HALLUCINOGENIC DRUGS AND HYPNOSIS IN PSYCHOTHERAPY[1]

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In the present-day state of medicine, the physician engaged in psychotherapy still lacks therapeutic resources of unquestioned value in the treatment of psychological disease. Perhaps, rather than to use the term "disease," maladjustment in relation to external reality would be the better conceptualization.

We are accustomed to hear said, with reference to emotional maladjustments, that these result from a lack of adaptation to the social and familial milieu of the person who suffers from them. This may be a misstatement because there are circumstances in which a human being cannot be required to renounce his liberties in favor of a world that imposes on him tasks and duties of which he, personally, has not approved. The social milieu is essentially an artificial creation. It comprehends dogma, prejudice, economical interests, sexual taboo, etc., all of which exert an impact upon the sensibilities of man.

Some make an adjustment as if in psychobiological symbiosis, in a balance of apparent mental health with their neurosis, while others cannot. From the struggle between the hostile environment and the need of security, there arise feelings of isolation and inadequacy expressed in anxiety. This anxiety may manifest itself in phobias, depressions, or in definite somatizations.

The fact remains that the anxiety of a human being, in his peculiar language, is a call for help, protection and care. When such a human being becomes a patient and comes to the physician seeking for psychological balance by way of a prescription or by a session of psychotherapy, we meet a new anxiety. This time it is the anxiety of the professional man, who, in most cases, if he is intelligent and has a critical understanding of the possibilities of his science, feels comparatively unarmed in his fight against the psychogenic pain of his patient.

One form of escape from the vicious circle deriving from subjective reactions of therapeutic inadequacy and appreciation of the patient's anxiety is orientation of the therapist in terms of a pre-established therapeutic formulation with psychological over-weighting, or retreat into its opposite, dogmatic organicism. Thus, the basis for the frequent apparent addiction to a belief in the infallibility of a therapeutic system, however it may be called, may lie in its unconscious identification with primitive magical thought. This may explain to some extent the warm enthusiasm awakened by hypnosis, which, rescued from the dusty shelf of medicine, has become of vital interest to the physician because of the seeming promise it offers of all of the potentialities and mysteries of the human personality itself.

Hypnosis, because of its spectacular phenomenology, may be accepted unconsciously both by the professional man and by his patient as an "all-powerful talisman," permitting both to liberate themselves from their respective anxieties, the one arising from subjective medical inadequacy, and the other, from his sense of vital inoperativeness. The hypnotic techniques employed for psychotherapeutic purposes have, in most cases strong dramatic content, which, already being

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experienced from the methodology of induction, becomes further manifested in the subject matter of the catharsis and in experiential regression.

Frequently, the hypnotherapeutic session takes place in a climate of tranquil relaxation. But also the patient may pass through spectacularly intense experiences, characterized by a subjective loss of his bodily relationship with the environment, and even a loss of body image and body awareness. Many patients say that under these circumstances they feel themselves floating in space, becoming only a head or a mind, losing the perceptions of the existence of their limbs, or having visions of an unusual perspective. In others, the world of sounds and other sensory perceptions acquires subjective traits of an unreal quality.

In my psychotherapeutic experience, I have often observed that when the subjective experiences are intense, either actively (dramatization) or passively (relaxation), a better therapeutic result can be expected.

Some patients are scarcely or not at all hypnotizable because of rigid psychological defenses built up to protect their neurosis. Many who are hypnotizable in spite of this, have little emotional plasticity to permit placing themselves adequately in an active or passive relationship within the hypnotic subjective experience.

This has led to a search for a group of psychotropic drugs, particularly the hallucinogens by means of which, used in alternation with sessions of hypnosis, there might be a dissolution of this protective barrier, and a more rapid and at the same time, deeper psychotherapy. To this end, use was made of lysergic acid and mescaline, both as presumed *psychotherapeutic catalysts.*

Some years ago, Stoll and Hoffman working in Switzerland with products derived from ergot, obtained by synthesis from amino-alcohols like ergobasine and basofortine the ethylamide of lysergic acid and the di-ethylamide of lysergic acid (L.S.D. 25). This latter compound is possibly the most pharmacologically active drug known. The clinical picture of the response to this drug has been compared by some authors to a temporary irruption similar to schizophrenia, while others (Bonfanti, Gamma, Villata) deny that the symptomatology of lysergic acid intoxication has any resemblance to the psychotic disorders of schizophrenia.

A similar action is found in mescaline which has been used from pre-Columbian times by the Indians of northern Mexico and the southwest area of the United States. The natives obtain it from peyote, a cactus growing in that region, ingesting it to induce mystical visions which they interpret as an approach to the "world of spirits." The followers of the Native American Church in the United States of America take this drug for the effects of mystic exaltation during their religious services.

The drug was synthesized in the Merck Laboratories, and thus became available for a study of its psychotropic properties and its possibilities for psychotherapy, together with L.S.D. 25 (Délyside Sandoz).

