to come to grips with one's basic difficulties. These conditions apply also to the group situations described in this study.

The capacity to "let one's self go" to the drug action is one of the most important determinants of drug threshold. It appears to be related inversely to an individual's rigidity—his need to stay in control under any circumstances, and is a function of both personality structure and learning. Research has shown that artists reported much deeper and more meaningful LSD experiences than others.⁵ As a rule, the individuals without a profession experienced more than the professional group, which included teachers and engineers. Psychiatrists, other physicians, and psychologists were the most refractory,⁶ to drug experiences among the 194 experimental subjects. This varying ability to "release" unconscious material is corroborated by personal observations of patients and experimental subjects. Those who "fight" the drug either experience

⁴At comparable dosages.

very little drug effect or are subjected to a series of unpleasant somatic symptoms, without insight, accompanied by considerable physical pain.

The inability to "let go" appears to be the result of strong and rigid defenses, either against emerging unconscious processes, against the threat of interpersonal relations, or both. This apparently reflects fundamental defenses in acceptance and understanding one's self and in relating to others. The process of weekly sessions with gradually increasing drug dosage familiarizes patients with the progressive biochemically-induced relaxation of controls, and allows a more meaningful therapeutic relationship to be established.

MATERIALS AND METHODS

The four group-therapy seminars consisted of 42 participants who were diagnostically in the clinically normal group. They had no records of hospitalization for mental illness, although several had had periods of psychotherapy. Observation and retrospective analysis gave the clinical impression that this was an overly-rigid group of religious individuals with above-average intelligence. Rorschach examinations, given to a random half of the sample, gave such a wide scatter that no generalizations other than above-average intelligence could be drawn.

There were two alcoholics in remission (AA members) in each group, except seminar four. Here there were two persons with passive-aggressive, passive character disorders, one with a schizoid personality. Each seminar group contained one or two individuals with such strong projective mechanisms as to suggest paranoid ideation at times.

The first two seminars (nondrug) had four men and seven women, while the two drug seminars had four men and six women, and six men and four women, respectively. All participants were Caucasian, except for one in the first seminar who was Mongolian-Russian. The age range was from 22 to 68 years, with a median of 35 years. The religious backgrounds were as follows: 72 per cent Protestant, 19 per cent Jewish, and 9 per cent Catholic.

All seminars were held for a week in the same isolated mountain setting. Housekeeping tasks, except the cooking, were performed by the group. The experimental study period ranged from six to

*See also note on Table.

eight hours a day; participants were gathered in a circle in a room of moderate size. The procedure was as follows:

The participants rose at 6:30 a.m. Breakfast was served at 7:30 a.m. The drugs were administered at 8:30. The first and second seminars were held without drugs, while in the third and fourth seminars drugs were used. The therapeutic work began at 9 and continued until 12:15 p.m. Lunch was at 12:30, and the seminar reconvened for an afternoon session of therapeutic work or art participation from 1:30 to 4:30. There was a free period from 4:30 to 6:30 (which was dinner-time) when participants could rest, walk, swim at a nearby pool or in the somewhat-more-distant ocean. The two drug seminars consistently chose to work through this period and usually spent the time in the art room painting out problems in pastels or working with clay. The first two nondrug seminars had three regularly-scheduled art periods after lunch during the week. All four seminar groups finished up art work periods by associating to their own and to each other's art productions. There was no work after dinner. Music was played from 8 p.m. to 10; participation solely on a listening level was requested but not required. The music was of the more harmonic or "integrating" type, and the period proved to be useful in integrating material from the day's work.

Drugs were given orally (see the table). In the third seminar, mescaline and dexedrine were given on the second, third, and fifth days. In the fourth seminar, mescaline and amphetamine, alternating with LSD, were given on five successive days. The physician participant took the same drugs as his particular group, while the author took no drugs in the third seminar but did take 22 mg. of mescaline and one 15 mg. dexedrine spansule on the third, fifth, and sixth days of the fourth seminar (LSD days for the group). This added a partially participating role to that of the observer-therapist.

