Short-Term Psychotherapy With LSD: A Case Study

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It has been amply demonstrated that LSD facilitates access to unconscious mental processes, permits recall of early memories, brings deep feelings to a conscious level of awareness, and potentiates "peak" or transcendental experiences.[1] It is reasonable to assume that these reactions occurring within a therapeutic context should promote rapid insight, help to effect significant changes in attitudes toward the self and the environment, and release self-actualizing potential leading to more fulfilled living. Indeed, many investigators have reported that LSD not only can hasten the treatment process, but also can help overcome psychological resistances that are intractable to more conventional therapeutic approaches.[2]

I recently completed a controlled study designed to evaluate the effectiveness of LSD as an aid to short-term psychotherapy with psychosomatic and nonpsychotic psychiatric inpatients. The case to be presented here was one of 15 patients who received LSD in the research program. While few patients improved as dramatically as this man did, the case was selected as an illustration of how LSD can be a useful tool in the treatment of certain emotional disorders, when used judiciously.

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The patient (referred to here as Mr. Rush) is a married, white male of middle-class background, who was 48 years old at the time he was admitted to the Psychosomatic Service of the Topeka Veterans Administration Hospital in 1968. The admitting complaint was Doriden habituation. Mr. Rush had started taking Doriden 10 years before for insomnia and had remained dependent upon it ever since. As a result of his chronic dependence, he had become physically incapacitated, being unable to walk without help at the time of admission.

Mr. Rush had been unemployed for 11 years prior to his admission to the hospital. He spent most of his time during the day remaining alone in a drugged state. He made little effort to establish social contacts outside of his immediate family, and had largely resigned himself to his empty and unproductive existence.

He had been married for 17 years and had a 15-year-old daughter. His wife's employment provided the sole source of family income. She was fairly tolerant of her husband's disability and placed relatively little pressure upon him to seek work.

Mr. Rush had been seeing a psychiatrist either weekly or biweekly during the past 10 years on an outpatient basis. His psychiatrist was psychoanalytically oriented, but had been treating him primarily on a supportive basis for the past several years.

In psychiatric and psychological evaluation, he presented himself as a verbal and articulate man with superior intellectual resources. He was alert and well oriented and gave no indication of disordered thinking. He was moderately depressed and anxious. He primarily employed defense mechanisms of intellectualization and isolation of affect in order to handle central conflicts regarding problems of sexual identification, dependency, and passivity.

The following information is excerpted from life history material provided by Mr. Rush prior to treatment:

The patient felt that his father was excessively strict with him, punishing him almost sadistically and more frequently than he did the other

siblings. He thought that his father resented the fact that he did not enjoy farm work and was, on the contrary, aesthetic and artistic by nature.

Mr. Rush stated that he felt closer to his mother in growing up, because she seemed to understand him and was sympathetic to his interests in literature and aesthetic pursuits. His mother realized that her husband punished the boy more severely than was necessary, but behaved as if she was powerless to do anything about it. She seemed to consider her role to be "suffering in silence." The patient thought that he should have received more support from her.

He did not get along well with his closest sibling, a brother nine years older than himself. The brother was more masculine and showed interest in the types of activities that met his father's approval. The patient felt unjustly picked upon by his brother and perceived his father as being sympathetic to his brother when disputes arose. The brother forced him to have oral-genital relations on a number of occasions, around the time that he was 11 and the brother was 20 years old. The brother threatened to harm him severely if he revealed this information to his parents.

At the age of 19, Mr. Rush was treated by a general practitioner for "nervous exhaustion" and recurrent spells of depression following the death of his mother. In 1941, he entered the service and became secretary to a high-ranking army officer, an experience he regarded as the high point of his life. Afterwards he held responsible positions as a junior executive for a manufacturing concern and in the advertising department of a magazine.

In 1956, he developed a peptic ulcer for which he had to be hospitalized. He was placed on ulcer medication (Placidyl) and discharged after a month, but was too nervous to return to work. He was kept on Placidyl and other medications until his readmission to the hospital several months later. At that time, Placidyl was abruptly discontinued and he underwent a "psychotic episode," the details of which he could not remember. He was transferred to a psychiatric ward, placed on Thorazine, and remained in the hospital for seven months. He felt unable to return to work from that point on.

In 1958, he was hospitalized for depression and received electroshock treatments with minimal response. His depression was somewhat relieved, but he remained anxious, insecure, and unable to cope with stressful situations.

