THE USE OF LSD IN PSYCHOTHERAPY

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Hofmann's accidental discovery of the powerful psychotomimetic properties of LSD in 1943,[1] and Stoll's first systematic description of the drug's effects in normal volunteers and psychiatric patients in 1947,[2] engendered a revival of scientific interest in hallucinogenic drugs. Many laboratories and clinical departments all over the world became involved in intense research of various aspects of LSD's effects. It was claimed that LSD might provide clues to a biochemical understanding of schizophrenia and that its administration to mental health professionals might enable them to gain unique insights into the inner world of the mentally ill. Unusual artistic creations of subjects under the influence of LSD promised an unrivalled opportunity to study the psychology and psychopathology of art. The incidence of profound mystical and religious experiences in some LSD subjects similarly suggested the possibility of an experimental approach to some religious phenomena. The suggestion that LSD might be a powerful therapeutic tool appeared first in the literature as early as the beginnings of the 1950's.[3]

Many possibilities of therapeutic use of LSD have been suggested and explored during the past two decades and only a few of them have endured the test of time. It seems obvious today that all the approaches dealing with LSD simply as a pharmacological agent and using it within the framework of chemotherapy are doomed to failure. The extrapharmacological variables (the personality of the patient and of the therapist, the nature of the therapeutic relationship, the set and setting, etc.) seem to have such a profound influence on the LSD session and its final outcome that we cannot expect therapeutic success unless and until these factors are sufficiently controlled and structured. Therefore, if used for therapeutic purposes, LSD should be always employed within the framework of a complex psychotherapeutic structure.

Many different names can be found in the literature describing the combination of LSD administration with various forms of psychotherapy: psycholytic therapy,[4] psychedelic therapy,[5] symbolysis,[6] hebesynthesis,[7] lysergic analysis,[8] oneiroanalysis,[9] LSD analysis,[10] transintegrative therapy,[11] hypnodelic therapy,[12] etc.

There are four major approaches to LSD psychotherapy that have endured the test of time and are deserving of more detailed descriptions.

PSYCHOLYTIC THERAPY

This method consists of repeated administrations of LSD usually in doses ranging from 100 to 500 micrograms within the framework of dynamic psychotherapy. Although there are regular drug-free interviews in the intervals between the sessions, there is a definite emphasis within this approach on the sessions themselves. The patient experiences the session in a darkened, quiet and tastefully furnished room. The therapist is usually present during the peak hours of the session and during the remaining hours. When he is absent the patient can call him by ringing a bell.

All the phenomena of the LSD reaction are interpreted during the session or directly after it by using the techniques characteristic of dynamic psychotherapy.

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Some modifications of these techniques involve a greater activity of the therapist and direct interpretations focusing on acting-out behavior rather than on free associations. These modifications make the procedure similar to the psychotherapy of psychotic patients.

Within this approach all the usual psychotherapeutic mechanisms are intensified to a much greater degree than they are in separate LSD sessions. A specific benefit seems to be the successive systematic complex reliving of traumatic experiences from childhood, their emotional abreaction and rational integration. A great emphasis is also put on transference analysis.

The number of sessions required in the psycholytic treatment for various patients covers a wide range between 15 and 80.

PSYCHEDELIC THERAPY

This approach differs in many important aspects from the preceding one. It is derived from the observations of dramatic personality changes and religious conversions in LSD subjects. Clinical follow-up has suggested that the positive changes in the symptoms and life attitudes after an LSD session are correlated with the so-called psychedelic experience. This experience is transcendental, ecstatic and involves the disintegration of boundaries between the subject and the objective world often accompanied by feelings of unity with other people, Nature, the Universe and God. The experience is usually contentless and accompanied by visions of blinding light or beautiful colors (heavenly blue, gold, rainbow spectrums, etc.). The subjects variously describe this condition according to their educational and intellectual orientations. They speak about mystic union, fusion of themselves with the objective world, identification with the universe, cosmic consciousness, intuitive insight into the essence of being, Buddhistic nirvana, Vedic samadhi, harmony of worlds and spheres, approximation to God, etc.

There are modifications of psychedelic therapy which strive to create optimal conditions which will enable the subject to experience the LSD session in the described way. Usually, only one LSD session is given, employing an "overwhelming" dose of the drug which ranges between 400 and 2,000 micrograms. Special psychological preparation aimed at facilitation of the psychedelic experience is given prior to the drug session. The sessions are run in an esthetically rich setting with emphasis on music, nature and religion. Some psychedelic therapists have used the framework of oriental religions employing decorations of involved Buddhistic, Hinduistic or Egyptian statuettes, carpets with oriental patterns, pictures of mandalas, and quotations from sacred books.

Presently, a scientifically substantiated and comprehensive theory of the psychedelic treatment method is non-existent. Explanations are usually based on general references to the mechanism of religious conversion or, at least, employ the framework and terminology of religious and mystical systems. Authors attempting physiochemical or neurophysiological explanations usually speak only on the most general of levels; they emphasize the stress mechanisms influencing learning processes or the physiochemical stimulation of the pleasure centers in ancient parts of the brain.