OBSERVATIONS

Although LSD, mescaline, and the amphetamines differ in many ways, interesting similarities exist.* All three drugs appear to enhance rapport and empathetic capacities, lower ego defensiveness, and facilitate accessibility of unconscious material.^{2,3} This was very evident not only to the therapist but to every participant

*The members of the fourth seminar were unable to differentiate between effectiveness of mescaline/amphetamine and the 10 to 25 gamma of LSD. Depth of action seemed to correlate more with psychic state and interaction than with the drug taken. However, the last drug day was an exception when all participants took 25 or 50 gamma in an attempt to experience the integrative aspect of LSD rather than just its therapeutic facilitation.

Third Seminar					Fourth Seminar					
Subject	Day		Day		Day 2		Day 3		Day 4	
	2	3	5	(in mg.)	Mescaline	Methedrine	LSD	Mescaline	Dexedrine	Spancule
AL	Mescaline	10	10	20	22 mg.	5 mg.	10γ	22 mg.	15 mg.	25γ
WK*	Methedrine	5	5	10	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
FB	Mescaline	10	20	20	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
NZ	Methedrine	5	5	10	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
JL*	Mescaline	10	10	20	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
BH	Methedrine	5	5	10	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
CH	Mescaline	10	10	20	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
RM	Methedrine	5	5	10	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
DM	Mescaline	10	10	20	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
TH	Methedrine	5	5	10	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
Author	Mescaline	10	10	20	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
	Methedrine	5	5	10	22 mg.	5 mg.	10γ	22 mg.	15 mg.	5 mg.
	Nothing									

Subject	Day 2		Day 3		Day 4		Day 5		Day 6	
	Mescaline	Methedrine	LSD	Mescaline	Dexedrine	Spancule	LSD	Methedrine	LSD	Methedrine
RC	22 mg.	5 mg.	10γ	22 mg.	15 mg.	25γ	25γ	5 mg.	25γ	5 mg.
JC*	22 mg.	5 mg.	10γ	22 mg.	15 mg.	10+25γ	10+25γ	5 mg.	25γ	5 mg.
LC*	22 mg.	5 mg.	10γ	22 mg.	15 mg.	25+25γ	25+25γ	5 mg.	25γ	5 mg.
LC	22 mg.	5 mg.	10γ	22 mg.	15 mg.	10γ	10γ	5 mg.	25γ	5 mg.
NR	22 mg.	5 mg.	10γ	22 mg.	15 mg.	15 mg.	10γ	5 mg.	25γ	5 mg.
LR*	22 mg.	5 mg.	10γ	22 mg.	15 mg.	15 mg.	10+25γ	5 mg.	25γ	5 mg.
MS	22 mg.	5 mg.	10γ	22 mg.	15 mg.	15 mg.	10γ	5 mg.	25γ	5 mg.
GB	22 mg.	5 mg.	10γ	22 mg.	15 mg.	15 mg.	10γ	5 mg.	25γ	5 mg.
GF	22 mg.	5 mg.	10γ	22 mg.	15 mg.	15 mg.	10γ	5 mg.	25γ	5 mg.
DP	22 mg.	5 mg.	10γ	22 mg.	15 mg.	15 mg.	10γ	5 mg.	25γ	5 mg.
Author:	22 mg. mescaline	22 mg. mescaline	15 mg. dexedrine	22 mg. mescaline	15 mg. dexedrine	spancule	22 mg. mescaline	15 mg. dexedrine	spancule	22 mg. mescaline

*Note higher dosages necessary with these individuals. Interestingly enough, all these are men and all are in professions. Women appear to be more sensitive to psychedelics than men (personal observation of author and of colleagues).

in a drug seminar, and particularly to those members of the third and fourth seminars who acted as their own controls on nondrug days.

Various participants stated:

Concerning the use of the drug, I can only say that I have never been able to open up so quickly or completely.

* * *

I think the m/d* had a dual effect on me. First it loosened me up so that I could speak more easily; second it loosened the other members which allowed me to be more free to speak.

* * *

... little or no physical effect of the drug... I am sure however the material would not have flowed forth with such incredible 'emptying-out-ness' if we had not had our controls weakened or knocked down by something.

* * *

The feeling was that the membrane that separates the conscious and the unconscious had become porous and that the unconscious was seeping through by osmosis. Rather than going down for information, information was coming up.

* * *

In the therapy the drug seemed to have three effects which combined to heighten the intensity and the effectiveness of what took place. In the first place, I found myself more than usually willing to talk about myself. There was a noticeable decrease in my reluctance to expose myself** and I felt quite willing to say anything that seemed appropriate.