Treatment procedure

Mr. Rush readily agreed to participate in the LSD treatment-research program when it was proposed to him. It was explained to him, as to other patients in the program, that in the drug sessions he would receive LSD or another drug that was considered essentially safe at the dosages administered. Whichever drug he received, it would remain the same throughout the treatment series. The conditions would be double-blind: neither he nor the therapist would definitely know which drug was being administered. Upon completion of treatment and post-testing, the code would be broken. When the time came, it was revealed that Mr. Rush was an LSD subject.

Throughout the 13 weeks of the treatment program, Mr. Rush was seen twice a week for hourly psychotherapy sessions. The first four weeks were spent primarily in exploration of the patient's life history and in discussion of his attitudes and goals and expectations regarding the drug phase of treatment. The first aim of the therapist at this time was to work toward development of rapport and a mutually trusting relationship that, it was hoped, would enable the patient to feel secure while exploring himself deeply during the drug sessions.

Some time was also spent in specifically preparing the patient for the drug sessions. In addition to allaying anxieties about the possibly harmful effects of the drug, which had been sensationalized in the popular press, the therapist instructed him in ways by which he could profit most from the drug sessions. The patient was asked to consider beforehand the nature of the problems that he particularly desired to resolve and to submit these questions to his "deeper self." However, during the drug session, he was instructed simply to "accept" the experience and not to attempt consciously to direct or control it. The therapist emphasized that it was particularly

important to confront disturbing and conflictive feelings if they should arise.

A fundamental assumption guiding this approach to the LSD experience is that the individual possesses within himself the necessary wisdom and resources to achieve personality growth. It is presumed that the drug helps to bypass characteristic defenses, thus permitting access to the healing and growth forces of the unconscious.

Mr. Rush had his first drug session during the fifth week of treatment. An additional four drug sessions were given on a once-every-two-weeks-basis thereafter. The initial dose was 50 micrograms of LSD; in each session it was raised in increments of 50 micrograms. In the fifth and final session, the dose was 250 micrograms.

The setting for the drug sessions was a private room especially designed for LSD sessions with homelike furnishings, pictures on the wall, etc. The therapist remained in constant attendance for the first six hours of the session. Then, after an interim of two hours, he returned to spend an additional hour with the patient. During the interim, a trained nurse was available to sit with the patient, if he so desired.

The amount of verbal interaction was quite minimal, especially during the first three to four hours of the session. The therapist would give support and guidance if the patient indicated a need for it, but his role was primarily to try to provide conditions that would enable the patient to explore as deeply as possible on his own. During the greater part of each session, the patient lay supine on the bed with eyes closed. A variety of different types of music, selected by the therapist, was played on a stereo phonograph in an attempt to enhance the depth and intensity of the experience.

The patient was asked to write an account of his experience within one or two days after each drug session; he and the therapist spent considerable time afterwards in discussing and integrating the contents of the experiences. Since the patient proved to be an unusually verbal and literate man, most of what follows is abstracted from his written descriptions of his sessions.

Session 1 (50 micrograms). The first drug session was characterized by a vivid reliving of past experiences, accompanied by considerable emotional abreaction. About 45 minutes after ingestion of the drug, the patient seemed to become completely oblivious of the therapist's presence. He engaged aloud in protracted and emotional conversations with the persons who were present in the incidents that he was re-experiencing. This behavior continued for approximately four hours. For the most part, his memories covered events occurring between the ages of 20 and 30 and were of both a pleasant and disagreeable nature, although the latter predominated. A major portion of the recalled experiences involved his extreme dissatisfaction with his job and work relations when he had been a junior executive in St. Louis. He essentially felt exploited and manipulated by his employer. He also relived many war experiences, such as his horror upon discovering Buchenwald, awe at the sight of the naval and air armada on D-Day, and sorrow at the sight of a parachutist hanging dead in his harness from the limb of a tree. There were also pleasant memories of dates with his wife and satisfying experiences with close friends.

In summary, Mr. Rush wrote: "Now what did I get out of it? Somehow it seems nebulous. There was, I think, a sort of 'trauma recall.' There was a remembering of things, places, people, all long forgotten—even names. In some way, it was a sort of connection of the present with the past. I perhaps had a view, a remembrance of myself as I used to be. Subtly, it seems to have re-established the former *me* into the present me, to some degree. I do not feel quite so inadequate, so self-accusing, so uncertain. Definitely, there appears to have been a beneficial change. And I am newly aware of the sick situation in which I tried to live in St. Louis."

