LSD 101
J.Nerv.Ment.Dis. 121, 262 (1955).

INTOXICANT DRUGS (MESCALINE AND LYSERGIC ACID DIETHYLAMIDE) IN PSYCHOTHERAPY

WALTER FREDERKING, M.D.

Introductory Notes

In an effort to save the patient time and money, many and varied attempts have been made to shorten the course of psychoanalysis. Only those procedures which are within the realm of depth psychology deserve consideration. Among these are: 1) Steckel's method of active psychoanalysis, 2) Frank's psychocatharsis, and 3) narco-analysis. A few years ago I described another method, "deep relaxation with free ideation." This procedure makes it possible to induce in the fully awake and conscious patient, during interview in the physician's office, physical and visual experiences which may be interpreted as genuine dreams. Such experience can take the place of true dreams or can supplement incomplete or sketchy dreams. This procedure, however, cannot be used with sufficiently reliable results in every patient in whom it would appear indicated. In such cases we make use of certain drug-induced dream-like states. These are particularly effective since the patient's critical consciousness is not impaired during these states or at least remains at all times ready to intervene.

The Drug

Two synthetic substances have proved to be particularly well suited for this purpose: 1) Mescaline, an alkaloid known for many years and originally produced by Merck in Germany under the name Mescalinum sulphuricum, and 2) more recently, a newly discovered ergot derivative, d-lysergic acid diethylamide, known as LSD 25, produced by Sandoz in Switzerland. An abundance of literature on both these drugs is available in Europe as well as in the United States. However, this literature is substantially oriented toward psycho-pathology. The European psychotherapists have not used either of these two drugs, whereas in the United States they have been used to a certain extent psychotherapeutically.

I have had personal experiences with mescaline for more than seventeen years. Mescaline is administered intramuscularly in amounts varying between 0.3 and 0.5 gm. If the dose exceeds 0.3 gm., it is recommended that the injection be administered in two equal doses one hour apart. As for LSD 25, I have been using it for nearly three years in my psychiatric practice. The indications for its use, however, have become increasingly more limited with time. LSD 25 should be given in much smaller doses, namely, 30 to 60 micrograms up to a maximum of 100 micrograms; moreover, there are cases where 20 to 30 micrograms prove to be quite effective. A total of about two hundred treatments were given with these drugs.

Effect on Normals

The psychotherapeutic use of both drugs was preceded by experiments on myself as well as friends outside of my medical practice. An obvious similarity in the effects of mescaline and LSD 25 was noted during these trials: both intoxicants produce similar though more or less intensive hallucinatory states; visual and physical perceptions occurred which were most marked when the subject's eyes were closed but which also took place with the eyes open. Once their symbolism was understood, and the initial stage of the intoxication was overcome, these experiences proved to be meaningful. A certain relationship between the subject and the content of his hallucination was evident in early experiments. Now there is proof identifying the dreamer with his dreams in almost every case.

The Utilization of Drug-induced States of Intoxication in Psychotherapy

In the course of psychotherapy, the close connection between the subject and his dream is clearly and meaningfully revealed in still another manner: the patient's essential problems are presented to him during the state of

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intoxication just as they are in his dreams. This comes about in one of two ways: in some, childhood memories are uppermost, reaching very far back and with strong emotional content; instead, in others, life situations including their psychopathological history are presented in dream-like symbols. In the course of psychoanalysis this experience can be utilized and evaluated like any other material, and followed into its depth. Inasmuch as it is experienced with critical consciousness and powerful emotion, it often proves to be particularly valuable in our procedure. The fact that these experiences are artificially produced frequently proves to be, in itself, an advantage rather than a disadvantage. In our studies, it certainly did not curtail the importance of the psychotherapeutic use of the drugs. Five or six hours are required for these sessions, sometimes longer, and the investment in time must be justified by additional results. The state of intoxication is almost always associated with an apparent retardation or prolongation of treatment. Patients can often not afford this expenditure in time. Thus, they are helped if, by means of the drug effect, an emotional or memory block is broken down. Stimulation produced in this manner has one more sequel in that in almost every case it terminates in psycho-catharsis, which causes the patient to experience an exhilarating feeling of liberation. Thus, the state of intoxication proves itself to be a phase in the healing process.