ANACLITIC THERAPY (LSD ANALYSIS)

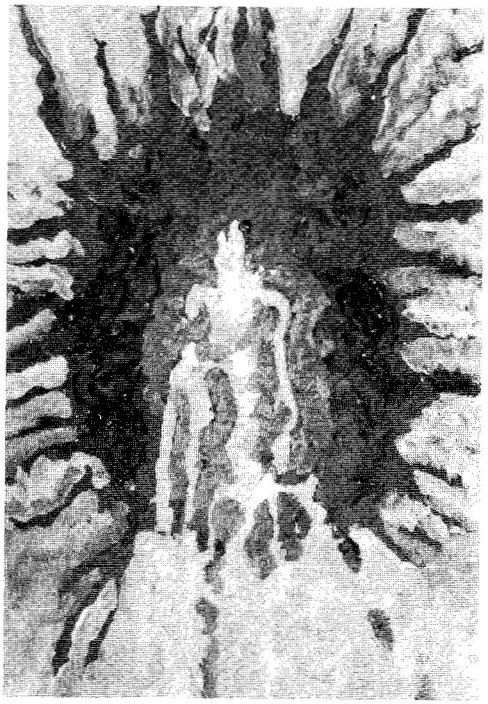
This method was developed by the London psychoanalyst, A. J. Martin,[13] and is based on clinical observations that, in the course of LSD sessions, deep regressions can be frequently observed when patients relive episodes of early emotional deprivation and frustration and show enhanced anaclitic needs of an infantile character. The therapist uses psychoanalytic interpretations and related techniques, but in contradistinction to the traditional attitude of detachment, he enters into close physical contact with the patient and embraces the mothering role. This technique further involves care for the patient's physical needs (feeding, warmth and comfort), includes hugging and, eventually, a fusion process (contact with the whole surface of the subject's body). Doses range between 100 and 200 micrograms, sometimes with an addition of Ritalin®. The sessions are repeated at regular intervals and all therapy is conducted during the sessions themselves.

Martin has described good and relatively rapid results in patients with deep neurotic and borderline psychotic disorders and also in those who experience severe emotional deprivation in childhood.

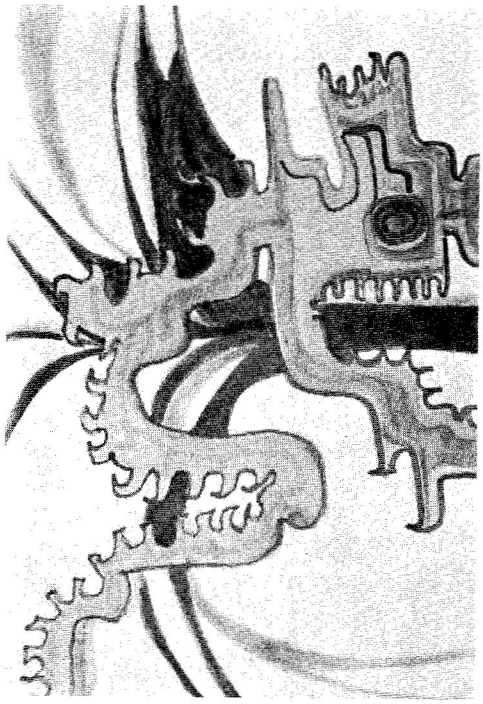
HYPNODELIC THERAPY

The name of this technique, pioneered by Ludwig and Levine,[14] represents a condensation of two words, namely "hypnosis" and "psychedelic," and refers to a combination of hypnosis and psychedelic therapy. Hypnosis is employed primarily for the modulation and modification of the character and course of the LSD reaction.

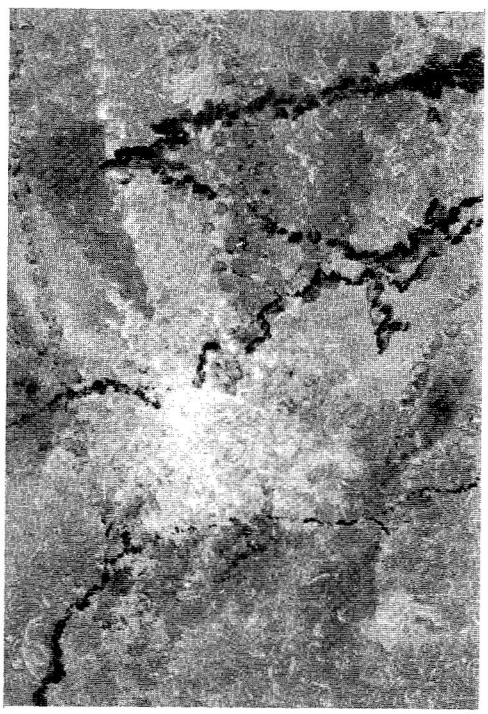
In the first interview, the psychiatrist explores the patient's history and his present problems. Then he trains the patient in the induction of the hypnotic trance by the use of high fixation of the eyes. The LSD session is carried out ten days later employing a dose from 125 to 200 micrograms. A hypnotic trance is induced during the latency period (from 30 to 45 minutes) after the

