DEPERSONALIZATION AND THE USE OF LSD: A PSYCHODYNAMIC STUDY

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OF all psychiatric symptoms, depersonalization is one of the most tenacious and difficult to alter, either through psychotherapeutic or pharmacologic approaches. This alteration of the state of awareness of self would seem to be either a very primitive undifferentiated or a very complex function. Certainly the anatomo-physiological pathways for this alteration of consciousness are not clear. What is clear is that feelings of depersonalization are more widely experienced than is generally appreciated. It has been claimed, in fact, that this phenomena is the third most frequent symptom seen in hospitalized patients, exceeded in frequency only by anxiety and depression.[1] It occurs as frequently in non-hospitalized emotionally disturbed patients. Often such feelings will only become apparent after very careful interviewing, since patients will not very often report these feelings spontaneously.

Depersonalization encompasses "all those states in which the individual becomes aware of changes in himself, bodily or mental or both, that lead to feelings of strangeness in himself".[2] Sometimes the patient complains of feeling numb, empty, strange, changed, or dead inside, or of not being able to feel any inner experiences. There is often the feeling of not being one's self or functioning in a mechanical, automaton or robot-like fashion. Things and events and even people, seem unreal (derealization). Frequently used descriptive phrases include such expressions as "foggy feelings," "like being asleep or in a dream," "make believe," "a cloud or veil separates me from the world," "like playing a part in a play." Depersonalization has been compared to "playing dead," although this characterization raises such questions as to the influence of volition and control, conscious or unconscious, and active role-playing.

One prime characteristic of depersonalization is the special form of alteration of consciousness or state of awareness. This is manifested by a disturbance in the perception and experiencing of the self, including the body-image and self-concept, as well as in perception of the external world. It may then be accompanied by a decrease in responsiveness to exteroceptive stimuli as well as by changes in motor activity. In previous papers, this writer has reported on the presence and the carrying-out of self-destructive and other ego-dystonic impulsive acts while the individual is in a depersonalized state.[4,5] Such depersonalization phenomena are non-specific; they occur during many clinical symptoms like depression, neurosis, organic conditions, or functional psychoses. They are almost pathognomonic of the acute schizophrenic reaction and may, in fact, be an early sign of the passage from a neurotic of borderline pseudoneurotic schizophrenic state to one of frank psychosis.

PSYCHODYNAMICS OF DEPERSONALIZATION

Many factors have been incriminated as causing such feelings, both internal,

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psychodynamic ones and external ones. Among the former have been included intensified emerging sexual impulses;[6] conflict between opposing sexual tendencies;[7] emerging feelings of anger or rage; anxiety due to conflict between any fragmentary repressed ego-identification states;[8] or estrangement from various specific aspects of identity (self-concepts).[9] Bellak[10] considers this condition simply as an extreme variation of normal self-awareness, rather than necessarily pathological. He cites its occurrence during ordinary stagefright or changes in social role. Stamm[2] has reported it during analytic therapy — and other analysts have likewise observed it — during emergence of repressed aggressive feelings in dependent patients. Following the Horney psychoanalytic concepts, Rubins[11] has described a dynamic substratum of this condition, namely alienation from self. This is basically a chronic, progressive benumbing of, or distancing from spontaneous emotional experiences, characteristic of neurotic (or pre-psychotic) development in general.

The acute symptoms of depersonalization may then be precipitated from this inner dynamic state by the action of sudden external factors. These can consist of, for instance, a diminished external input of stimuli as during solitary confinement, prolonged periods of monotonous aloneness or stimulus deprivation at sea or in the desert, highway "hypnosis," hypnogogic and hypnopompic states, sleep deprivation, or experimental sensory deprivation states.[12] Or it may be induced by hyperventilation or various pharmacological agents such as anesthetics, narcotics, sedatives, tranquilizers, stimulants, or psychedelic drugs.

