

BRIEF CLINICAL REPORTS

THE CONTROLLED PSYCHEDELIC STATE

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The successful use of lysergic acid diethylamide (LSD-25) in the treatment of various forms of mental illness, though still controversial, has been reported by many investigators (1, 2). Although the mechanism of action for this purported therapeutic effect remains unknown, several investigators have stressed the importance of the "therapeutic setting" and patient-doctor relationship as crucial variables in the treatment procedure (3, 4).

One difficulty frequently encountered in the use of LSD-25 as a therapeutic agent has been the great response variability among individuals. No reliable method has been found to predict the particular response of a given individual following administration of the drug.

In an attempt better to control the LSD-25 experience for therapeutic purposes, the authors have developed a technique which combines the use of hypnosis with administration of the drug. Use of this technique helps channel many of the unstructured aspects of the psychedelic state in a more therapeutic direction.

Procedure

The patients who participated in this study were narcotic drug addicts, all of whom had been completely withdrawn from any drugs for a considerable time, and who received no other drugs than the experimental one in the course of the study. The patients treated with this method were seen for a total of two sessions (excluding psychological testing and follow-up evaluation). During the initial part of the first session, the authors conducted a personal-ity-oriented interview and an appraisal of

the patient's defense mechanisms. Following this interview, patients were trained in hypnosis (all patients had previously successfully passed the hand clasp and postural sway suggestibility tests). The entire session lasted approximately 2-3 hours.

The second or "treatment" session usually followed within 2-3 days. The patient arrived at the therapist's office at about 8:30 a.m. following breakfast. One hundred to one hundred fifty micrograms of LSD-25 was administered orally in distilled water. During the 30 to 60 minute period before the drug began to take effect, the patients were hypnotized as deeply as possible. After the onset of the LSD-25 effect and while simultaneously hypnotized, patients were actively encouraged to examine and understand their current difficulties by viewing them in the context of early life experiences, exposure to traumatic events, and relationships with important persons, such as parents, siblings or spouse.

After approximately three hours in this state, patients were brought out of hypnosis and given post-hypnotic suggestions to remember what occurred during the session and to continue working on their problems. The patients were then admitted for observation to the medical ward where they remained until the following morning. During this period, patients slowly came to view their previously unresolved problems in a more insightful and hopeful perspective.

Discussion

The use of hypnosis during the LSD-25 experience enabled the therapist to mold, structure, and direct the patient's experience into his emotional conflict areas, rather than allowing patients to drift off into "pano-

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ramic scenes" or "the beautiful world of colors"—experiences thought to be of lesser therapeutic value. Affect appeared more intense than that achieved with hypnosis alone, and more malleable and responsive to the therapist's control than when the patients were under the influence of LSD-25 alone.

Although the results of this new technique, based on the criteria of psychological testing, clinical interviews, and hospital adjustment, are highly encouraging, the authors are reluctant to make any claims concerning its ultimate therapeutic efficacy until an adequate, controlled follow-up study can be undertaken.

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HYPNOTIC AVERSION TO ALCOHOL: THREE-YEAR FOLLOW-UP OF ONE PATIENT¹

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The question of permanency of therapeutic changes produced by post-hypnotic suggestion is an important one. According to various experienced therapists, hypnotic suggestions for symptom removal may need reinforcement. The present report is concerned with hypnotherapy of a patient in which gains were maintained reasonably well during a three-year period.

Case Report

This white male, whom we shall call Tom Bacchus, is presently 43 years of age. He started to work as a messenger when his father died in 1936, but continued high school and was made a clerk after his graduation at age 15. He continued this employment until 1943, at which time he joined the Navy. He says he "drank a little" while in the Navy. He was discharged in 1945 because of a subarachnoid hemorrhage and returned to his former position as a clerk, where he continued

until 1955. After discharge, Tom says he drank "to calm me down" six or eight times a year. He said, "When I did drink, I would take enough to knock myself out." In 1955 he described himself as being "nervous in mind and body too." He said, "I get crazy, mixed-up thoughts." He began to drink heavily, but because of his medical history and his more than fifteen-years service, he was retired from his job at age 33 rather than being discharged. His drinking quickly became uncontrollable. After more than two years in another hospital, he was considered a hopeless alcoholic. His wife informed us that she had actually been told by a physician that she should consider divorce because Tom would always require hospital care and close supervision. At almost every opportunity Tom drank steadily until he became unconscious. He received surgery for a right carotid aneurysm in 1957.

His wife arranged a transfer to the Gulfport Veterans Administration Hospital in May 1959. The treatment team rendered the following diagnosis of the then 38 year old veteran: (1) Acute brain syndrome associated with alcoholic intoxication and (2) (from history) Chronic brain syndrome with residuals of right carotid aneurysm manifested by poor judgment, lack of response, and indulgence in alcohol.

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