After this session, the therapist noted a distinct change in the patient's mode of interaction. Whereas previously Mr. Rush had been pleasant but overly intellectual and emotionally distant, he became more spontaneous, natural, and warmer in his relations with the therapist. In the interview following the drug session, he mentioned that he had been adopting a cynical, "hard-boiled" façade in order to mask his underlying tender, gentle feelings that he associated with a lack of masculinity.

Session 2 (100 micrograms). The patient wrote: "This has been a remarkable day by any standard. The entire experience has been strictly physical and emotional, with very, very little mental activity. Somehow this was a surprise as I had planned ahead of time to explore child-parent relationships. In a sense, subtly, perhaps I have done this very thing.

"After what seemed a very short time after taking the LSD, I felt completely free of inhibition and there was, of course, a 'depth' disorientation which I can still sense. Almost immediately, I felt myself as a tree growing taller and taller. Seemingly, I went high above the earth into cosmic existence. I felt extremely happy, exuberant, exhilarated. This translated into physical terms and I felt I examined my internal organs one by one—felt pleased. Somewhere along the way, I became extremely conscious of my chest and it seemed as if I felt the upper part of my lungs for the first time. I grew taller, wider, until it seemed I would burst with pride in my physical self. This eventually spread from the top of my head to my toes. I wanted to run around and play outside, tell everyone how good I felt. There was a sensation of being sorry for everyone not in my euphoric state . . . Occasionally, I became aware of tears in my eyes, because of extreme happiness that was completely beyond expression. I became aware of a tremendous pride in my daughter and thought of her for a long, long time—only during this my wife seemed to be with me—or within me—it's hard to describe.

"Before lunch, I made what appeared at the time to be a startling discovery—that I *am* an adult man. I immediately felt that I didn't really need my father, his approval or anybody else's approval, because I thoroughly felt approval and pleasure with myself.

"During lunch, I felt extremely friendly with my doctor—he had before seemed to represent 'everyone'—only now he was a real person and I exhibited this by calling him by his first name and engaging in what at the time seemed to be intellectual conversation in reference to morals and mores of the U.S. We seemed in agreement.

"Only two or three times did I seem to have any interest in places past and they didn't really seem to matter. At one point, there was a moment of

pain. My left arm became numb and my hand tingled. As I concentrated, this pain became Mr. T. (my boss in St. Louis). Then, I simply stepped 'outside.' He simply turned into a 'thorn in my side' and after a very short time, I pulled him out. I saw no more of him and even as I write this, it feels as if he never even existed. This, I enjoy.

"I was mostly preoccupied with my own feeling of well-being and looked at myself in the mirror several times. I concluded I *wasn't* 21 anymore and didn't care.

"Then I seemed to plummet through space, and found myself in the very primitive state of being about six months old. I loved it. I loved me. I was a boy baby. I had about five basic urges. I even imagined or seemed to have a blue baby blanket, and I realize that I was lying in a fetal position. I felt snug, secure, warm, demanding, irresponsible, happy. I stayed this way the rest of the day—still feel somewhat that way.

"I remember early in the day I expressed concern about whether or not my good feeling would last. Even now, I feel resistance about going back to my ward tomorrow—and I recognize this as an evasion against a return to what appears to me now as 'neurotic' reality. I have been totally disinterested in time—keep feeling I *should* listen to a newscast, but I don't really seem to care. I realize that I *should* be angry because no one gave me a tranquilizer, but I *don't care.* I'm simply overflowing with happiness—let's call it love—not passion—total and complete love. Now, what have I gotten out of it? 1) I feel very hungry for the closeness of other people. I *want* people. Do people want me? Yes, but I'm going to have to realize that I must do a bit of reaching out. I do *feel* this quite strongly. 2) Somehow today there has been a connection of id drives, or body and emotions.

"About the only things I feel are a curious pleasure in my own self—physically, emotionally, and mentally—a desire to be with people and a desperate craving to be wanted—I think because I like myself so much, everyone else should be allowed to 'share me.' "

Session 3 (150 micrograms). "When I started this program, I agreed to write up each experience. This report will not be like the others. I am not

concerned about the sequence; what I got out of it should be quite obvious. Since I am a patient, I may use language that is less than antiseptic, which is my privilege. Any time.

