LSD, TRANSCENDENCE AND THE NEW BEGINNING

On the 16th of January, 1960, a day-long symposium on lysergic acid diethylamide was held at the Napa State Hospital, Imola, California.[1] *The symposium attracted considerable regional attention and was later broadcast over KPFA, an educational FM station. Because of its length it has been impossible to publish it in its entirety. As a joint contribution of the Mental Research Institute, Palo Alto, JNMD herewith presents papers given at the symposium by three members of that Institute, Dr. Charles Savage, Dr. James Terrill and Dr. Donald D. Jackson. The manuscripts have been edited by Dr. Savage and where possible have been brought up to date with footnotes. An effort has been made to capture the original spirit of the symposium, which was characterized by a turning away from the conventional view of LSD as a mere facilitator of therapy toward the view of it as a new experience, a new beginning.*[2] *We offer these papers with some confidence that they will be of interest to our readers.*

The Editors

The Nature of the LSD Experience

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What is the nature of the LSD experience? There is no simple answer to this question. Early in our work with LSD at the Mental Research Institute it became clear that there are no regular and predictable effects of LSD *per se*, but rather that the effects are the result of a complex interaction[4] of the drug, the psychological and physical environment, the personality structure of the subject and therapist, and the set or expectancy as to what the drug would do. Judging from the literature on LSD, this point about the relativity of LSD effects has not been sufficiently emphasized (2).

Our conclusions regarding the psychological effects of LSD have developed out of a series of exploratory studies that were carried out at the Mental Research Institute over a two-year period (1958–59). *Ss* have included 60 volunteers and 29 psychiatric patients. Most of the volunteer *Ss* were professional people (psychiatrists, psychologists and social workers) who took the drug, ostensibly, out of curiosity. The psychiatric patients were, for the most part, already in regular psychotherapy and were taking the drug as a part of their treatment. Many of our *Ss* have had more than one LSD experience.

During some of the early work at the Institute several ways of approaching the subject in the LSD state were tried, including the administration of psychological tests and the utilization of various interview techniques. Experiments in this regard led to the conclusion that any attempt on the experimenter's part to impose a structured

[1] Sponsored by Dr. Theo Miller, Superintendent, Dr. William Mandel, late Director of Research, and Harry Althouse, regional representative of the Sandoz Corporation.

[2] Both points of view were introduced by Dr. Sidney Cohen, chairman of the symposium. The earlier point of view was presented by Dr. Michael Agron, of Palo Alto. It has been amply documented in the literature (*e.g.*, 1, 2, 5, 7, 11, 20, 21). A critique of this point of view was published by Savage in 1957 (23). The newer point of view was developed by Osmond and Hoffer (9, 18).

[3] Mental Research Institute, Medical Research Foundation, Palo Alto, California. This work was made possible by USPHS Grant MY 2621.

[4] I prefer the word "transaction" introduced by Cantril (6). Implicit in this concept is the necessity to structure the environment according to what one wishes to get out of it (22). The patterning of the milieu described hereafter derives from the Hollywood Hospital group, though the symposium antedates their publication (17). Ed.

test or interview on the situation had the effect of radically altering the subjective experience of *S*. The most significant effects of the drug seemed to occur when *S* was allowed to follow his own spontaneous train of thought.

The technique of administration used with most of *S*s, therefore, is based on an attempt to provide a relatively permissive, comfortable and accepting atmosphere. *S*s were encouraged to give themselves up to the effects of the drug as much as possible. All the drug sessions were conducted in a small, sound-proofed room that was very comfortably furnished with a couch, carpet, pictures on the wall, and a stereo record player. *S*s were usually provided with an opportunity to listen to music or look at visual stimuli. An attempt was made to reduce the amount of stress to a minimum. Someone was with *S* during most of the day. He therefore had the opportunity to talk with someone if he wished, although it was made clear to each *S* that he need not talk if he did not feel like it.

The dosages used have ranged from 50 to 200 micrograms, with the most frequent dosage being 100 micrograms.

Volunteer *S*s and patients were treated in much the same manner, except that the patients entered the sessions with a very different set. The LSD sessions were presented to each patient as an adjunct to his regular treatment, and his therapist was usually present during a part of the time. The role relationship between the experimenters and the patients was naturally quite different from the role relationship between the experimenters and the professional volunteer *S*s. When a professional volunteer takes LSD in the presence of a colleague he is frequently thrown into considerable conflict as to what his role should be. This often presents a rather difficult situation for the person who is administering the drug as well.

In describing the effects that we have observed under these conditions and with these *S*s, it is important to distinguish between two classes of effects. One class is the immediate effects, *i.e.*, those which occur within 8 to 12 hours after ingestion of the drug. The other class consists of the more lasting effects, *i.e.*, those which persist for an indeterminate period after the immediate effects have dissipated.

In studying the immediate effects, the approach has been to observe the subject's relatively spontaneous behavior while he is under the influence of the drug and also to analyze the tape recordings made of each drug session.