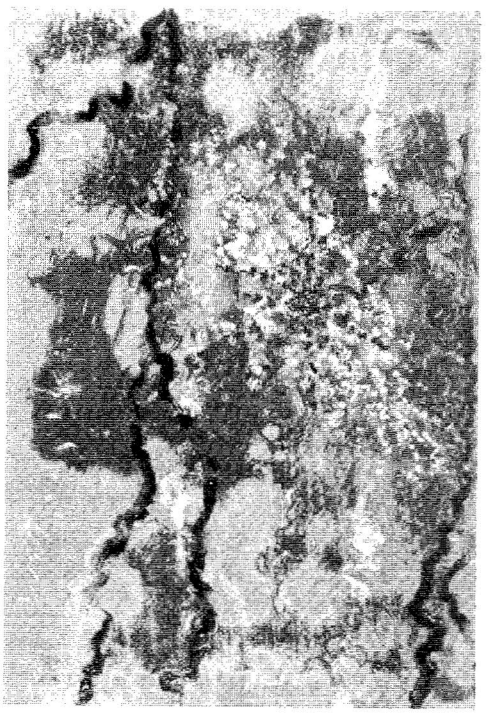


Here the Black Sun appears as related to the ultimate source of creative energy in the Universe, the Universal Self.



A picture representing elements of an archaic culture unknown to the subject (elements of the collective and racial unconscious?).





The artist labelled these two pictures "Alchemy of Life." They represent an LSD experience, which involved fascination with the mystery of creation and origin of life either in the primeval ocean where life first originated or in the female body during conception.

administration of the drug. As some of the experiential aspects of the LSD phenomenology are rather similar to those of the hypnotic trance, there seems usually to be a relatively smooth fusion of the effects of LSD and hypnosis. Under the combined effect of LSD and hypnosis, intensive psychotherapy is carried out. The therapist helps the patient to work through the important areas of his problems and fosters abreaction. Toward the end of the session, the patient receives posthypnotic suggestions to remember all the details of the session and to continue thinking about the problems discussed. He then spends the rest of the day in a special room.

PSYCHOLYTIC RESEARCH EXPERIENCE

After this general introduction I would like to describe briefly the research which I have carried out in the Psychiatric Research Institute in Prague, Czechoslovakia before I came to the United States.

After several years of therapeutic experimentation with LSD we developed independently from several other places in Europe the technique of psycholytic therapy. Our basic assumption was that repeated LSD administrations in a psychotherapeutic framework can help the patient to confront deeper and deeper levels of his unconscious and, thereby, facilitate the resolution of conflicts underlying his emotional disorder.

The number of psychiatric patients we treated with serial LSD sessions, over the years, exceeded 50. They were selected in such a way as to represent the most important diagnostic categories from psychoneurosis, through psychosomatic diseases and borderline cases, to clearcut psychoses of the schizophrenic group. Our sample was biased in two important ways: first, we chose patients with more than average intelligence, since the nature of the research required a high quality of introspective feedback; and, second, there was a high proportion of patients with very dim prognoses. Most of the patients had chronic disorders which had not yielded to treatment by conventional methods. This latter fact seemed to provide us with some justification to exposing the patients to an experimental procedure with a rather new and powerful psychoactive drug.

Before commencement of LSD therapy, each patient received several weeks of drug-free psychotherapy. During this time the therapist explored with the patient his earlier life experiences and tried to help him understand the nature of his problems and the connection between his symptoms and his life situation. The most important goal of this period, however, was for the patient and the therapist to acquaint themselves with each other, and to establish a good working relationship (we consider the element of trust to be the single most important contributor to successful LSD therapy). After this period, the patient had repeated LSD sessions with doses ranging from 100 to 400 micrograms in 7 to 14 day intervals. The therapist was with the patient for several hours during the sessions, rendering human support as well as professional guidance. In the therapist's absence, the patient was attended by trained psychiatric nurses who were personally familiar with the nature of the LSD experience. Psychotherapeutic work, conducted between sessions, involved detailed discussions and analysis of the material from preceding sessions as well as the working through of transference problems that may have emerged.

Detailed typewritten reports were made covering the experiences in each LSD session as well as the subject's development in the free intervals. With this procedure we hoped to discover some of the rules governing the dynamics of LSD sessions and come to an understanding of the nature and course of the sessions as well as of the mechanism of surprising clinical improvements and complications.

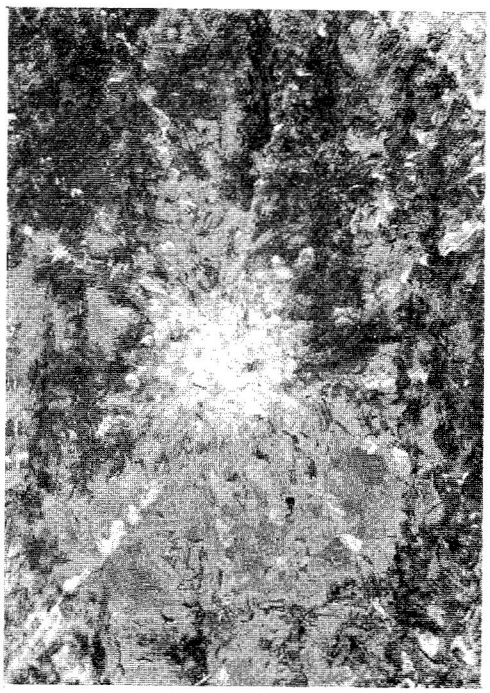
After the patient's completion of a series of LSD sessions all the collected material was analyzed in its totality in an effort to identify the important mechanisms underlying clinical outcome.