"First of all, I may as well stop putting on an act. I have a better than average lay knowledge of medicine and psychiatry. This very fact made psychotherapy difficult in the past. Right now, I may or may not analyze things. Frankly, I am much too preoccupied with feeling to care much about analysis. This is a relief. I might point out that I should no longer say 'it seemed' for I have discovered that under LSD, whatever you want to *be*, really *is*. On Trip 2, body and emotions joined up. Today, soul came in very strongly. Now to explain this, I have to elaborate on the past.

"I came into the hospital with broadened insight, but guilt-ridden, principally about Doriden habituation. If anybody reads this, I might astonish or enlighten them by saying that with proper clinical precautions, it is possible to have a daily intake of 6,500 mg. without becoming a fatality. It is now very obvious why I did it. In 1957, I underwent a traumatic withdrawal from Placidyl when my hemoglobin count was 6, due to the angry refusal of an inept resident to listen to me at the time. I suffered an emotional shock that amounted to nothing less than terror. I had been left with the impression that I had 'lost my mind,' 'gone to pieces,' and had a 'nervous breakdown.' Not only was I left with this impression, but it was left with all who knew me. Now that was a crock of crap. I had a toxic drug reaction—with Doriden. I always told myself the fence was to 'keep me in.' Today, I knew it was to keep everyone else out.

"I first began to wonder about God rather seriously a week ago last Sunday when I attended a service conducted by the hospital chaplain. In this service, he did something which I don't associate with any particular church, but it was a sort of absolution of sins. Now, I have a belief that may or may not be unusual. To me, God is everything that He created. Therefore, any person that I meet is a 'touch' of God. Since God is love, anything done in love cannot be sinful. In fact, I do not recognize 'wrong' and 'right'—only 'love' and 'unlove.' Since the last trip, I have felt love of self, approval of self. When I went home last weekend, I'm

sure this was fairly obvious. Today, I felt God's approval and a call to mature responsibility. I can no longer feel self-condemnation.

"It is at this point very easy to admit that during my adult life I had two homosexual experiences. They became constant accusal. They dominated me. Last Friday, I had a vivid nightmare which eventually turned into a homosexual threat. I screamed in my sleep, and then, in accordance with the knowledge of the long-carried misconception of myself, the dream turned into 'reality.' I was considerably shaken. In discussing this dream with my therapist, somehow it stopped being a nightmare and took its proper place in the sleep psychosis.

"Now, insofar as homosexuality is concerned, I'm not going to make a pitch for it. I probably am more accepting with the practice than most people . . . While those two episodes have ruled me for a long, long time, I simply cannot say that the deep guilt any longer remains. They were indiscretions, I know. But after today, I am aware probably for the first time, that it wasn't that big a deal. I can't turn on myself in anger if I am part of God—and I am. In short, I am not according myself the privileges I have always allowed to others . . . It is as important to allow yourself to be loved as it is to love somebody else. I can do that now.

". . . Emotions and body and soul. I know the names for all of those, but there's a big difference between knowing the jargon and feeling the *feelings.* I'm not an oddball and I'm turning loose. Not everyone is going to like it, but there's nothing that's 'off limits' in me. I've got a responsibility to my fellow-man. I have an unusual communication ability. God gave me a lot. I'm going to use it. I don't feel sorry for myself anymore. I don't even feel sorry about *anything.* It's been a pretty rich life. I have the time to scatter around what I've learned. That's what I'm really going to do, no matter what I work at . . . and I already know what that's going to be. I have *never* felt so calm and peaceful in my life. If there is an epitaph to this trip, it was when a light appeared in the window of the church in the picture that hangs in this room. It might also be the beginning. Alpha and Omega."

Session 4 (200 micrograms). "On this trip, the drug had a powerful effect on me, becoming noticeable in loss of co-ordination after about 25 minutes. I have observed that I have a tendency to resist the drug and in the early stages, felt that I was actually regressing consciously until I reached a physical wall of stone which I did not desire to surmount.

"As the effect increased, I immediately visualized God (mentally) as a bright, fluid spheroid. As I contemplated this, I came off the Divine symbol as a droplet. There was considerable time spent exploring this phenomenon.

"Later, I realized a tremendous hatred for the wife of my former boss in St. Louis. While feeling this, there came to me a realization—dramatically fast—that 'my mother has castrated me.' Now I might explain what this means in my own terms, just as I did when discussing the trip with Dr. Soskin. It was a totally new thing to me, although I've known it intellectually for many years. Simply it was that my mother attempted to rear me as she would a girl. I was her constant companion and I had to help her with her housework and other activities. She always discouraged me from physical violence and invariably shamed me if I rebelled against my father in any way. In this manner, she obviously could completely control me. Physically, it has not necessarily turned out that way but there has been an emotional hangup.