In today's sociocultural climate, the problem of psychedelic drug use has become the concern of every psychiatrist and psychoanalyst. This group of drugs includes marijuana, hashish, LSD, and other more rarely used agents. They are often again subdivided into a subgroup of hallucinogens, of which LSD is the most well known. Depersonalization is reported as probably one of the most common psychic disturbances resulting from the use of LSD. The symptoms of oral LSD in non-psychotic individuals are well known: autonomic changes, kaleidoscopic, visual hallucinations and illusions, hyperacusis, paresthesias, violent mood swings, body image distortions, and most particularly, feelings of estrangement and depersonalization.[13] In some predisposed persons such reactions may be especially intense or prolonged, and go over into definite pathological syndromes of three types: panic reactions, re-appearance of "drug" symptoms without reingestion of the drug, and overt psychosis.[14] These latter patients most often present hallucinations, followed by anxiety to the point of panic; depression, sometimes with suicidal thoughts or attempts; and confusion. There has been much discussion as to why these severe untoward reactions occur. It is still not clear whether they are drug-specific and intrinsic to its pharmacological properties, or extrinsic and dependent on psychodynamic variables in the personality of the user. Just what these intrapsychic or interpersonal factors are, and how they relate to specific drug effects, is still not known, in spite of numerous experimental studies and hypotheses therefrom. One hypothesis was formulated by Ungerleider et al[15] that LSD exaccerbates pre-existing schizoid trends and related psychological factors. On the other hand, other investigators have felt that "the hazard of LSD administration appears not to be in the precipitation of a schizophrenic-like state but rather in *decreasing emotional* and *affective control* and inducing a persistent state of altered conscious-

ness. From these observations the risks appear greater in those subjects with emotional liability and psychopathic features than in those with more classical forms of schizophrenia.[16] Still others were of the opinion that "prolonged use of psychotomimetic substances, rather than precipitating an acute psychotic reaction, fostered a gradual *retreat from reality and affective pain,* leading to a chronic, egosyntonic psychotic syndrome,"[17] which, incidentally, can be relatively resistant to inpatient treatment.

Aside from the effects of the drug use, the question has often been raised as to motivation, why certain individuals turn to psychedelic drug use.

Eddy[18] found that LSD in particular possesses a special attraction for certain psychologically and socially maladjusted persons who have difficulty in conforming to social norms. These include creative (or pseudo-creative) people, such as struggling writers, painters and musicians, frustrated rebelling non-conformists, and simply curious, thrill-seeking adolescents and young adults. In these patients drugs were taken to heighten experience (the "high" or "kick"), to alter mood by euphoria or relieving depression, to change and clarify perception, to induce reverie, and to obtain "psychological insight" into the personality of the user. Other researchers observed that the hallucinogens were being used to rouse the individual from apathy, to make life more meaningful, to overcome social inhibitions, and to facilitate meaningful conversations and interpersonal relationships.[19]

Levy[20] has described the use of LSD by teenagers as an imagined magic solution to painful conflicts of adolescent passage, as an avoidance of feelings of inadequacy, humiliation, loneliness or helplessness. But he emphasizes that this is only a self-defeating illusion, a "temporary repair job," which eventually demands the return to reality. Then their awareness of their real limitations and unproductiveness only increases, requiring further solutions. Still another psychodynamic factor common to most of these patients seems to be the wish for fusion and merging with nature and other persons. This desire for closeness and intimacy is emphasized in the rituals often carried out when the drug is taken.

Sharoff,[21] who has studied and worked extensively with drug-users, has claimed to find distinct and consistent characterological differences between users of LSD and other drugs. The LSD users all placed a high premium on the value of experiencing emotions — joy, suffering, love, pain. They reject intellectuality as artificial, deceitful, and hypocritical; feelings are honest, the true reality of life and self. However, he questions whether such drug-induced experiences and the activities undertaken while undergoing them, are true creative emotional capacities of the personality or are simply another artificial form of "living in imagination."

Keniston[22] also describes such young adults al alienated in that they "value most those moments when the barriers to perception crumble, when the walls between themselves and the world fall away and they are 'in contact' with nature, other people, or themselves."

A most significant dynamic factor emerging from these various observed motives is that most of these persons seemed dissatisfied with their past affective life and wished to break through to something new, some new or more intense way of feeling. In a more intense way of feeling. In a more sociological sense, this chronic LSD use could be described as a search for a purpose in life, a more meaningful existence.[23],[24] But I would suggest that it represents an attempt to escape from

the emptiness of chronic depersonalization and alienation from self.

Little has been written pertaining to this escapist or defensive use of LSD by individuals who suffer from such chronic feelings of depersonalization, who may be neurotic, schizoid, borderline, or actually schizophrenic. The patients generally seen by psychiatrists are the ones who have experienced the so-called "bad trip." The psychoanalyst or therapist may more often have to treat the chronic user, who may occasionally have an over-reaction. In these, the total personality and general patterns of functioning are impaired, and the drug-dependence is only one symptomatic area of expression of this state. It is my impression that for some individuals LSD may be an effective way of coping with chronic depersonalization and alienation, autistic preoccupation and affective blandness, useful in maintaining them in a more stabilized state of functioning. The therapeutic effect of LSD is shown by the following brief case history:

R. is a 17 year old male who came for help because of depression and feelings of emptiness. He described his family as middle-class. He described his father as a successful physician but who, paradoxically, had been depressed for many years and under continuous psychiatric care. He also reported being told, when he was 9, of an affair that his father had with another woman. His mother was a school teacher, and was spoken of very little. He stated that he felt as though he had no parents, but of the two, felt closer to his father. One sister, 5 years older, is a college graduate, and now works as an artist.