Second, I found myself much better able to concentrate. I was more effective in my introspection, better focused, and less troubled by attention becoming diffused or by irrelevancies causing me to lose my focus. When I tried to go after something, I found I was able to stay with it much more effectively than I ordinarily can.

Finally, and most important, was my ability to go deeper into myself. My resistance to probing (by myself and the therapist) was decreased and I felt as though my conscious mind could go down into deep layers of awareness—could penetrate into areas which had been deeply repressed and toward the center of my consciousness. There was less tendency to turn away from what looked distasteful and a willingness to pull out and look at whatever I found. Also, intangible resistance which usually blocks

*Mescaline and dexedrine.

**Expose in the psychological sense (author).

me was reduced and I felt as though I was penetrating through layers which were ordinarily resistant and impenetrable.

* * *

The effects on members of the fourth seminar were even more marked than the third. One participant spoke two months later of "the tremendous acceleration of my life (both objective and subjective)." Another said:

While I had a shaky time of it, it was a necessary shaking that began to lay bare at least some of the roots of my blindness and despair—and trust and creativity.

* * *

Drug and nondrug groups could be sharply differentiated by their ability to become a cohesive whole and to come to grips with problems. While it took three days for the first two nondrug seminars to produce a group feeling of empathy sufficient to allow discussion of meaningful material, this occurred in the third and fourth seminars within one or two hours after drug administration. The groups in the latter seminars acted as units. This unity seemed to be signalled, to the therapist at least, by a sudden psychic quiet which appeared to pervade the environment and the participants. Problems which would otherwise have been dealt with intellectually suddenly came alive; affect was discharged; and the psychic excitement and tension equilibrium, present only when there is involvement with deep problems, became manifest. Individuals seemed galvanized into participation.

In the two nondrug seminars, few problems arose that were disturbing enough to discharge affect or to precipitate emotional crises. Two exceptions were a woman in the first seminar who had recently become a widow and who broke down following one of the therapy sessions and had to withdraw from participation from the afternoon session, keeping one of the other members with her for comfort. In the second seminar, the Mongolian-Russian, a woman who, during her 68 years, had apparently made up for her feelings of being different from others by "serving" anyone she could, was suddenly confronted with this in the group. She refused to recognize what the members were saying, but she didn't appear for lunch that day. One of the young couples in the group sought her out and comforted her through the impact of the insight and her subsequent tears. In contrast, in the drug-facilit-

ated seminars, the breakdown of ego defenses and the concomitant emotional upsets occurred in the group setting.

Also, a process occurred with three members of the third seminar and with every member of the fourth seminar which is called a "crisis and breakthrough," a breaking down of defenses and reconstitution of ego structure at a more realistic and flexible level.

In the third seminar, a male engineer who had had real difficulty in close interpersonal relationships although verbally insisting on his longing for a wife and children, was progressively confronted by the group with the dichotomy between what he said he wanted and what he actively sought. Suddenly, he shut his eyes and seemed to be in some sort of trance. Later he described his reaction as "sinking down inside" himself where he experienced himself as a steel ball. He observed that this ball was beginning to check and to crack. Allowing this to happen, as the therapist directed, a wave of anxiety overcame him, and he felt that he was going to die. As members of the group felt his anguish and gathered around to support him, both physically and psychologically, he was able to consider consciously his fear of disintegration. With a terrible psychic wrench he seemed in one movement to fly apart and come together again. He gradually "came up" and felt that something very important had happened. His need to control himself was observed to have diminished, he could relate better to other members of the group, and was observed to have more flexibility and freedom.

* * *

The crisis of the other engineer in the third seminar occurred when he was discussing a series of his five abstract, brightly-colored paintings in the form of symbols. He suddenly became aware of the shooting star of his younger brother and how it cut a path between his golden star and the half circle of his previously-doting mother. It was as though he had been hit by a blow to his solar plexus, as the knowledge struck of how he had been cut off and in turn had cut others off. Then followed an experience for him which he verbalized at the time as "going psychotic" whereby all of reality seemed to fragment and whirl around him in meaningless chaos. As the group quieted and focused entirely on him in silent support, the spinning splinters of the universe slowed down and began to form a constellation into a new whole, which he later exclaimed over as being "drenched in color," and seeming to glow from within.

