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REMARKS ON LSD AND MESCALINE

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A number of drugs are used today in conjunction with psychotherapy: barbiturates —especially sodium amytal; amphetamine in the form of benzedrine or the related desoxyn; ether; CO_2; mescaline; LSD; and others. Each time one of these treatment methods was introduced, a considerable amount of literature developed claiming specificity in its use. It was claimed that barbiturates used in conjunction with psychotherapy had specific virtues and values which the other drugs did not have. The same was stated about CO_2, ether, and now for mescaline and LSD. There are, of course, variations in the action of these different agents. Nevertheless, basically they all accomplish something similar.

The actions could be described as (a) euphorizing, (b) disinhibiting, (c) relaxing, (d) cathartic, (e) activating or stimulating, and (f) anxiety-producing. The widely used narcotherapeutic methods with sodium amytal accomplished their task by relaxing and disinhibiting the patient, producing a frame of mind in which the patient became more communicative and released material which was formerly not obtained or blocked. The technique with barbiturates was essentially an anxiety-reducing and eliminating form of treatment. Amphetamine or desoxyn has different actions in different individuals. In some it leads to relaxation and disinhibition, which in turn leads to catharsis, while in others it is definitely stimulating, tension-producing, and at times even anxiety-producing, leading to disinhibition and catharsis. Mescaline and LSD are essentially anxiety-producing drugs and in addition underscore and magnify the patient's symptomatology. The increase in anxiety and fear of loss of ego integration could lead to releasing of material which was formerly not obtained or was repressed. In some individuals, mescaline and especially LSD have also a relaxing and somwhat euphorizing effect. It is, therefore, possible to obtain psychic material not revealed before, owing to suppression or repression by using drugs which either relax or stimulate or do both. The question arises whether psychodynamic material obtained by these various drugs is or is not very similar one to the other. Does a patient under sodium amytal reveal different psychodynamic material than with benzedrine or LSD? If the material is similar then, of course, any drug which is able to remove suppression and repression of psychic material could be used as an adjunct to psychotherapy. On the other hand, if the drug should have a certain specificity, then it will have to be demonstrated what kind of psychic material is apt to be produced by one or the other of these drugs. Careful studies of a large number of patients who were under the influence of different drugs did not reveal to us any marked specificity as to the use of these these different agents. This is especially true in those patients in whom different drugs were used at different times.

Studies of the literature do not reveal much regarding their specificity. Sometimes exactly the same mechanisms are claimed for amphetamine or mescaline as were described years before for barbiturates or CO_2. A much more pertinent issue than the specificity of release of psychodynamic material would be the question how far a patient responds better for psychotherapeutic purposes to one drug than to

the other. It is conceivable, if we base ourselves on metabolic, psychological and social factors, that one patient would respond better to one kind of approach than to the other. This, of course, is true for psychotherapy, too, without the use of any adjunct. But it is probably even more true if certain methods are used in addition to psychotherapy. It is conceivable that the biochemical organization of an individual, of which we know so little, is such that his psyche will be more influenced by amphetamine than by barbiturates. On the other hand, it is also possible that the experience which the person undergoes under the influence of these drugs has a different psychological impact on him which again could lead to more or less cooperation of the patient in psychotherapy.

I would like to stress the fact that in the same way that we are speaking about facilitation of these drugs with psychotherapy we can also discuss the reverse because the reverse is also observed. In some patients some methods could impair the transference relationship and block the patient's cooperation with the psychotherapeutic attempt. The facilitation of psychotherapy with these aids is by no means uniform.

We saw patients under the influence of mescaline or LSD who refused to participate in psychotherapy because of the experiences they had during the period of drug intoxication, while in others just the opposite took place. The suggestive power of some of these adjunct therapies and the conviction of the therapist as to what kind of therapy he uses should not be forgotten. A therapist firmly convinced that LSD will produce results, while sodium amytal will not, will, of course, have much better results with LSD than with sodium amytal.

In addition to the above-mentioned factors which play a role in the response of a patient to one approach more than another, a few other factors will have to be added. A very important one is what the patient expects of treatment. Many patients form an "ideal picture" of the therapist and also about the procedure to which they would like to respond. There are, for instance, patients who prefer psychotherapeutic methods which use somatic adjuncts, while others are very much against them. There are some patients who would like to submit to a psychotherapeutic procedure whose theoretical foundations are in agreement with their own ideas about psychic functioning, while others do not make such demands. One patient, for instance, wants to be rendered unconscious or would like to have a profound existential experience as can be produced by mescaline or LSD, while another patient resents and revolts against being rendered unconscious or being exposed to ego-shattering experiences.