Figure 1 shows in a synoptic way the course of psycholytic therapy as it could be reconstructed by analysis for three categories of subjects: neurotic patients, psychotic patients and "normal" persons.

The vertical axis shows the range of normal, neurotic and psychotic functioning demonstrated by the subjects and the horizontal axis is divided into intervals according to the number of LSD sessions conducted (a psycholytic series consists of a various number of sessions, usually ranging between 15 and 80). The curve also shows the clinical condition in the free intervals between the LSD sessions. The figure shows the typical course of development for the three types of subjects and defines characteristic stages, deserving of more detailed descriptions:

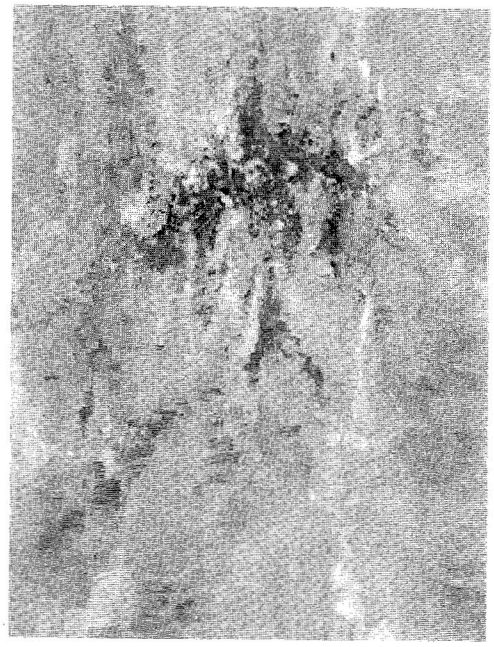
NEUROTIC PATIENTS

As mentioned above, our neurotic patients had very deep and chronic emotional problems. Their starting point in Figure 1 is deep in the neurotic area, close to the psychotic range. The curve shows that during repeated psycholytic administrations of LSD, a very dramatic improvement could be observed after some of the sessions. After some other sessions a marked intensification of the symptoms occurred ("prolonged reactions"). The most interesting phenomenon was not the quantitative oscillation of the symptoms (changes in their intensity),

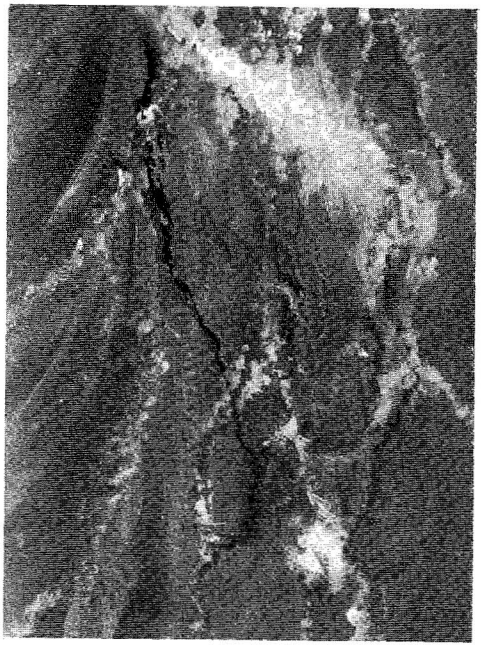


An artistic representation of the experience of the peaceful, melted ecstasy. God is perceived as a radiant source of Light, emanating infinite Love and Forgiveness.

A demonic experience from an advanced LSD session. A winged demon prevents the subject from reuniting with the Divine Light; he has to be fought with before this can occur.