EFFECTS

The immediate effects which have been observed can roughly be classified into five categories:

1) Mood and affect
2) Interpersonal behavior
3) Sensory and perceptual effects
4) Intellectual functioning and reality testing
5) Intuitive-intellectual effects

In terms of *mood and affect*, *S*s have demonstrated a wide range of reactions. Often an emotional lability is seen which ranges from tearfulness to euphoria. There is frequently an increased intensity to emtions in general. Feelings of well-being or euphoria, which many subjects have reported, tend to merge into feelings of omnipotence. Sometimes there appears to be an increase in anxiety; while at other times anxiety is decreased, and there is a feeling that previously threatening things can be talked about. *S*s tend to show an increased concern with the feelings and events of the immediate moment, and sometimes there is a marked lack of concern about the past and future.

In terms of *interpersonal behavior*, *S*s typically have manifested an increased sensitivity to their interactions with others. In many *S*s this sensitivity has taken the form of being easily hurt or feeling neglected. With the majority of *S*s there has been an enhancement of the relationship with the person who is conducting the experience.

Sometimes patients have developed paranoid constructions about being manipulated.

The following varieties of *sensory and perceptual effects* have been relatively common with our *S*s: there is an increased sensitivity to sounds and visual stimuli in general. Distortions of the body image (visual distortions which are usually illusory but sometimes hallucinatory) also occur. There are synesthesias with all sorts of combinations of sensations; *e.g.*, music may produce visions of color, pictures may produce sounds, and odors may produce visual and auditory images or somatic sensations. There are transformations of the time sense, such as time standing still, racing backwards or forwards, or dragging interminably. The external world becomes unstable, receding and approaching, flowing and vibrating.

In the area of *intellectual functioning and reality testing*, LSD usually has resulted in a lability of thought processes which frequently has manifested itself as a flight of ideas. There often has been a marked disruption of the organization of thoughts and concepts. In attempting to deal with this disorganization, *S* has often come up with new, sometimes insightful, ways of conceptualizing his experiences. Unless the LSD therapist is equally at home with both old and new ideas he may overlook creative aspects of the patient's thinking and label it all as merely confused or psychotic. The therapist's confusion may in turn confuse the patient.

There is still a fifth class of effects which could be termed *intuitive-intellectual* effects. Included in this category are experiences such as a feeling of oneness, a feeling of "understanding" life and existence, religious experiences, transcendental experiences, or a strong inclination to think along philosophical lines. Such experiences have been reported relatively frequently and appear to be a combination of both emotional and intellectual functions. Patients who have had vivid experiences of this type have tended to value them highly and often have expressed the feeling that such experiences seem to have some sort of lasting beneficial effect.

This list of immediate effects covers a wide range, and frequently *S* in a single drug session will experience a large number of them. It should be noted that many of the effects mentioned are contradictory. In this connection it has been observed that *S* will often shift from one experience or emotion to its opposite in a very short time.

RESPONSE VARIATION

Individuals differed greatly in their responses to LSD. At a given dosage some *S*s reported that they experienced little or nothing out of the ordinary, while others reported extremely intense and unusual experiences. Of those who did report significant effects, some experienced predominantly unpleasant effects, while others felt the experience was primarily pleasant; some were principally concerned with changes in the body image, while others became preoccupied with esthetic experiences on philosophical issues. It was also noted that the same individual might show considerable variation in his response to LSD from one session to the next.

In general we have felt that the more positive kinds of experiences have something to do with *S*'s willingness or ability to give himself up to the effects of the drug. If *S* is very concerned about maintaining control or fighting the effects of the drug, the experiences can be frightening, sometimes terrifying.[5] By and large, however, we have observed very few reactions that could be termed blatantly psychotic. It would probably be fairly easy to induce more psychotic-like behavior if *S*s were put into a more stressful situation and made to feel more insecure.[6]

[5] Beringer (4) noted the same thing for mescaline in 1927.

[6] Dr. Terrill's conjecture was soon thereafter confirmed. An associate put himself in an extreme stress situation by privately consuming 200 micrograms of LSD which he had stolen. It took him two years for a full recovery.

In studying the effectiveness of LSD as a therapeutic adjunct, attention has been focused on what kinds of possible *lasting* effects might occur as a result of one or more LSD experiences. Often the more lasting effects seem difficult for the patient to describe. A study of *S*s' reports along with observations of their behavior suggests that the following kinds of changes occur as a result of a series of therapeutically oriented LSD sessions: *S* becomes less anxious, less rigid, more spontaneous, more tolerant of ambiguity, more appreciative of esthetic and symbolic modes of expression, more capable of enjoying intuitive, irrational experiences, and less concerned over the past and future. Whether these changes are of a universal order remains a question for further investigation. It is conceivable that they are a function of the particular sample of *S*s, many of whom tended toward emotional constriction, intellectualization and ruminative thinking.

In addition to these general kinds of changes, there are specific changes that have to do with the individual's dynamics. Often *S* may gain a new perspective on himself or gain an important insight into his defenses which results in a change in behavior. Sometimes, however, what the patient calls "insight" turns out to be an irrational, ineffable and peculiar experience that seemed to have a very important personal meaning to *S*. As an example of this, a man felt during his initial LSD experience that his joints were somehow grinding together. He felt that all of the rough edges in his joints were ground smooth, and this gave him a "well oiled" feeling which seemed to persist for weeks afterwards.