Case Histories

Our experiments will be illustrated by a number of examples. I have known only one case in my entire experience in whom a single state of intoxication brought about lasting improvement. The subject, a 35-year-old printer, married for 12 years to a woman 5 years his junior, had gradually become estranged, but was unable to leave her. At first he became impotent in her presence only; later, completely. Through analysis the difficulties rooted in his childhood were mostly resolved and he felt considerably freer; impotence, however, remained unchanged. Inasmuch as time was pressing, I decided to induce a state of intoxication with 0.4 gm. of mescaline. About one hour after the injection, the patient became very cheerful and visualized, with closed eyes, a wide variety of patterns, mostly of a slightly erotic nature. In the third hour he visualized homo-erotic scenes dating back to his post-puberty period and one scene at the beach where, at the age of six, he had fallen in love for first time with a girl. Inasmuch as the results described so far were not sufficiently significant at the end of three hours, I gave the patient an additional dose of 0.1 gm. mescaline. Forty-five minutes later, this small additional dose brought about an erection; patient felt himself involved in a series of sexual experiences in which he took a very strong active part. Some of these were orgiastic scenes. From the next day on, patient's potency was fully and permanently restored.

The following example shows that mescaline-induced intoxication can be very effective even though very strongly ideational in nature:

An industrialist was once given a dose of 0.5 gm. mescaline by me at the age of 30. Fourteen years later the same individual, then a guest at my house, received a second dose. Both times, under the influence of the drug, a friendly argument took place between the patient and myself—which he knew beforehand he would lose. He fought against revealing to me memories and scenes that came to him during his state of intoxication. In the course of the first session, for the most part, sexual memories from his childhood presented themselves in symbolic fashion. These memories were merely hinted at but later were consolidated by being put into writing. In the second session, the subject of discussion was his marital problem. Gradually and despite continued resistance, the patient came to admit feelings of guilt in regard to his marital difficulties. He admitted that he gave too little love and finally ate, as a symbolic offering, a piece of cake that was lying on a plate before him. Similar symbolic expressions were produced at random. Subsequently, the subject became more easygoing and his marriage improved noticeably.

Without the two sessions and the influence of the drug, as the patient admitted, the barrier between us would not—despite our good relationship—have broken down and lasting success would not have been attained.

However, mescaline can release very strong

emotions and even states of anxiety. In this respect, mescaline is more overpowering than LSD 25 and it should be preferred to the latter in cases where the strongest possible emotional upheaval is desired. On the other hand, LSD 25 has a broader spectrum, particularly in its physical effects and lends itself to a more accurate dosage. For this reason I gradually started to use it with considerably greater frequency than mescaline; it can be used more often without the risk of harmful effects.

The importance of this was proven in the example of a 25-year-old patient who came to me with a case of almost total impotence. For a long time, analysis of his dreams, ideas and memories did not permit deep insight. We were unable to find any explanation for an excessive tactile sensitivity of the naval dating back to early childhood. A trial was made with 70 micrograms of LSD 25 during which the patient suddenly felt himself to be a small helpless child subject to titillation of the navel and genitalia and to other kinds of torture. Upon questioning his mother we found that for several months in the first half of his second year he had had much to suffer at the hands of a nurse. Photographs were presented to show how a happy, cheerful boy had, within half a year, turned into a seemingly depressed-looking child.

Despite this revelation, analytical methods did not lead much further and only after a series of 12 LSD 25 sessions during the following 15 months did the patient improve step by step. He finally was relieved of his deficiency and became fully potent. Drug-induced dreams were mostly filled with tormenting experiences in which the same childhood incidents were repeated in various guises, without much clarity. In these dreams the patient wept and wailed so vehemently that treatments could be conducted only in a hospital.

Not all patients under the influence of LSD 25, however, have the same strong urge to express themselves as the one described in this case. For this reason subsequently written statements and descriptions by the patient are important; in most cases they have a fairly good recollection of the course of events. Very often during the state of intoxication they are unable to express many things either for lack of time or because they find talking disturbing. One patient, who observed the course of his emotions particularly well, summed up five of his LSD 25-induced dreams. In each dream there reappeared only one characteristic emotion; other emotions indicated their presence but could not be brought out into the open. Also, it was impossible to foresee what the overall mood would be. The patient further referred to an experience which has been described to me by other patients as well, namely that decisive events or occurrences are preceded by a definite overall state of mind which did not, however, develop out of a situation or an object. This state of mind was always associated with a form of behavior or an expressive motion which then quasi summoned the object; this object then acquired shape either visually or by means of certain expressive motions, mostly of the hands and arms. In this connection it is made clear that it is futile for the investigator to insert himself deliberately into the course of events.