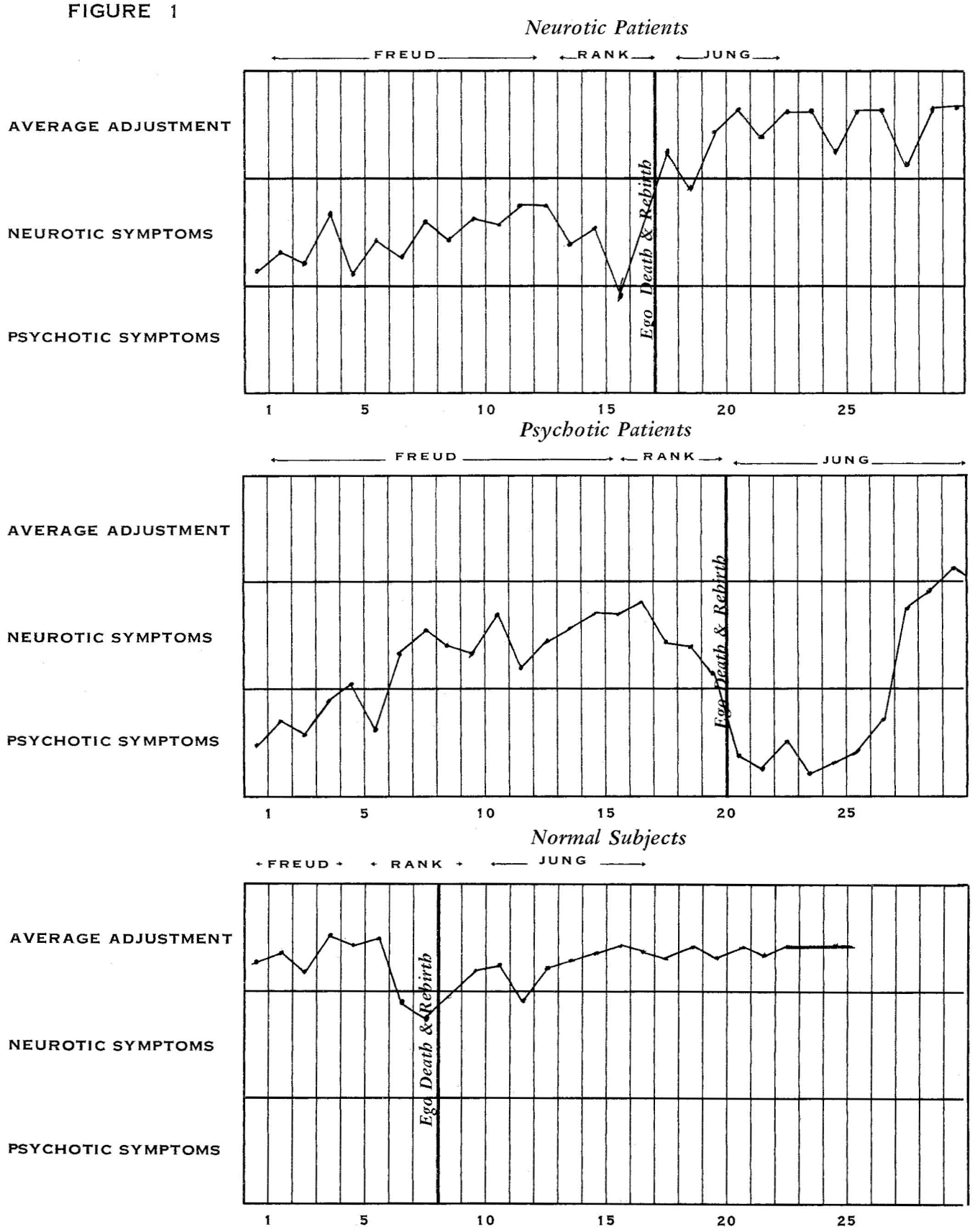


This picture represents the artist's experience of approaching the innermost, divine core of her personality, symbolized by the Black Sun. The red stripes suggest the amount of suffering, which was necessary for this achievement.



The representation of the hellish experience of birth agony. It involved intolerable vertical compression of space and unbearable physical suffering. It seemed that the hell was opening up and its flames devouring the subject.

FIGURE 1


Neurotic Patients
FREUD
RANK
JUNG
AVERAGE ADJUSTMENT
NEUROTIC SYMPTOMS
PSYCHOTIC SYMPTOMS
Ego Death & Rebirth
1
5
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25
Psychotic Patients
FREUD
RANK
JUNG
AVERAGE ADJUSTMENT
NEUROTIC SYMPTOMS
PSYCHOTIC SYMPTOMS
Ego Death & Rebirth
1
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Normal Subjects
FREUD
RANK
JUNG
AVERAGE ADJUSTMENT
NEUROTIC SYMPTOMS
PSYCHOTIC SYMPTOMS
Ego Death & Rebirth
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but a qualitative transformation (as, for example, a transformation of a depressed, suicidal homosexual into a euphoric heterosexual person but with a classical hysterical paralysis of the right hand). Careful analysis showed that there was nothing mysterious about these changes and, further, that they could always be understood from the material which emerged in the drug sessions. It is beyond the framework of this presentation to give a detailed explanation of these phenomena, but it can be briefly mentioned that prolonged reactions were observed whenever, in the second half of the session, a new area of unconscious problems was activated and remained unresolved. In that case the patient emerged from the session as if still under the influence of disturbing unconscious material. If, on the contrary, a good partial resolution was achieved and the re-entry was a positive experience, the clinical condition after the session was very good. Transformation of symptoms followed when a shift from one important constellation of unconscious material to another occurred in the session.

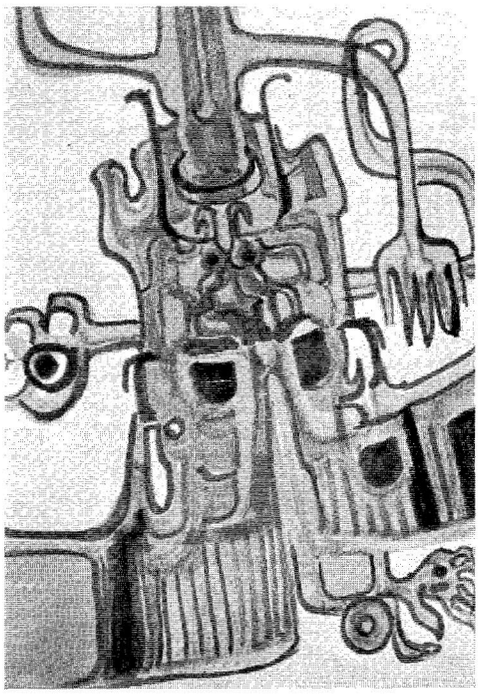
In spite of the mentioned oscillations a general trend toward improvement was observed in almost all the neurotic patients. After a certain number of sessions, which varied from case to case, the retrospective analysis showed a level of a good clinical condition (the plateau on the graph). This might have been a good time for discontinuation of treatment, but LSD administration was continued beyond this point. Treatment was prolonged because we felt that, in spite of good symptomatic improvement, the subjects still experienced difficult episodes (anxiety, aggression, depression, somatic symptoms, etc.) in the LSD sessions. As our form of psycholytic treatment was based on a psychoanalytic model, it seemed reasonable to continue therapy in order to prevent future relapses.