It is important to emphasize that if a patient is treated for a longer period of time and his psychodynamic structure is known to the therapist, the material he produces is usually not much different from that which he produced before drug exposure. Occasionally it happens that material is released which formerly was repressed. Of course, a great deal of material can be gathered in a comparatively short time in patients whose psychodynamic structure is not known. The only advantages we are able to see in the use of LSD or mescaline for therapeutic purposes are that they do not interfere to a great degree with consciousness, and that the patient remains in full contact with the therapist and is able to report his experiences. Cattell (1), who recently investigated the psychodynamic and therapeutic aspects of LSD and mescaline, reached the conclusion that mescaline produces non-specific and personality-specific responses. Even those clinical and dynamic trends which were unrecognized or unemphasized prior to mescaline can be recognized as consistent with the personality of the patient; only rarely was such material considered somewhat alien by the patient. It was not possible to predict the dynamic content upon which the patient would concentrate during a drug experience. Even though some of the basic personality manifestations were discernible in successive drug experimentation, neither mescaline nor LSD gave a complete and undisturbed picture of the basic personality. From the viewpoint of psychodynamic investigation, the drugs have a very great value. One gains a great deal of information relative to ego strength, emotional regulation, ego defenses, and the handling of repressed material. Their therapeutic use in a specific sense is, however, another matter. In the latter, these drugs are not especially successful. Emotional catharsis, release of hostility, abreaction of

traumatic events, release of repressed material could be at times therapeutic. In many instances, however, they are not. We should not forget the psychotic individual does all this quite often spontaneously as part and parcel of his clinical manifestations without showing any improvement. Furthermore, in many instances the transference relationship during the drug-induced state is markedly distorted and is not too conducive to psychotherapy. It has to be emphasized that psychotherapy is not only a process of analysis, but also of synthesis. Unfortunately, the latter is the more difficult to accomplish, especially in psychotic individuals. We, therefore, believe that LSD, mescaline and many other drugs can be used as adjuncts to psychotherapy, but it has not been proven that they are superior to drugs already in use. In our experience they cannot be compared with psychotherapeutic results obtained in patients where tranquilizing drugs were used to reduce instead of to stir up the patient's symptoms. Further investigations in this field, however, are very much in order. The understanding which could be gained into psychodynamics and the relationship of psychodynamics to physiodynamics are of utmost value and will influence indirectly our therapeutic understanding.

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VERBATIM RECORDING AND TRANSFERENCE STUDIES WITH LYSERGIC ACID DIETHYLAMIDE (LSD-25)

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Previous reports have stressed the value of LSD as an adjunct to brief and intensive psychotherapy (1–4). This communication concerns a three-hour verbatim recording, illustrating its use in connection with the emergence of the transference and the concomitant countertransference. While verbatim recordings do not generally include the almost endless number of variables required for a "total" study, it does provide verbal interactions of the total process. The delicate doctor-patient relationship expressed through interrelated groups of words is carefully delineated, and their meanings thus conveyed to different observers.

During the reaction with 25 to 50-microgram doses of LSD, ego enhancement occurs simultaneously with ego depression. Advantage may be taken of the reconstructive potential and integrative functions of the ego to provide insight into conflict situations not hitherto readily accessible to the patient (1). Our results with 100 micrograms or more of LSD indicate that the processes functioning in the personality structure of the non-psychotic subject may be modified as follows (5): (a) Awareness and recall of the experimental setting, (b) increased fantasy with limited emergence of autistic ideation, (c) facilitated interpretation of symbolic processes, (d) acute awareness of need to maintain conscious volitional control of self, (e) regressive modes of defense and self-preoccupation, (f) mounting anxiety, (g) dysfunction of affect control, (h) depressive processes exceeding the euphoric components, (i) alternating periods of disturbance in perception, (j) rarely hallucinatory phenomena with some awareness of reality simultaneously, (k) intensification of interpersonal bonds with members of the group or group leader either with distorted dependence or hostility, or both, (l) paranoid structuring of both people and circumstances, (m) psychosexual stimulation induced by either external events or by the other items listed here, and (n) rare improvement in performing under specific test situations.

If the foregoing changes of behavior were all modified by the word "slight", we would have a better picture of the patient who has received therapeutic amounts of LSD (25–50 micrograms). Here the forces of ego enhancement are supported by the intense relationship with the therapist. While the patient reacts