* * *

An unmarried woman teacher in her middle thirties was concerned with the lack of fulfillment of her biological role as woman. As members of the group pointed out how she undercut any man she was with and how she patronized children, even though she professed to love them, she became more tense and rigid. The group attempted in different ways to break

through the rigidity and lack of insight. Finally one member almost shouted at her a recapitulation of her behavior toward the man in the group whom she felt she had loved for many years. As the impact of her own destructiveness and revulsion for men hit her, the teacher was speechless with what at first seemed to be rage. Then she burst into uncontrollable sobbing as though from almost unbearable pain. As the group felt her defenselessness and agony, the members left their seats and gathered around, giving support in silence. The awareness of the group feeling of empathy suddenly cut through the pain, and she was awestricken that even though everyone knew what she had so long tried to hide, it didn't result in her rejection.

In the fourth seminar, where LSD was alternated with mescaline-amphetamine for five of the seven days, there was a constant unrolling of dramatic events and a continuous flow of material from deeper levels. Every member of the group was visibly affected, and each in the group went through a personal crisis.

One couple were meshed in a very complicated sadomasochistic relationship with a history of a possible early molestation of the wife by her alcoholic father and the husband's tortuous relationship with his religiously-fanatic mother. During the drug sessions the couple acted out their sadomasochism. One morning the husband had shouted vituperation against the world for an hour. His wife was finally goaded into a violent verbal attack against the group member on whom she projected her alcoholic father. Finally, in a frenzy, she started toward the man. Midway she spun around and shifted her attack onto the therapist. After a few shouted imprecations, she started from across the room to "drive her through the wall." Halfway across the room the violence seemed to climax, and then the destructive wishes disintegrated as the patient reached the therapist, falling on her knees and throwing her arms around her.

This transcendence of violence—the sudden shift of hate, totally felt, into love, was observed several times during the fourth seminar.

One of the participants, a surgeon, had been sublimating sexual and aggressive drives through his professional work. He developed a catatonic-like state, from which he was aroused to physical attack. He had been lying in the corner while another member of the seminar "came alive" (see the following). Finally, with goading, the group was able to get him to join the circle, where he sat in stuporous silence, refusing to speak. Suddenly, after a very pointed interpretation by the therapist, he was out of his chair, past the intervening two individuals, and had the therapist by the loose folds of jacket across the chest and had lifted her off the floor. As other members of the group rose to interfere, she said, "Let him

alone; it's all right," and they stood watching while he slowly put her back on the floor. The patient subsequently said that if there had been any fear in the therapist he would have dashed her down on the floor in an attempt to smash her to pieces. The next day this patient was free enough from previously-operating inhibitions to beat his hands on the floor as he re-lived and abreacted the guilt about masturbation instilled by his restrictive, seductive, inhibited mother.

One of the more touching episodes occurred when another member of this seminar was "born."* He was a lawyer who had never really "become himself."

On the fourth (drug) day of the seminar he withdrew to a corner of the room while the group therapy was in progress. Suddenly the group realized that his breathing had changed; he was breathing heavily with an increasingly steady, deep rhythm. As attention was called to his behavior, the group gathered around him. He reported the "coming alive" of different parts of his body as he was "being born." The process culminated in an experience of ecstatic freedom for him, wherein for the first time he felt that he knew who he was and the purpose and meaning of life, for him. Three years later he reported himself much more successful in relationships with people, both personal and in business, and he was seen to be much freer and less inhibited than he had been before the seminar.

There was an enormous release of creative energy—singing, dancing, painting, ease in relating—all through the week of the fourth group. However, it must be emphasized that this seminar climaxed a long prior process of working toward individual creativity and freedom.

An unexpected observation was that the experimental dosage uniformly had greater-than-expected results in spite of the small amounts used. This became apparent the first day in the third seminar when mescaline and dexedrine were used. It was as though tongues had suddenly loosened, defenses become more fluid, and the group more cohesive. This had never before been observed in a newly-formed group; it is usually observed only after three to six months of group work. In the fourth seminar there were several members who had had individual LSD sessions before the group therapy seminar, and they expressed amazement that feelings, sensory shifts and openness, which they had experienced at dosages 10 times higher, were apparent with the lower doses, even though

*Rebirth or birth experiences are very commonly seen with patients under these drugs.^{6,7} There is some controversy as to whether these are symbolic occurrences or have some basis in fact. From repeated observations of these phenomena and from occasional opportunities to check the facts, they appear to be a combination of the two.

to lesser degrees. In the third seminar one young salesman even had two incidents of colored imagery with 20 mg. of mescaline and 10 mg. of dexedrine. Heightened sensitivity, both of sensory and of affectual nature, occurred with all of the low doses where before they had been seen in individual sessions only with much greater amounts of the drugs used.