"The feeling toward my mother turned immediately again to the wife of my former boss, and it was apparent that she had acted exactly the same as my mother, in that the sole goal she had in life was to control me to satisfy her amorous feelings, her need for intellectual companionship, yet all the while keeping the security provided by her evidently sexless husband. While I did never actually assume the role of lover, I did let her dominate me emotionally at a time (returning from Europe) that I wanted to be a man."

Of the latter part of the session, he wrote:

"For most of the time I was peculiarly devoid of anything that seemed significant and finally Dr. Soskin had to leave. No one came around to

look in on me and for some reason, I just could not shake off the drug enough to go look for anybody. Before long, I began to feel very hurt about what I thought his remark had been. [Referring to a remark the therapist made about his tendency to dramatize things.] I began to feel lonely and abandoned and quite sorry for myself. The room suddenly became very cold and I pulled the blanket up onto me—I think it was really just over my head—and I just laid there feeling despondent, practically persecuted.

"When Dr. Soskin returned later, I was feeling damned depressed and lonely, resentful that there wasn't anyone to talk to. He asked me what was the matter and I recall that I almost blurted out that I was having borderline paranoid feelings—but recalled that he didn't like textbook terms and became evasive. I think he tried about five times before I just put it in simple language and told him that 'it seemed I liked almost everyone, but apparently nobody liked me.' He talked with me for quite a long time I think, and it dawned on me that while I sometimes 'emote just to hear myself'—there has somewhere along the line been a subtle change and I really like to have an appreciative audience. I recall I said I probably felt this way (the persecution) because I was deprived of my admiring entourage, which is really somewhat of a fact, as there are usually four or five patients that hover closely or nearby because we apparently like to entertain each other.

"Now for many years, I have practiced the art of avoiding people so that no one would be able to find out how upset I have been. It now became shocking to know that I am really out on a limb and require other people around me. The trip at this point, became awfully serious. It dawned on me that the feelings I had been having in the euphoria of other trips were indeed genuine—that I was indeed committed—that it really was necessary that I go through with the future employment plans that I had been making, because having a medium through which to express myself (principally writing) is as damned important as eating to me. I was thunderstruck with the impact and considerably shaken. This morning, I am

still somewhat uptight because of realizing what I already knew is actually *for real.*"

Session 5 (250 micrograms). "This trip was largely a blackout and a large part of what I do recall was brought to mind in therapy discussion the day following. I have no idea of the sequence.

". . . I had examined 'the many faces of me.' Among my characteristics are the following: truthfulness, honesty, sincerity, ethics, intelligence; also, dishonesty, the compulsion to tell 'beneficial' lies if it will truly help someone (on rare occasions I accord myself this privilege), a very glossy type of Madison Avenue brand of insincerity and artificiality, sometimes resorting to unethical ways to accomplish a desirable objective and playing dumb to create a dramatic situation. With LSD, I could see how all of this is compatible and that it sincerely *is* me. I liked it. Now if this confuses anyone, I shall be very pleased. It has confused me for a long time.

". . . The most outstanding part of the trip was at a point where I apparently probed deeply. I became confused because there was no term of reference in which I could think. Dr. Soskin suggested that I not try to think. Oddly enough, it didn't occur to me to resist him. I don't really know how to describe what happened. Evidently, I had what I've heard called 'universe awareness.' It seemed that everything in existence simply disintegrated into an atomic state—everything was made of the same substance—everything *was* the same. The substance: love. Now that is interesting because I had written an article the week before in which I had pointed out that 'God is love.' That is exactly what it seemed to me—an experience of the Divine. I was physically helpless for a long time. I seemed unable to move or think, only feel and be.

"Eventually, there was a strong desire to see if my atomic composition actually related to all that around me. I touched the bed table, the wall, the bedspread and held hands with my doctor for a long time. It seemed a wonderful experience in which I *really* belonged.

"It was during the afternoon I know, after lunch, that I began to feel a strong emotion of being 'wanted.' Obviously, there is no way to describe

that to anyone because I don't know how anyone else feels wanted. To me, there was a good, pulling feeling in the area below the navel, and it didn't have anything to do with sexuality although at one time during the trip, there was a tremendous surge of masculinity and I was extremely aware of and proud of my genitals.