The continuation of treatment was based on ignorance of the basic laws of the procedure and on application of an inadequate model. In spite of this fact it opened up new fascinating areas of experiences and observations that finally forced therapists to broaden their own concepts of the functioning of the human mind in health and disease.

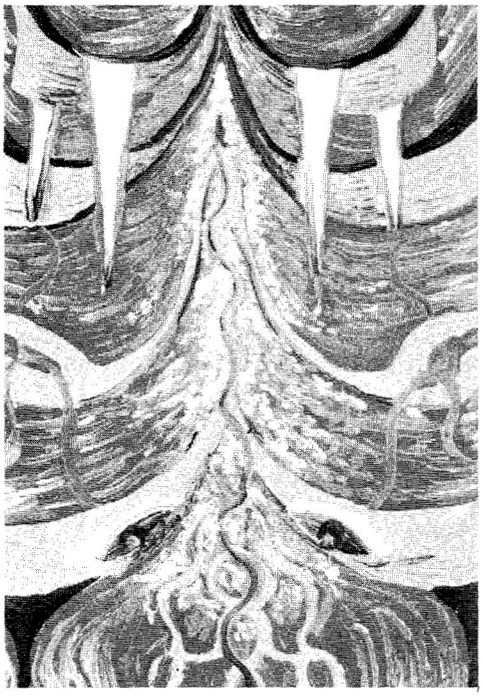
The continuation of LSD treatment beyond the mentioned plateau had a dramatic influence upon the character of the patients' experiences in the sessions. Previously, the sessions had had a very personal character and could be understood by and large in the Freudian framework. This characteristic content involved regression into childhood, reliving of traumatic infantile experiences, resolution of Oedipus and Electra problems and a dimunition of conflicts in various libidinal zones. Many of the experiences from this stage could almost be considered experimental proof of the clinical existence of Freudian concepts.

When continued beyond the mentioned turning point, the sessions had less and less personal content. If personal memories emerged, they dealt with operations, injuries, physical abuse, episodes of near drowning and other situations representing threat to survival or to body integrity. There was, on the other hand, an increase of transpersonal content in the sessions; they also became more and more uniform for different persons. As mentioned before, the patients belonged to various clinical categories, and their reactions to treatment in the first stage were very individually different. In the second stage the themes of the sessions became very similar, for all of the subjects—they involved the problems of pain, agony, dying and death accompanied by a painful struggle for the meaning of existence. During the early sessions of this new stage, the subjects usually experienced the role of passive and helpless victims exposed to inhuman tortures. Later, there emerged more elements of a meaningful conflict with much stronger enemies. This phase was typically characterized by sadomasochistic experiences, high levels of sexual excitement and a wild, dynamic ecstasy ("volcanic ecstasy"). All the mentioned experiences encompass a much broader framework than the body and lifespan of a single individual. They are experienced more from the perspective of the "generalized other," or from the vantage point of a suffering group.

As can be seen on the graph in Figure 1, the clinical condition of these patients usually deteriorated very rapidly during this phase. Strangely enough, the condition of the subjects in this phase during LSD sessions was not qualitatively different from their condition during the drug-free intervals. Although the patients started from very different syndromes, in this stage their deteriorating clinical condition converged into a uniform picture, which seemed to represent a universal undifferentiated basic matrix for all psychopathology. This matrix always involved feelings of deep depression with absolute lack of zest and interest in anything, feelings of hopelessness, entrapment, and total absence of meaning in worldly existence (sometimes, even colors disappeared and the world was perceived only as black and white). Another characteristic of this syndrome was a generalized feeling of anxiety (free-floating anxiety, pananxiety) that did not have an object, but could be secondarily attached to just about any aspect of life. There was also a persistence of extreme tension of an aggressive nature. The patients described themselves as time-bombs ready to explode at any minute, and their aggression oscillated between self-destructive and de-

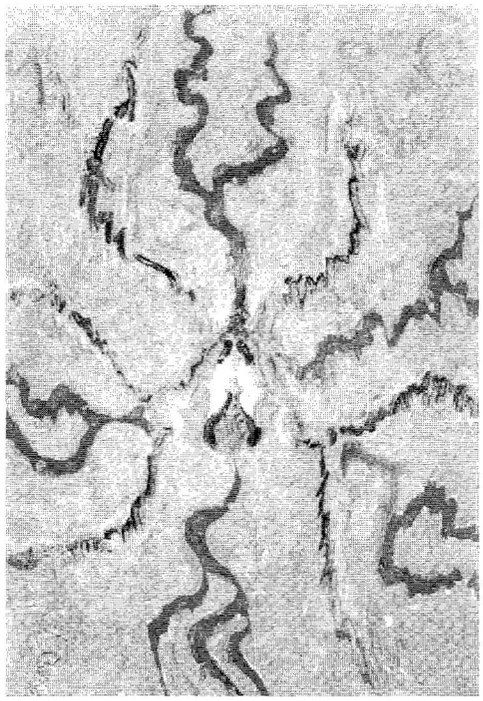


Another example of melted ecstasy; it is accompanied by overwhelming cosmic views.