With respect to the author, LSD even in small amounts had been found personally so compelling that either objective action must be suspended, or the drug action postponed.* A dexedrine spansule, 15 mg., is often used by the author when working with individuals under drugs, and she routinely experiences LSD-like feelings, even including three-dimensional colored imagery and body sensations, while supervising high-dose LSD sessions. This occurs more often when several persons have taken LSD than in sessions with a single individual. It is hoped that this experiencing of drug effects, almost by "contagion," will be better understood with further research.

With respect to the four group-therapy seminars, the author took no drug during the first three. During the fourth, she took 22 mg. of mescaline, with a dexedrine spansule of 15 mg., on the third, fifth, and sixth days—the days that the rest of the group had LSD. The mescaline-dexedrine acted much as the dexedrine had in the past, enhancing empathy, sensitivity, and awareness for the author. No reactions specific to mescaline or psychedelics were felt, other than on the last day when the group's LSD dosage was higher; the effects on that day not only provided greater sensitivity, awareness, and empathy for the therapist, but were also integrative, and color was greatly enhanced.

DISCUSSION

One of the interesting and unexpected observations was the effectiveness of very small amounts of drugs. Twenty and 22 mg. of mescaline, used with dexedrine or methedrine, is considerably less than the 300 to 400 mg. which is the average effective individual mescaline dose.⁶ In both drug seminars there was even heightened

*At one session at the Brentwood Veterans Administration Hospital, the author and Dr. Cohen experimented with 25γ of LSD, being joined by two other researchers, and found that their LSD reactions were "postponed" spontaneously and unconsciously for five hours when a critical therapeutic problem which had to be dealt with immediately arose with one of the members of the group. Both doctors suddenly experienced the initiation of the "LSD state" on leaving the hospital five hours later—a state which continued for the usual span of six to eight hours.

perception of color and some imagery, surprising for such low doses. These effects were noted only in passing, and were not relevant to the therapeutic purpose of the seminar. However, color enhancement and imagery had never been observed previously on less than three times the dosage used. With LSD 7 γ is the smallest amount having any reported activity, and effects at this dosage are not observed in all subjects.³ The average LSD dose used by most investigators is from 75 to 150 γ . Effects were felt by all members of the fourth seminar when only 10 γ were used.

This potentiation of drug dosage, observed for all members of the group and with all of the drug combinations used, has several possible causes: the group situation, the specific setting, the type of individuals participating, the material under discussion, the familiarity and orientation of the group members toward each other and the general material, or a combination of factors. However, setting and previous group experience do not seem to be prime determinants; heightened effectiveness of dosage was observed with the first group experiments at Brentwood Veterans Administration Hospital, which were held in an ordinary office among investigators who knew each other slightly; potentiation of dosage with drugs used in groups has been noted uniformly despite the environment and lack of mutual familiarity. Potentiation has occurred in individual sessions when participants were brought in, whether known to the individual under the drug or not; it has been observed most strongly in situations where a whole group, well known to each other, are operating therapeutically under drug conditions.

It almost appears as though—up to the point of an unwieldy group—the larger the number of group-oriented participants who are known to each other, the smaller the dosages required. In this situation, dosages from one-half to one-tenth the usual average amounts are effective, the differences depending on the specific setting, the emotional material being dealt with, and the thresholds of the individuals taking the drugs. A common goal, such as movement toward creativity or toward meaningfulness of life, has been observed to potentiate the dosage, as does attractiveness and seclusion of the setting. Finally, the deeper the emotional level of the material dealt with, the stronger the drug action appears to be.

An added observation following a number of years of drug work is that familiarity with the specific drug or with the general cate-

gory of psychedelics in general also lowers thresholds. However, with very strongly-defended individuals, a breakthrough of controls must occur before the progressive lowering of thresholds is possible.

