Commentary:
Psychopharmacology in Relation to Psychotherapy

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Whether or not LSD and its congeners can ever be efficiently and widely employed in treatment, there are a variety of fundamental problems in the neurobehavioral sciences and in psychopathology for which it is a useful and still largely unexploited research tool (Freedman, 1967; Freedman & Aghajanian, 1966). A wide variety of conditions and chemicals can shift our normal engagement with the world. This state of ego disruption in itself can promote the release of powerful affects, and be welcomed for its novel value as a remarkable trip from reality. Etched upon such experiences may be the specific pattern contingent upon the drug. It appears to me that drugs such as LSD extend and accent this primary ego state in a salient and sustained way. There are few conditions which can so reliably and compellingly unhinge us from the constancies which regulate daily life or so clearly present us with both useless and useful data from the "inside world," exposing dimensions of experience often with traumatic intensity and clarity. The mode of functioning and experiencing called "psychedelic" reflects an innate capacity (like the dream) of which the human mind is capable (Bowers & Freedman, 1966). The fact that a certain class of drugs so sharply compels this level of function (with all the variability inherent in less organized states) and does so for a chemically determined package of time is what so intrigues the biobehavioral scientist.

To fully comprehend the problems raised by the subjective effects of the drug, no prior knowledge or theory quite suffices (Freedman, 1966). Behavior and behavior change in the presence of LSD must be observed and studied over time and eventually with systematic intent; this means adequate design and controls when specific questions can be explicitly formulated. The same is true of any "technique" in which observations are generated under specifiable conditions. Nothing about the drug-induced state lies outside the general framework of the major psychologies which attempt to account for subjective and objective effects nor the scientific rules required for assessment. Nevertheless, the alterations produced require specific description and assessment; such data may or may not appropriately influence prevailing theory. Thus the effects of LSD while highlighting specific issues and experiences are similar to a range of altered states in which there is heightened subjective awareness and diminished control (i.e., different control than is normal) over input. Yet the phenomena of dreams, hypnosis, peak experiences, or early psychosis and conversion as well as drug induced states reveal—as William James put it, "a region of the mind" but do not chart it. That is the job for detailed research.

And here we can find little comfort. It appears that when man attempts to heal, scientific study palls. LSD has been surrounded by mystery, "furor thera-

peuticus," and frenetic advertisements for themselves by those who resent the social, medical, and scientific strictures inherent in the investigational use of drugs (and behavior). The establishment has been threatened not only with drug-induced love, but with the characteristic carelessness and enthusiasm of cultist quackery; a drug mystique has been welded to the strains inherent in the culture of the young who must always search for meaning and identity as well as competence. Why those who find salvation are so invariably generous; why both gentle and ferocious reformers must not only assert that their special visions are superior but also proselytize, is not our immediate concern. But it is necessary for us to bring scientifically motivated work with LSD into focus and to rescue it from the fear, panic, and controversy which threatens sober inquiry.

I believe we are arriving at a point where this can be accomplished, and these papers represent a beginning–one which those presenting have persisted with in spite of our pervasive, contemporary lunacy! LSD provides a study of irrational components in behavior and this is reflected in the atmosphere in which research must proceed. It would help if we recall that few psychotherapies–and LSD is clearly a means to enhance the operation of psychological determinants–have been so sharply challenged to quickly justify their existence. If we view the history of professional and lay abuse of the drug, we can also find similar sequences in the history, for example, of psychoanalysis: amazement; overenthusiastic therapeutic claims; the promise of omnipotence; the occurrance of crusades, conflicts, personal tragedies, and breakdowns; and finally a relatively stable pattern of evolving investigations. The probing of the depths of the mind, manipulation of subjective experience, is an intoxicatingly heady business! And there is no reassuring evidence that those engaged will comport themselves sensibly. We should also recall that the very effects of LSD (effects upon which therapists rely) also account for its being what I call a "cultogenic" drug. During the drug-induced period of flux and novelty, reliance upon anchors in reality is enhanced; following the drug, some means of coming to terms with the experience is required. A credible rendition of a subjective state (which by its very nature is not readily translated into secondary process language) is readily provided by the setting, or by prior expectations, or generally by the mystique and support of a group or guide. It is also characteristic of this realm of the mind that there is a dimension of behavior we might call "portentousness." I refer to the capacity of the mind to experience more than it can explicate, to believe in and be impressed with more than it can rationally justify, to experience boundlessness and "boundary-less" events from the banal to the profound. (Psychoanalysists would probably relate this to the primary process and its hypothesized mobility of energies). It is this compellingly vivid *sense* of truth which Humphrey Osmond might have meant by the term psychedelic or "mind manifesting." And these features of the drug state help to complicate sober investigation.