After doing very well in high school, winning a National Merit Scholarship as well as a New York State Regents Scholarship, he went to an out-of-town college but soon dropped out because of his feeling emotionally upset and his inability to concentrate. He possesses superior intelligence, with an I.Q. score of over 130, but was obviously not functioning at that level.

After quitting college he returned home and found employment in a mail-room as a clerk. He complained of definite feelings of depersonalization and derealization, of not feeling like a person, of being in a trance-like state. "I am very fearful of people. I don't know how I feel about things. I don't feel real. Everything seems strange." He felt that he had no identity or goals.

He spoke of his parents, his achievements and his difficulties with affective blandness. He did seem to be experiencing ambivalence or conflict toward them, but this came through as a kind of detachment. He had vague ideas of reference, fearfulness, and poorly exteriorized anxiety. Most of this time was spent in his room alone.

He began experimenting with marijuana in high school, but this had had little effect on him. Then he tried LSD. He reported that with this he began feeling better. "I broke out of my shell and felt as though I changed." This continued during therapy. He became more productive and less withdrawn. Once again he took up playing the piano and guitar and began associating with people. He admitted to experiencing hallucinations, seeing faces of people only while on LSD, but they did not frighten them. He recognized them to be hallucinations. The improvement was transitory, following each drug use, it would last for several days, and then the symptoms of depersonalization would return when he could not get LSD. Phenothiazines and other agents had no effect on the depersonalization. After a few months he terminated therapy.

In this patient, it was felt that the depersonalization was the major dynamic and clinical process, leading to disorganization, excessive introspection

and autistic preoccupation, as well as to his involvement in problems of daily existence. This symptom configuration became definitely altered under the influence of LSD. The amount of the drug taken was unknown, but there is little doubt of its influence on the chronic feelings of depersonalization and alienation from self.

THERAPEUTIC USE OF LSD

While I would not advocate the indiscriminate, self-administered and unsupervised use of LSD as drug therapy, nevertheless its effects in this patient — and others like him — raises questions as to its possibilities for therapeutic usefulness.

It is quite apparent that individuals will use various methods to escape from the alienation, emptiness and estrangement contributing to the clinical phenomena of depersonalization. They are seeking to alter their state of consciousness to one that permits a greater capacity to feel and to react. Other methods can be even more self-destructive than the use of LSD. For instance, superficial wrist-cutting was used by a series of 23 young women, who reported that they had been experiencing feelings of depersonalization prior to the cutting. They complained of feeling numb, empty and unreal. After the cutting, with the concomitant pain and sight of blood, 19 of the 23 no longer felt depersonalized.[25] Certainly the effect of LSD upon the individual is dependent upon the psychic makeup or personality structure, including unconscious attitudes, needs and organization. For those who wish to escape from reality, LSD may have a disorganizing effect, therefore a propensity for precipitating a psychotic reaction or a panic state. These patients can be flooded by the excessive quantity of stimuli arising from both within and outside, or overwhelmed by the conflicts previously repressed. For others, like patient R., LSD may serve to reintegrate the individual by making him more responsive to external reality, therefore permitting a more harmonious state of functioning. It would thus appear to be more effective where depersonalization — with its dulling, deadening and lessened contact with reality — it's the most pronounced psychopathological syndrome. In this instance. consciousness is altered in favor of greater perception and cognition of external reality secondary to greater external stimuli input. The following diagram may simplify the picture.

Patient Type I

DESIRE TO ESCAPE FROM REALITY (No Depersonalization Syndrome Present) A) Psychopathic Personality B) Neurotic Character C) Some Schizophrenics	LSD →	DISORGANIZATION Appearance of Depersonalization (Altered State of Consciousness)

Patient Type II

DEPERSONALIZATION SYNDROME PRESENT A) Latent or Ambulatory Schizophrenics B) Neurotic Character	LSD →	IMPROVED SENSE OF REALITY (Improved State of Consciousness or Awareness. Able to Feel).

Many attempts have been made to treat emotionally disturbed patients by therapeutic use of LSD. These have involved neurotic and psychotic conditions, of various forms, both adults and children. In most of these studies, it is difficult to separate the effects of the drug from the effects of the psychotherapy or milieu which (wittingly or unwittingly) accompanies it. In some of these situations, the drug was primarily intended to facilitate or act as an adjunct to structured psychotherapy.