" . . . If I may add a recap of all five trips, it is that I keep having more frequently recurring attacks of acute sincerity. No matter what phase of my psychedelic personality I am in, it all seems genuine.

"All during this program, I have tried to avoid reading anything authentic or otherwise about LSD, as I did not wish to be influenced. However, in comparing it with what I had read in the past, my experiences have not been comparable. I have not had strong urges to create, I have not seen colors to any marked degree, nor have there been strong visual hallucinations. It has been an experience in feeling, which to me has been most worthwhile. Obviously, this could be a very dangerous drug. However, under the conditions in which I have taken it, I feel that it has been most beneficial since I am mostly comfortable (even about being tense) and certainly more outgoing and conscious of a need for other people. Undoubtedly, it would not be the right thing for everybody, but I'd say that if you haven't tried it, don't knock it."

Test findings

Changes in psychological test scores were consistent with the qualitative changes reported by the patient. A battery of tests, including Cattel's Sixteen Personality Factor (16 P-F) Questionnaire,[3] the Minnesota Multiphasic Personality Inventory (MMPI), Hilden Q-Sort,[4] and Thematic Apperception Test (TAT), were administered prior to the initiation of psychotherapy and 13 weeks later at the conclusion of treatment.

On the 16 P-F, changes of two standard deviations or more occurred on six of the 16 factors from pre- to post-testing. These were in the direction of his becoming more socially outgoing (Factor A), emotionally stable and mature (Factor C), assertive and independent (Factor E), happy-go-lucky

and enthusiastic (Factor F), venturesome and socially bold (Factor H), and relaxed and tranquil (Factor Q4). At pretest, his most "deviant" score was an extreme elevation on Factor I, indicative of a dependent, overprotected, and somewhat effeminate personality orientation. His score declined 1½ standard deviations on this dimension following treatment.

On the MMPI, three scales were significantly elevated ($T > 70$) prior to therapy. These were D (Depression), Mf (Feminity of Interest), and Ma (Hypomania). After treatment, there was a reduction of two standard deviations in D, one standard deviation on Mf, and a slight increase on Ma. All other scores were well within normal limits ($T < 60$) after therapy.

Decks 13 and 14 of the Hilden Q-Sorts were used to measure self-acceptance. Each deck consists of a series of 50 descriptive statements that were sorted by the patient into nine categories from "most like him" to "least like him" in a forced-normal distribution. Each deck was first sorted with the instruction to "describe yourself as you see yourself now" and afterward sorted on the basis of "your ideal, the person you would most like to be." The correlation between self and ideal sorts is taken as a measure of self-acceptance and self-satisfaction. The patient showed substantial changes on this measure. On Deck 13, the self-ideal correlation was +.55 prior to treatment and +.86 afterwards. On Deck 14, the pretreatment, self-ideal correlation of +.28 increased to +.93 at post-testing.

Qualitative comparison of the pre- and post-test TAT stories by two psychologists suggested a willingness on the part of the patient to entertain and/or communicate less conforming and conventional fantasy themes after treatment. The hero figures on the post-test TAT were generally more aggressive, assertive, and independent, whereas on the pretest they had primarily been passive and compliant. Prior to therapy, he showed greatest disturbance on card 8 BM in which he produced a theme involving a 12-year-old boy who is "very disturbed and haunted by nightmares of violence; he lives in fear that someone is going to hurt him." Following treatment, the theme changes to an innocuous one of a boy daydreaming about becoming a doctor.

The Wittenborn Psychiatric Rating Scales[5] are a procedure for re-

cording the observed behavior of psychiatric patients and for describing them according to their current symptoms. The scales, which fall into nine clusters derived through factor analysis, indicate the presence and degree of pathological symptoms in a patient. The therapist and a psychiatrist rated the patient prior to and subsequent to therapy. After therapy, all scores were in the direction of lessened symptomatology. The therapist rated the patient as asymptomatic at the conclusion of treatment.

The therapist and psychiatrist also rated the patient on the California Q-Set, a device consisting of 100 descriptive statements of personality attributes that are sorted into nine categories from most to least characteristic of the patient in a forced-normal distribution.[6] Ratings of the patient were then correlated with a criterion sorting of "the optimally adjusted personality" as independently defined by a consensus of nine clinical psychologists. The therapist's rating of the patient correlated -.22 with "the optimally adjusted personality" prior to treatment and +.53 afterwards. By contrast, the psychiatrist's rating correlated +.47 initially and +.26 post-treatment. In view of the patient's subsequent successful post-hospital adjustment, the latter rating appeared to represent an underestimation of his capacities and abilities.