Another demonic appearance, labelled by the subject "The Tibetan Shaman."

The artist labelled this picture "Flagellant" (member of a medieval religious sect seeking religious ecstasy through self-torture). It is supposed to represent the borderline of agony and ecstasy experienced during the reliving of the birth agony.



An example of "volcanic ecstasy." The artist related this LSD experience to the very last moment of reliving of one's own birth, before the head breaks through. The head would be in a perpendicular position to the picture with its vertex in the center.

structive impulses. Suicidal ideation and/or destructive tendencies were a standard part of the picture and there was a general preoccupation with death. Because of the precarious condition some of the patients who were already continuing psycholytic therapy on an outpatient basis (all of them were hospitalized at the beginning) had to be temporarily rehospitalized. The above mentioned phenomena were usually accompanied by one or several of a cluster of physical symptoms: intense headache, usually of a "belt character," ringing in the ears, oppression of the chest with breathing difficulties, nausea, muscular tension expressed sometimes in jerks and twitches, palpitations and unpleasant cardiac sensations, excessive sweating, and pains in various parts of the body. Further, these symptoms occurred in much more intense forms during the LSD sessions of this stage.

During the sessions the difficult experiences described above alternated with a sudden relief accompanied by visions of beautiful colors (heavenly blue, yellow or gold and brilliant, blinding white light) and feelings of being reborn, cleansed and purified. These latter experiences frequently involved definite biological elements (visions of fetuses and newborn children, female genitals and breasts, infantile feelings, etc.) and many patients claimed independently that they believed they were really reliving their own biological births. This assertion led me to carefully re-read O. Rank's book, *The Trauma of Birth.* I was shocked to discover how Rank's framework accounted not only for the experiences in the sessions, but for the patients' conditions during the free intervals between drug experiences as well. All these phenomena are clearly outside the parameters of Freudian analysis, but can be understood in terms of Rankian psychoanalysis.

One important occurrence should be mentioned in this context—the increased incidence of religious experiences in the LSD sessions. In the first stage the theme of religion occurred only in the sessions of those patients for whom religion was an important part of their childhood memories (they relived various conflicts of sex vs. religion, etc.). In the second stage the confrontation with death triggered intrinsic religious experiences in every subject without regard to his previous beliefs, educational background or church affiliation. Suffering and pain were experienced within the framework of the hells of various religions and rebirth was experienced as redemption, salvation or resurrection. Generally the religious themes from this stage were related to religions which emphasized the significance of suffering and the importance of bloody sacrifice.

After a sequence of episodes of agony and experiences of rebirth, ultimate annihilation was experienced by all the subjects. This experience, which involved being defeated and destroyed on all imaginable levels (physical, emotional, psychological, intellectual, moral and transcendental) is referred to in the LSD literature as "ego death." A process of final rebirth usually followed the subjects' ego deaths and beyond this point the nature of the LSD experiences changed so dramatically that they could no longer be described in Rankian terms.

If sessions were continued beyond this point, the elements of bloody biological material and birth agony did not re-emerge. Typical manifestations of the third phase were deep religious and mystical experiences, characterized by feelings of unity and mergence with the divine principle ("All is one" experience, "Tat ivam asi" of the Upanishads). The subjects evidenced all the characteristics of Pahnke's mystical categories (unity, positive affect, sacredness, paradoxicality, objectivity and reality, transcendence of time and space, ineffability, transciency and positive subsequent changes in behavior and attitudes).[15] Demonic experiences of a mystical and religious nature (fights with demons, metaphysical evil forces, negative astral forces, etc.) also emerged. The material which emerged in this advanced stage of LSD treatment is explicable in terms of Jungian archetypes and are standard parts of sessions even for those patients unfamiliar with Jung. Related and important categories of experiences in this stage are embryonal, ancestral and phylogenetic memories. Subjects describe reliving experiences from intrauterine life (good womb experiences as well as subjective concomitants of diseases and negative emotions of the mother, mechanical concussions, attempted abortions, etc.), explorations of the atmosphere in the families of their ancestors and evolutionary experiences on various levels of the animal kingdom.

Occasionally experiences described in spiritistic literature can be observed in these sessions, as well as elements of extrasensory perception, travelling clairvoyance, etc. Probably the most interesting and controversial are elements of collective and racial unconscious and "karmic" experiences. The subjects experience various sequences from other centuries and remote countries, most frequently in some of the ancient cultures (Egypt, India, Japan, Greece, Middle America, etc.). These experiences have all the qualities of a memory, possessing the "past incarnation experiential quality." Subjects undergoing these experiences have the feeling that they are reliving something from one of their past lives ("I was really once there . . . "). This phenomenon is frequently accompanied by the understanding and acceptance of the law of karma.