All of this has a bearing upon research with LSD and psychotherapy. Dealing with effects which so compellingly tap the "boundless"–omniscience, omnipotence, urges for primitive union, magical mastery, and delusional autonomy–we can expect difficulties not in only assessing these phenomena in their various guises, but in the therapists who must cope with them. After all, these attributes arise in the context of the therapist's ambition, his urge to cure, and his own astonishment and anxiety with the procedure. Now we might believe that 30 or 40 years of quite intensive work with the schizophrenias and other regressed states should have taught us something. We may know

little about cure—or even schizophrenia—but we should have learned something about the characteristic problems of self-control and judgment that arise when boundaries are fluid and intense relationships are established. This "countertransference," the behavior of therapists—is well known and has been well documented in psychiatry. Reflection about the problems and prevalence of countertransference as well as "base rates" of behavior change would not provoke untempered optimism among any sophisticated students of behavior confronted with new techniques. I believe we can find more efficient modes of therapeutic intervention and achieve a better understanding of the art of persuasion and phenomena of learning; but no psychologically or psychiatrically trained person should go unchallenged if he heralds or expects the millennium.

Accordingly, in these papers we can see in Ludwig's patient approach appropriate questions concerning design in a range of altered states. Buckman emphasizes the importance of countertransference. I believe that the role of supervision is most important and helpful (and neglected) for therapists in this field. In the approaches of Leuner and Grof we find individuals who are quite experienced with the use of LSD in an ongoing therapy. We should like to know more about the populations affected and selected, and more in detail about therapeutic experiences. Nevertheless—in spite of the barriers of language—one sees the attempt to account for sequences of observed effects and to build some constructs that are faithful to the observations. I believe, however, that it would be helpful to bring all of this into a discussion in which drives, motivations, and ego structures can be assessed; we need to know how these concepts and theories are related to other theories of behavior which attempt to account for drive, affect, conflict, and regression. We need to know the specific aims of these therapies and how the drug enhances or requires one or another procedure for one or another purpose. It has always appeared to me that the single high dose psychedelic therapy discussed by Savage and Unger was designed, among other reasons, to circumvent certain of the complicated countertransference problems that intensive, long-term therapy can entail. Savage has written about some of these issues in the past and it would be helpful to see how he explicitly chooses what to do and not to do in the current mode of proceeding.

In brief, we are at a point where a number of controlled studies of normals—such as McGlothlin's—as well as studies of therapy can be undertaken. While faithful to the data we should begin to adjust ourselves to the similarities and differences of these approaches to approaches which—for better or worse—have been classically described and studied. This will require curiousity and patience on the part of those unfamiliar with the drug and its consequences; it requires clarity and sobriety on the part of those working with it and avoidance of unwarranted (or unlabeled) neuropsychological speculation.

In closing, I am reminded that I almost lost a valuable research nurse at the NIMH when her supervisor told me that her daily reports about the LSD subjects were incoherent and not quite comprehensible. I had to explain that this was precisely what the effect of this drug was—that it is not accident that we dream in pictures and must translate this into words; this is a dimension of mind that is both fascinating and difficult. I am reminded that Dr. Kluver (1966) was able to explore this in studies of perception and to conclude that there were parts of the brain related to constancy and parts to variability; with drugs such as mescaline and LSD we can hope to learn about the relationships among these structures and functions and their rele-

vance to behavior change. It will be a long trip!

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