From the viewpoint of the therapist, probably the most striking difference between nondrug and drug groups was the shortening of the time necessary for the emergence of the group as an entity, and the deepening of the therapeutic process as a whole. With respect to group dynamics, the skill in techniques is remarkable for the parent population from which the seminars were drawn; the beautiful isolated special setting also has a salutary effect on group cohesiveness. Where the average group which works together once or twice a week does not coalesce into a whole before three to six months, the seminars (comparable to nondrug groups) routinely constellate by the end of the third day. However, with the drug seminars, group cohesion took place within one to two hours after the drugs were ingested. It is therapeutically important to have a group of 10 people become a feeling unit, as if it were a single individual, within an hour. This is a rare occurrence even in groups which have worked together for several years; in ordinary nondrug group therapy, not only long familiarity and strong rapport are necessary among members, but also material which is deeply meaningful to all of them. Working with skilled groups under drugs, group unity can occur in just as much time as is required for the drug to become effective.

It is much more efficacious therapeutically to work in a situation where defensive barriers are lowered enough so that communications register immediately, with concomitant affect. The enhanced empathy and lowered defensiveness make deeper feeling levels available for the participants, thus deepening the process for all concerned. These were undoubtedly factors in allowing the lawyer to be "born" in the fourth seminar and also in permitting the assaultive hostility which broke into love and freedom for the masochistic wife and the guilt-laden surgeon.

The use of drugs facilitated ease of communication among members of the group in two ways: heightened capacity to verbalize about one's self, as noted by almost all participants and as reported in the statements of the third seminar members; and a greater flow of nonverbal feeling among the group members. This was particularly true when emotional material dealt with early develop-

mental levels of the participants. This effect seems heightened by the addition of other participants who are familiar with the process, as has been noted during individual sessions.

This potentiation may possibly be psychogenic in that the group situation usually involves some form of re-creation of early life situations. Freud's emphasis on the Oedipal situation seems to have obscured, as Adler correctly noted, the great importance of sibling relationships. Many times older sisters and brothers supersede parental figures; often the sibling situation recapitulates the Oedipus complex and serves to set it in more deeply; occasionally the Oedipal relationship and the sibling relationship pull the child in opposite identification directions and initiate identity conflicts.

With a properly constituted group, it seems possible to recapitulate the early family emotional setting and to confront the patient simultaneously with Oedipal and sibling patterns, as well as with their interactions. While this can produce strong clinical reactions, these can be controlled. Besides, group pressures tend to socialize the emerging thoughts and actions. The "right to reject or withdraw" of the patient or group members is abrogated by the therapist whenever it is felt to be only resistance. The patient must come to terms with the individual he wants to eliminate. As this is accomplished, penetrating insights often ensue and problems from early childhood are resolved. The reconstitution of early emotional environments may increase the affective discharge and apparently potentiates the drug effect. Actually, it may well be that under these conditions, the drug dosage used for individual treatment can be decreased.

The process of moving on beyond early emotional blocks is particularly apparent at certain points in treatment. When the individual is able to reveal himself to another, the therapist, another person is admitted into his universe and it re-creates the time when the child differentiates himself from mother, then admits mother to his universe. When a second member of the group is allowed—is related to—the Oedipal situation often is re-created. Finally as more than two individuals are allowed in simultaneous relationship, the sibling relations are recapitulated. In essence, there is almost a step-wise building of the childhood familial pattern.

An analogy from geometry presents itself to represent these critical points of opening-up-to-relationship for the individual. One dot is a totality, a universe in and of itself, as is a child, psychically; with two dots, a new figure comes into being—the line, which might symbolize the mother-child relationship; three dots, or the conjunction of three lines, becomes a triangle and represents the locking together of mother, father, and child (the triangle being the most stable geometric form); the four dots or the conjunction of four lines makes a rectangle (often a square) which might well represent the introduction and incorporation of a sibling (which appears to be, next to the shift from one dot to the line, the most difficult therapeutic transition); and lastly, the continuing process of adding dots—or more sides—to the polygon, until eventually there are so many sides that the square has become a circle.

The second value of a group used in conjunction with drugs—the facilitation of the discharge of repressed material, or at least its concomitant affect, nonverbally—is not understood, nor is the manner clear by which the process is mediated. The phenomenon of “emotional contagion” is familiar to all who have been caught up in the joy or sorrow of others. Sympathetic listeners elicit more material; a loving mother can heal pain without speaking a word. This is empathy at the individual level. The same phenomenon holds true for groups: gangs are known to be more labile than individuals; a mob can be turned to violence very quickly, as with lynchings. Religious experiences in primitive group rituals, in certain emotionally-oriented denominations like the “Holy Rollers,” and in the Indian peyote cult, offer examples of nonverbal emotional catharsis in a group setting.