In the free intervals between sessions the clinical

condition of the patients shows a gradual improvement in the third stage beyond the point of the final ego death. Their experiences of melted ecstasy are accompanied by very specific personality changes. Besides the decrease in pathology, a general increase in zest and elevation of mood can be observed and there is a definite tendency toward sacramentalization of everyday experiences. These patients show much more appreciation of nature, music and simple human relationships, as well as more self-acceptance and acceptance of others. On the other hand, they evidence a definite reduction of exaggerated ambitious and decreased interests in power, money, status and position. They are able to accept the actual limitations of their present situations and draw satisfaction from ordinary things in life. Since these attitudes can be found in an extreme form in the hippie movement, it is interesting to mention in this connection that in none of the patients was a tendency toward a complete "dropping-out" observed after treatment. As a matter of fact, as inpatients in a psychiatric institute, they had "dropped-out" before treatment and LSD therapy revived their interest in creative work. Neither did they develop tendencies to wear long hair, to grow beards or to dress in unusual and exotic garb—phenomena which have been causally related to the repeated administration of LSD. If we take into consideration the fact that many of these patients had between 50 and 80 LSD sessions, it becomes obvious that both the glorification of "dropping-out" and extraordinary appearance are codetermined by pre-existing personality characteristics, related to autoselection, or socio-cultural factors present in the hippie movement. However, our patients did show increased interest in religious and mystical literature, ancient cultures, meditation, yoga, philosophy, and similar areas—interests shared by most of the hippies.

The final stage of treatment could be labelled as Jungian (as compared to the previous Freudian and Rankian ones), since Jung's writings present a framework for unravelling many of the observed phenomena. The material which emerged from this stage also bears close resemblance to experiences described in the holy scriptures of the great religions of the world, within the framework of mystery religions and by saints, prophets and religious teachers of all ages.

In general, the first stage of psycholytic treatment can be described as treatment in the conventional sense (up to the point of reaching the "plateau"). The following two stages transcend the framework of therapy and resemble more the procedures practiced in temple mysteries and initiation rites.

PSYCHOTIC PATIENTS

A characteristic course of therapy was observed in the limited number of psychotic patients we treated (see graph). Treatment was usually begun at a time when these subjects showed manifest psychotic symptoms. After subsequent sessions, an oscillation of the psychotic symptoms could be noticed until after a certain number of sessions, when the psychotic symptoms disappeared and the patients gained critical insight into their psychoses. Following this achievement, their development paralleled the course of therapy seen in neurotic patients, up to the point of ego death. After this point was reached, the patients did not show the improvement characteristic of the neurotic group. On the contrary, the original psychotic symptoms, which seemed to have been liquidated at the beginning of the treatment, reappeared. This time, however, they were focused on the therapist and had all the features of a real "transference psychosis." When the sessions were continued in spite of this development, the therapist was forced to work for several weeks under the conditions of this transference psychosis. The sessions of this period were characterized by negative phenomena of the third stage described previously (intrauterine distress, demonic experiences, etc.) and by complicated transference problems (experiences of symbiotic unity with the therapist and inability to differentiate his personality from one's own, feelings of hypnotic influence and control from the therapist, etc.). After this time period experiences of ecstatic union appeared in the sessions and psychotic symptomatology cleared up.

Our observations have some interesting theoretical implications, for they seem to shift the emphasis in the psychogenesis of psychosis from the problems of "bad breast" to those of "bad womb."

NORMAL PERSONS

The persons who received a series of psycholytic sessions, but were without serious emotional problems, underwent essentially the same development as did the neurotic patients. There were, however, three very important differences between these two groups: (1) In "normal" subject the first stage was very short—they had to relive only a few of their childhood experiences and very soon entered the realm of death and rebirth experiences; (2) Besides this, the difficult experiences were limited usually to the first hours of each session and most re-entries were positive, if not ecstatic. No prolonged reactions were observed in persons who did not have serious emotional problems before LSD administra-

tion; (3) The second stage was also shorter and the subjects moved rapidly into the Jungian stage.

In conclusion, the therapeutic possibilities of LSD psychotherapy should be briefly mentioned. All the emotional disorders that represent classical indications of psychoanalysis are well amenable to psycholytic treatment with LSD. It seems that the number of hours required for therapy can be thus cut down by approximately two-thirds. More important seems to be the fact that LSD therapy can be tried in categories of patients that are beyond the indications of conventional psychotherapy (such as alcoholics, drug addicts, sexual perverts, patients with severe character disorders, antisocial and criminal tendencies, etc.). For reasons not sufficiently understood, alcoholics and drug addicts seem to respond better to large-dose psychedelic therapy than do the other diagnostic categories, which require repeated drug administrations with the systematic working through of problems.

LSD treatment in psychotic patients is still an experimental venture—I have no doubts that in some cases improvements can be achieved that are incomparably deeper than those obtained by conventional methods. As trust seems to be a crucial factor in LSD treatment, acutely paranoid patients should be excluded from LSD therapy. In any case, a therapist starting LSD treatment with psychotic patients has to be prepared to take the risk of having to work for a certain period during the therapy under the difficult conditions of a transference psychosis.

A very promising area for LSD administration is its use in the preparation of terminal patients for death. [16] For obvious reasons, the psychedelic method is the approach of choice in this category.

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