One of the most intriguing aspects of the use of LSD as in psychotherapy is that when positive changes have occurred they often seem to have occurred in terms of the *person's value system* rather than in terms of recovered memories, interpersonal insights and the like, as is usually the case with more traditional forms of psychotherapy. Such changes are apparently in the direction of a higher valuation of esthetic, creative, philosophic and perhaps even religious interests.

It should be pointed out that although the use of LSD in therapy often results in changes that one would not get otherwise, this does not obviate the need for regular psychotherapeutic procedures. Although the patient may make significant gains as a result of an LSD experience, we have concluded that the experience needs to be followed up with regular therapeutic sessions in order to work through the insights that have been gained and the behavioral changes that have been initiated.

How effective is LSD as a psychotherapeutic agent? Ratings of improvement based on therapists' judgments and in some cases pre- and post-LSD psychological tests indicate that 15 of the 29 patients who received one or more LSD sessions benefited therefrom. This evidence is far from conclusive, however, since these patients were receiving regular therapy at the same time and since no control group was utilized. Plans had been made at the Mental Research Institute to undertake a more complete, and well controlled study of the therapeutic effectiveness of LSD, but unfortunately we have not yet been able to obtain sufficient financial support to carry these out. Although much has been written on LSD as a therapeutic adjunct, there is still a dearth of well controlled studies with adequate measures of change.

Comparable data are not available on our professional volunteers. We were primarily interested in learning from these *S*s their theoretical interpretation of their experiences and their judgment as to how LSD might best be utilized. We found it difficult to obtain post-LSD repots from these *S*s, and their reports when obtained were oriented more toward the personal experience rather than to theoretical interpretation. Even though these sessions were not therapeutically oriented (though conducted in a therapeutic setting) many professional *S*s reported increased feelings of well-being

and confidence. For example, one volunteer had the annoying habit of being late and consuming even more time with apologies. Since the LSD experience she has been observed to be less often tardy—and if late she is less guilt-ridden and apologetic.

Our work with LSD so far has perhaps raised more questions than it has answered. One of the most important of these is the question of the relationship between personality factors and response to LSD. Our attempts to predict the kind of LSD response a person would have, based on pre-LSD test and interview data, have been discouraging. For example, three patients had Holzman, TAT, and historical evidence from which the only possible prediction was a psychotic break under LSD. On the contrary, they seemed to have richly rewarding experiences.[7] It seems clear that LSD can provide very therapeutic experiences for some, although more research is needed to determine what kind of person is most likely to benefit.

Another unanswered question is the relationship between the nature of the experience and its after-effects. Many workers have assumed that positive experiences are most helpful and that transcendental experiences have the greatest therapeutic potential. And yet there are instances where frightening or terrifying experiences have had beneficial after-effects. Several of our professional *S*s have remarked that they believed that much of the beneficial effect of LSD was due to a person's having faced a stressful and ambiguous situation and worked it through satisfactorily.

SUMMARY

Exploratory LSD studies carried out at the Mental Research Institute over a two-year period have suggested that LSD may prove to be a very powerful tool in speeding up movement and overcoming resistances in psychotherapy. LSD did not, on the other hand, show promise as a diagnostic tool. When therapeutic changes did occur they often were of a qualitatively different order than those which occur in traditional psychotherapy. Under the influence of LSD, the individual goes through highly intense and unusual experiences which may well change the way in which he views his life.

[7] A three-year follow-up on this trio is instructive. Dr. P.S. made a dramatic improvement following LSD, but two years of family therapy were required to sustain it. His pre-LSD Holzman shows many torn, syphilitic, bleeding genitals and ani. The post-LSD Holzman is more typified by nymphs dancing with satyrs.

Mrs. B.L.S. could not tolerate sexual relations with her husband. He had had a vasectomy and she thought him abnormal. Following LSD their sex life became satisfactory until he suggested anal intercourse; this suggestion restored her frigidity which has since remained inviolate.

Mr. I.M. suffered from a three-year spell of impotence, but after LSD was able to have normal sexual relations twice in an evening. His wife cooperated fully. The next morning she upbraided him bitterly for having raped her while drunk. Three years of therapy were required to restore his potency.

LSD, Alcoholism and Transcendence

CHARLES SAVAGE, M.D.[3]

"Visit either you like: they're both mad."
"But I don't want to go among mad people," Alice remarked.
"Oh, you can't help that," said the Cat.
"We're all mad here. I'm mad. You're mad."
"How do you know I'm mad?" said Alice.
"You must be," said the Cat, "or you wouldn't have come here."

The Cat recognized what was not apparent to his Victorian contemporaries. We are all part of a sick society, troubled members of a troubled world. Inevitably many people look to drink for salvation. For some it is an imperfect salvation, leading to the couch, the hospital or the grave.

Our plight is not unlike that of the 19th-