Post-hospital adjustment

Mr. Rush succeeded in securing a responsible position with a trade magazine and had been working as a writer for this organization until the time of follow-up, 16 months after discharge from the hospital. He also did spare-time work on his own as a creative writer. During this period, he had not taken any drugs, and claimed that he had no desire to do so.

He reported that he was sometimes fearful as he attempted to make the adjustment directly from the hospital to an employment situation after 10 years of inactivity. At times, he felt that others were skeptical of his ability to function on a continuing basis, but was not certain whether this was true or represented a projection of his own doubts. In any case, when he felt tempted to "prove something" he would take definite measures to counteract this tendency.

In describing his adjustment to work situations, he wrote: "Whenever the chips are down, I have on every occasion, found that any unreasonable doubts I might have felt were entirely groundless. For instance, in my work (which has been remarkably free from strife) there have been a couple of occasions when I have found myself at odds with the monarch of the organization. The first time, we worked things out amicably without any ill feelings. The second time, I felt that I was being unduly harassed about something that was not my fault. When I couldn't discuss it reasonably with him, I struck out in anger and vented my feelings strongly in a verbal manner. We have never enjoyed anything other than a good relationship since."

In his spare-time work, he felt that he could do things that he never had confidence to engage in before, such as approaching strangers for interviews and confronting situations in which he expected that others might disapprove of him.

At the time of follow-up, homosexuality was no longer an issue of significant concern. He said that he was attracted to some men more than others, just as some women were more appealing to him than others. He did not experience his attraction toward men as sexual and has had no desire to initiate another homosexual relationship. He no longer was troubled by guilt about his past homosexual experiences.

Reporting on his family adjustment, he noted: "In my home there is a great deal of love, more than there has ever been. There are also moments of genuine hate—but somewhere on those LSD trips, I found that you can't hate someone you don't love. I have found a tremendous respect for myself in being able to give—myself—my wife and daughter many things I wasn't able to give before. Material things, yes. They are a part of expression, I believe. Our domain glows with color and new objects which make me very proud—mostly because I was able to get these things—by the use of my judgment, my word ability and a certain amount of creativity. Anything I earned before, I earned by doing something I loathed, which tarnished the reward. I communicate more of myself to my wife and daughter. They perhaps know me better than they ever did—which is good, as it is my opinion that I'm rather worthwhile."

He observed that he occasionally experienced times when he was anxious, tense, and depressed, but found that these emotions did not persist for long periods. He wrote:

"There always seems to come a moment when 'something'—an experience, something I see, an odor—makes things seem entirely different or puts me in a frame of mind to cope in a constructive way with whatever was bothering me."

He further stated that he was less inclined to be analytical and logical, instead trusting more in his spontaneous feelings and impulses.

In summing up his outlook at the time of follow-up, he wrote:

"I'm not the same person that I was two years ago. I'm the same person but more and better. I feel a relationship with everything around me. It's not a matter any longer of 'fitting in' but simply in being a part of everything. And although I sometimes have fears of getting 'sick,' I know that I could never go back through what seems to be a long journey I took, because there isn't any way to return. Succinctly, I know who I am, I know what I'm doing, I know who's important to me and I like what I'm doing. I'm happy and I simply don't think the world's going to hell as so many people seem to think. I'm once again very aware that there is a Supreme Power of which all and everything is a part. Most call this power God. I don't think it makes any difference if I call it Love."

Discussion

It is not unusual for patients to express great enthusiasm for the LSD experiences, as there often follows a feeling of heightened optimism and confidence that can last for a few months before diminishing. However, in this case, the patient went on to modify substantially his life circumstances; his account 16 months later certainly indicates that the beneficial changes in his outlook and self-concept have endured.

The patient underwent a profound change in his self-concept, which occurred at a multiplicity of levels. Physically, he had previously perceived himself as a weak, passive, effeminate person. As a result of treatment, he grew to appreciate his body, particularly his strength and masculinity.