Alnaes[26] reported on his experiences giving LSD to a group of "healthy" volunteers as well as in the treatment of 20 neurotic patients who received approximately 250 therapeutic LSD sessions. He concluded that LSD therapy was particularly indicated in patients who have lost their style of life, and who have found themselves in a *vacuum* situation. He termed this condition a "neurosis of emptiness," where symptoms like depression, anxiety, compulsiveness, alcohol abuse were the presenting symptoms.

A more extensive clinical study by Jorgenson[27] comprised of 125 in-and-out patients with varying psychiatric conditions, concluded that those patients with anxiety neuroses and sexual neuroses are particularly fit for LSD therapy and improved most. Their results with patients suffering from schizophrenia and endogenous depression were poor. Some of the patients diagnosed by this group as character neurotics (therefore thought to have a favorable prognosis for LSD therapy) might conceivably be diagnosed as borderline psychotic, pseudo-neurotic, or latent schizophrenia in this country.

Abramson[28] Cohen and Eisner[29], Chandler and Hartman[30] and most especially Dahlberg[31] have all used LSD as a regular therapeutic adjunct of psychoanalytically-oriented psychotherapy. They report its effect to resemble that of sensory deprivation. The importance of external influences is decreased and contact with internal influences is heightened. The setting (familiarity) and reassuring contact with the therapist is therefore most important. All these authors find that its most significant value is to open up those persons to therapy who otherwise are most resistant: obsessive or phobic neurotics, and detached schizoid patients.

Trying to explain this positive potential therapeutic action of LSD, Cohen[32] attributes it to the patient's heightened suggestibility when under the influence of the drug. He can then be directed into an examination of his problems or guided into a transcedent state. He can be encouraged to occupy himself with either the external situation or internal contemplative experiences. Finally, his mood might be modified toward hyperphoria or to a painful dysphoria. The quality of suggestibility has therapeutic implications in steering the patient into deeper understanding of his problems.

It has also been postulated that the hallucinogens facilitate personality changes by means of a form of high order conditioning. This conditioning is in turn facilitated by the state of drug-induced hypersuggestibility. By suppressing "negative" stimuli values, self-images, beliefs, or self-concepts, these drugs facilitate the formation of new, healthy self-images, attitudes and roles. Thus the patient comes to experience himself as a new and better person, no longer afraid of people, no longer in need of alcohol, or no longer a stutterer. And once these images are formed they in turn lead to new behavior.[33] However, according to this mechanism, this therapy is obviously more behavior-therapy, rather than basic dynamic personality change.

Although LSD may act to suppress stimuli, raising the threshold of all the

various sense modalities, Savage[34] has shown that it also can, paradoxically, increase the sensitivity and responsiveness to stimuli. This was demonstrated by Bender.[35] Mute and autistic schizophrenic children, 5 to 11 years old, receiving LSD, showed a tendency to become "high" and lively, more objective, realistic, and insightful. Since in childhood schizophrenia all boundaries are lost, not only of the psychological and personality experiences, but also those of the visceral functions, autonomic nervous system, vascular tone and perception, "LSD produces improvement by body-image and self boundaries, as well as stimuli and experiences from within and without".

The same psycho-dynamic principles can be responsible for the improvement in patient R. Primary symptoms in his case consisted of depersonalization, phenomena ambivalence, affective blandness and autistic preoccupation. Notably there was an absence of thought disorder or delusions. Hallucinations occurred only while on LSD. He was perplexed and felt detached without any feelings. It may be that this form of clinical pathology, namely ambulatory or latent schizophrenia, will respond to LSD and not to the phenothiazines, since the basic difficulty is one of emptiness and dissociation.

In conclusion, since only a small percentage of LSD users require psychiatric care as a result of a "bad trip," it is entirely possible that many individuals with borderline personalities are using LSD as thugh it were medicine, to maintain a non-psychotic state of functioning, however fragile. Even more importantly, by lessening their depersonalization and alienation of self, such patients may become more amenable to intensive, analytic psychotherapy; or the latter may be accelerated by this drug used as an ancillary measure.

The potential value of LSD for altering the chronic depersonalizing process warrants its consideration in other clinical syndromes where it is dynamically operative. One example is the individual whose suicidal urges or partial self-destructive actions are a result of a strong desire to escape from this intolerable state of emptiness. Patients suffering from marked feelings of depersonalization, and with a history of repeated suicide attempts, might be considered as candidates for a trial of LSD therapy.

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