One might speculate about the lifting of inhibitions in the context of the larger unity of the group, and the interaction of the whole being greater than the sum of the parts. Further, there appears to be some alleviation of guilt; certainly the lifting of falsely-imposed guilt is observed almost universally with the therapeutic use of psychedelic drugs. Perhaps the effectiveness of emotional catharsis through the group is due to some combination of lifting of guilt, the greater access to deeper levels of affect, and the enhanced empathy and “security” of a group embarked on a mutual process which creates a larger universe within which the individuals are able to find greater integration.

These speculations may also be pertinent in the consideration of how and why groups appear to potentiate drugs so that much smaller dosages are needed for members skilled in group procedures than for individuals who experience the drug reaction by themselves.

Another factor which appears to be inherent in skilled, empathetic groups is the ability of the group to help individual members through emotional crises with less pain and more rapid integration. The psychological support can be strongly felt with drug groups; the support available through the gathering of the group around an individual and touching him in a crisis is so apparent that it almost seems a palpable entity. The lowering of barriers is experienced remarkably among group members, even by participant observers. At times it seems as though the group were not only a psychic entity with no barriers between individuals; when there is close contact in conjunction with physical support, it often feels as though even physical boundaries are in abeyance. Group members often report not knowing what is part of their own body and what belongs to that of other individuals in the group.

While it is difficult to sort out how much of the therapeutic improvement reported as a result of the seminars was due to the skill of the participants, the setting, and the seriousness of the members in their pursuit of "self-fulfilment," it is possible to make some statements with respect to the effect of the drugs, since all of the other factors were present in both drug and nondrug groups. It seemed that rapport, depth of feeling and psychic activity, and the amount of change observed in individuals (both at the seminars and subsequently) were greater for drug seminars than for nondrug, and greater for the fourth seminar where drugs were used five consecutive days out of seven, in contrast to the third seminar where they were used three days of the week. Since the effects and the changes were greater with drugs than without drugs, and in the fourth seminar than in the third seminar, it appears as though the use of LSD, mescaline, and the amphetamines did indeed facilitate the group therapy process when used with members skilled in group dynamics.

At an evaluative meeting of fourth seminar members, several months after the seminar was over, "the desirability of having similar seminars in the future" was discussed, along with "the use

of LSD or other aids at such seminars." "As to the first question it was the sense of the group . . . that the continuance of such seminars would be of substantial benefit. As to the second question, the future use of LSD and related materials at such seminars, we felt generally that such use was of considerable help in our seminar, contributing materially to the depth and significance of the material."

SUMMARY

An examination is made of four group therapy seminars, of comparable composition and from the same parent population, held in the same setting for the duration of one week, two of which used drugs in an attempt to facilitate the group therapeutic process and two of which did not.

The evolution of a matrix for therapeutic drug sessions was discussed, and the background was given for the use of additional individuals to speed up the handling of problems arising from early family relationships.

From the comparison of the nondrug and the drug groups, and of the two drug groups themselves, it seems apparent that the use of LSD, mescaline, and amphetamine did in fact lower defensive barriers, enhance empathy, facilitate verbal and nonverbal communication among group members, and make available deeper levels of feeling. More "change" of the type associated with improvement appeared to occur in the seminar where drugs were used the second, third, and fifth days of the week than in the nondrug seminars; an even greater amount of "change" was associated with the fourth seminar where drugs were used five consecutive days out of the seven.

There was consistent observation of potentiation of the drug dosage, probably primarily because of the group situation. The background and familiarity of the members of the group with the process and with each other, and the particulars of the setting no doubt also added to the enhanced action of the drugs. Much lower doses of LSD and mescaline-amphetamine, when used with a group, seemed to yield results equivalent to the significantly higher doses necessary for individual drug sessions.

Speculations were made concerning the means by which drugs facilitate the group processes and by which skilled group members potentiate drug dosages, and note was made that the setting itself is also an important factor.

ACKNOWLEDGMENTS

The author is deeply indebted to Dr. Herman C. B. Denber for his critical and creative editing and his generous help with this and with other work. Measureless thanks are also due to Dr. Marion J. Dakin for her untiring support, without which many of these projects could not have come to fruition.

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