Of particular importance are those states in which birth and pre-natal experiences are re-experienced. In the case of two reliable patients it was subsequently possible to ascertain with the help of the mother that birth had been accompanied by certain difficulties, identical with those experienced during the state of intoxication. The experience of two other patients referred to the phase of cervical dilatation during labor. Two other patients relived their late embryonic stage. These latter patients both agreed that during this experience they felt that their hearts were enlarged. One of them believed that he could relate the life-threatening shock he had experienced at that time with a severe emotional shock his mother had experienced in the penultimate month of pregnancy, of which he had learned from his mother for the first time after the LSD session.

All patients were intellectuals with highly trained minds; they experienced all these phenomena spontaneously and in the absence of any suggestive influence. Thought transference cannot be taken into consideration, although it does play a somewhat considerable role in regard to the intensity and effectiveness of the LSD 25 state. This state can readily have its course guided by the patient and the physician, but it cannot be lastingly influenced.

On the other hand, the patient is sometimes able to resist very effectively the unfolding of the toxic state, even when mescaline is given.

Differentiation between Mescaline-induced and LSD 25-induced Intoxication

An outline of the difference between the behavior of the two drugs was sketched in the preceding pages. It now remains to take a somewhat closer look. The results of such a comparison are most obvious when a state of intoxication is induced in the same subject first with one drug (mescaline) and then with the other (LSD 25).

My experiment deals with a 43-year-old physician who, because of strong tensions and inhibitions, had already had analytic and similar treatment for a considerable length of time. His childhood problems had long since been revealed but he still had not undergone any decisive change. Therefore, we first tried a mescaline session and one year later, without intervening treatment, followed up with an LSD 25 session. The administration of 0.5 mg. mescaline produced a state of intoxication which was at first filled with abrupt changes from elements of utter desolation to abundance, from light to darkness. Then followed a turmoil of men, cruelty and destruction which were followed by a desert of technical standardization. Finally, alternating states, each lasting several minutes, of depressive emptiness and lightheaded euphoria followed. In the course of the year that followed, the patient became more relaxed and free, at first very rapidly, and then progressively more slowly. When this stage came to an end, we tried LSD 25 (60 μg.). The patient experienced, above all, bodily changes alternating with states of exaltation and depression. Subsequently the patient became freer even if not always in the same degree. This patient found the mescaline effect to be overpowering, deeply moving, elemental, spacious and interspersed with tensions almost schizophrenic in nature. The LSD 25 effect was described as much more circumscribed and concerned itself more with pleasurable and unpleasant sensations in which respect it resembled manic-depressive states.

Other patients expressed themselves in similar manner, mainly about the greater potency of mescaline. A direct comparison of both psychoses is possible only to a very limited degree. On the other hand, another difference exists which is expressed clearly in the psychotherapeutic use. Mescaline very seldom induces the subject to experience scenes from his personal life while LSD 25 very often works in this direction. However, this is not an iron-clad rule but rather an impression.

LSD 25 is particularly important because, following doses as low as 20μ, it can have lasting effects on organic-neurotic changes, especially in conditions associated with smooth-muscle cramps, such as chronic constipation and dysmennorrhea. Indications for these drugs should be decided upon as soon as familiarity has been acquired with the nature of the intoxicative state. The therapist must be familiar with this from his own personal experience so that he may be able to cope with the frequently somewhat difficult emotional situations arising under the influence of these drugs; he must also have experience in psychotherapy. Such experience serves to exercise caution in the case of patients afflicted with schizophrenia or endogenous depressions, thus reducing risks in such cases. I have, incidentally, never experienced any dangers of addiction.

Summary

The writer has made use of drug-induced states of intoxication as an aid in psychotherapy. To attain the states of intoxication, he has used mescaline and LSD 25. Mescaline was used in a dosage from 0.3 to 0.5 gm. intramuscularly and LSD 25 30 to 60μ administered orally. These led to states of a a dream-like nature with experiences that were clearly remembered afterwards. The procedure is indicated when it is desirable to shorten a course of therapy, reactivate a stalled treatment of a neurosis, and for the purpose of breaking down affect or memory blocks. A psychocathartic effect is almost uniformly produced. Mescaline has a more intensive effect than LSD 25 and should be preferred to the latter in cases where it is desired to obtain the strongest possible emotions. On the other hand, LSD 25 seems to have a broader spectrum; it frequently causes the patient to relive scenes from his earlier personal life and it can also have lasting influence on organic-neurotic

states. In the hands of the experienced psychotherapist, and after appropriate experimentation on oneself, and provided the indication is prudently selected, the effects of both mescaline and LSD 25 may constitute very valuable therapeutic aids.

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