Formerly guilt-ridden and self-condemning, he experienced a dramatic reduction in self-critical tendencies. He not only became able to forgive himself for past difficulties, but also adopted a healthy attitude of acceptance toward his frailties and a much greater appreciation of his strengths. Interpersonally, he recognized his need for other people and came to feel worthy of the affection of others and capable of relating on a more warm, intimate level. At the same time, he became sufficiently liberated to assert himself and no longer felt the need to behave according to other people's expectations. This would seem to be related to a breaking of the dependency ties to his parents as he came to recognize that he "no longer needs his father's approval" and that his mother had exerted an unhealthy controlling influence in promoting an essentially feminine identification. Philosophically, he became aware of a transcendental dimension to reality, which he viewed as benevolent and loving. His capacity to respond with joy and delight to all aspects of his existence appeared to be greatly broadened. His orientation after treatment bears a striking resemblance to the characteristics of the self-actualized person as described by Maslow.[7]

The therapeutic changes are especially impressive in view of the fact that Mr. Rush had received psychoanalytically-oriented psychotherapy for many years prior to hospitalization without making appreciable improvement. One might contend that his chronic drug dependency during these years interfered with his capacity to benefit from treatment. It could reasonably be expected, however, that many years of treatment would produce sufficient change to induce the patient to give up his drug habit. Nevertheless, it is possible that his previous exposure to psychotherapy may have helped to provide the intellectual and philosophical framework that later enabled him to derive maximum benefit from LSD-assisted psychotherapy.

It might also be argued that the patient might have achieved the same changes without the use of LSD. He received an unusual amount of staff attention, both from his physician and his therapist. In addition to individual psychotherapy interviews twice a week, he participated in the thera-

pist's psychodrama group, which met twice a week and was, of course, attended by the therapist for six or seven hours in each of the five LSD sessions. The patient derived a great deal of satisfaction from his work assignment, which, no doubt, aided in his recovery. Also, by entering the hospital he was for the first time making serious efforts to overcome his drug habit and presumably was better motivated to effect other changes in his life.

On the other hand, a number of factors suggest that LSD played a crucial role in the recovery process. The fact that many years of previous exposure to psychotherapy were unproductive of visible change has been mentioned. Second, the patient attributed most of his new awareness and insights to the LSD experience itself. There was behavioral confirmation for his subjective impressions in that the therapist and staff observed the most marked changes in his patterns of interaction immediately after his drug experiences. These were in the direction of his becoming more cheerful, outgoing, confident, and self-assertive. Third, the nature and quality of the patient's experiences are consistent with those reported previously in the LSD literature as having had beneficial therapeutic effects: namely, facilitation of self-insight, greater accessibility to feelings and emotions, recovery of repressed or preconscious memories, and potentiation of transcendental experiences.

It is generally agreed that the main impact of the psychedelic experience is temporarily to suspend those psychological processes that provide structure and constancy to the individual's perception of self-image, environment, beliefs, and values in the normal state of consciousness.[8] In this case, LSD appeared to be of primary value in enabling the patient to transcend the network of learned social judgments that had previously constituted his sense of selfhood. In so doing, he established contact with his *real self,* defined by Horney as "that central inner force, common to all human beings and yet unique in each, which is the deep source of growth."[9] Too often, we assume that what is repressed consists of negative or antisocial tendencies. Yet the more important insights developed by the patient involved corrections of the distortions in his self-image, affirmation

of his basic self-worth, and awareness of his previously unrecognized resources for growth and fulfillment.

The success of the method of short-term LSD treatment employed in the research study varied from minimal change for some patients to marked improvement as exemplified by the case presented here. In assessing the factors that distinguished this patient from the majority of the patient sample, it seems apparent that Mr. Rush possessed most of the attributes considered desirable for a favorable outcome in conventional psychotherapy. He was a very verbal, introspective man with superior intellectual resources. His psychopathology was economically and socially disabling, but he had shown evidence, prior to becoming drug habituated, of competency in these areas. He was fortunate in having an accepting and supportive wife who welcomed his personality growth. Finally, it would seem that the intellectual insights, psychological sophistication, and capacity for open-mindedness that he displayed from the beginning were at least partly an outgrowth of his previous psychotherapeutic experience. The learning that occurred with the aid of LSD was primarily at the level of feelings and emotions and could be easily integrated into his pre-existing value system.

These considerations suggest that LSD would have greatest applicability in intensifying and hastening the therapeutic process with patients who possess the greatest ego resources. Unfortunately, most of the research to date has involved patient groups that are characteristically minimally responsive to other forms of treatment, such as alcoholics and patients with deep-seated characterological problems. It is to be hoped that future research can be expanded to include patient groups who initially present more favorable therapeutic prognoses.

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