The first investigations on the use of mescaline were published in 1926 by Routier. The first publications and reports of major importance on the use of mescaline and lysergic acid appeared after 1938. Recent researches include Busch and Johnson (1950), Sandison, Savage (1952), Abramson (1955) and, in Argentina, Tallafferro (1956), Alvarez de Toledo, Fontana and Perez Morales (1958), Abadi (1958), J. M. David (1960), Gubel and Achavel (1960).

Some of the aforementioned authors used the hallucinogenic drugs as auxiliaries in psychoanalytic work, both individually and in group therapy.

They found a considerable reduction in the time of treatment due to an increase in introspection and consequent insight following the use of the hallucinogens. At the same time, it has been indicated that these drugs permit a more direct approach to the unconscious and easier study of the rich fantasies the patient experiences under the effects of these substances.

The author of this work has been studying not only the symbols represented in visual, auditory, and tactile images and memories in the drugged state but has also given equal consideration to postural attitudes and kinetic manifestations which should not be underestimated since these too can be even more highly expressive than facial expressions alone.

This last point became most evident to us in a patient whose behavior led to further and more extensive observations in this direction. She presented an anxiety state which had, for a substratum, an Oedipus component that was symbolized by copulative-like movements of the pelvis while she was conversing with the observer of the therapeutic session, Dr. Corazzi, and whom she had identified with a paternal image.

It is interesting to note that kinetic dynamisms may also appear under hypnosis. These usually are in a more attenuated form, but sufficiently clear symbolizations to permit ready interpretations for a better understanding of the psychological significances are thereby expressed.

The subjective experiences evoked by mescaline and lysergic acid do not always develop into clearly hallucinatory manifestations, as might be inferred from their designation as "hallucinogens". Many subjects experience situations that may be compared to a sensation of disintegration and death. Others feel that they are experiencing a feeling of unity with a totality or, using more adequate words, the "Nirvana" or the "oceanic" feelings.

In hypnosis, whether hetero- or autohypnosis, there is, practically always, this type of depersonalization experience. Such experiences are also probably the most intense effects determined by hallucinogens and, coincidentally, constitute, in their essence, experiences comparable basically to certain hypnotic subjective experiences.

It is interesting to note that the behavior of the patient under the action of these drugs undergoes a process of "softening", that is, an increased responsiveness after each new intake, a process which is usually repeated at intervals of ten or twelve days. This psychological sensitization brings about more frank, spontaneous and informative conduct by the subject.

Some patients abandon themselves to an opiate-like dreaminess, where, for example, a musical stimulus can serve as a leit-motiv for an experiential flight of fantasy. Others, on the other hand, having broken the barriers and defences against imagination, may pass through a Dante-esque experience of "inflation" by persecutory paranoid elements, not always revealed during history-taking, or there may be manifestations of a sadistic, masochistic, sado-masochistic, or verbally aggressive behavior (sometimes actively so) toward the therapist who is often identified by the dynamics of the transference situation with the bad environment, the destruction of which means liberation.

It is to be noted that in the hypnotic state there is also some degree of this "softening" or increased responsiveness effected by repeated successive re-hypnotizations, and during the deeper hypnotic state there are almost always experiences of depersonalization, which are experienced in varying ways by the subject.

Typical examples in the patients' own words of these subjective changes may be given: A patient who presented psychogenic stammering as a symptom, on being hypnotized for the first time, told me:

"I feel, in general, as if my mind were paralyzed, as if I saw everything in white, and my brain were becoming smaller till it floated within my head . . . . "

Another patient (a phobic case), who received L.S.D. 25 by injection presented as his only response to the drug a sudden anxiety interpreted by him as a feeling as if his "body was becoming smaller and smaller, finally becoming infinitely small."

Paul Schilder defined the corporal image or body schema as "the tridimensional mental representation each of us has of himself." Evidently, this "representation" does not have the character only of a contemplative schema of the somatic self, but also involves a unitary image of both the psychical and the anatomical self, forming part of a synthesis.

This concept of the patient (which may perhaps be called ontological) may play a dynamic role in the self-image of that person, which is suddenly altered, either by the action of hypnosis or by the action of the drugs employed. Both situations, the first one developed by exclusively psychological means, the second, by chemical action with a possible interference in the enzymatic processes of the cortex or reticular system, cause, perhaps as a corollary, the experience of depersonalization, (to which we have referred repeatedly in this article) and a new self-image. This in turn produces a feeling of disintegration-reintegration, which is experienced unconsciously as the effects of a "magical talisman" by the subject, who then emerges from this strange chaos with a feeling of rebirth which may then acquire a rational character through the interpretations given by the therapist of the material which comes to the surface during the hypnotic or the lysergic acid sessions.

These interpretations are now given a new perspective through the action of the therapeutic procedure, whereas the old or traumatic experiences come to belong to the previous but now altered self-image.

These facts were translated, in the simplified words of one of my patients into: "I felt de-humanized, now I feel something strange. Now I am not I, but a new person." This suggests that hypnosis or hallucinogens — powerful catalyzers of mental processes—may open for us new doors in which emotional experiences can integrate into a new psychological homeostasis.

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