Psychotherapy with Psychedelic Drugs: A Case Report

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Psychedelic drugs have been used in psychotherapy with two major theoretical orientations: the "psychedelic" (Hoffer 1960) and the "psycholytic" (Abramson 1967). The psycholytic approach conceives of psychedelics as intensifiers of conventional psychodynamic processes; the psychedelic as inducers of powerful "mystical," "unitive" or "peak" experiences.

A more complete framework, however, has been formulated by Grof (1976). In his work with LSD he discovered the existence of what he considers to be multiple levels of the human personality, each supposedly deeper and, by implication, more significant than the other. He termed these levels the "psychodynamic," the "perinatal" and the "transpersonal." This paper is offered in support of Grof's discoveries.

According to Grof (1970), the first stage of treatment is that of the Freudian or personal unconscious. This stage can be more easily reached by using low doses of psychedelics and subject-therapist verbal interaction during the psychedelic sessions. It involves the "activation," "exteriorization" and "integration" of both positive (pleasurable) and negative (painful) experiences derived from the personal historical past of the individual involved.

Perinatal experiences involve the activation of a "death-rebirth" process which is often accompanied by intense physiological and biological experiences of dying and being born, or reborn. A gradual and complex transition from agony to ecstasy takes place over several psychedelic sessions with profound resolution of psychological, metaphysical, spiritual and biological conflicts (Grof 1977).

A successful and complete abreaction of perinatal energies eventually opens the way to the "transpersonal" domain, or the Jungian level of the human consciousness. Transpersonal experiences are defined by Grof as constituting "an expansion of consciousness beyond the usual ego boundaries of time and space." They are further subdivided into those experiences which consist of elements of the phenomenal world and those which do not. They include embryonal and fetal experiences; ancestral experiences; collective and racial experiences; phylogenetic (evolutionary) experiences and "past incarnation" experiences; precognition, clairvoyance and "time travel" experiences; identification with other persons, groups, animals and plants, identification with all life; consciousness of inorganic matter, planetary consciousness, out-of-body phenomena and extraplanetary consciousness. Transpersonal experiences which are not based on what is generally considered "objective reality" include important archetypal experiences; encounters with blissful and wrathful deities or religious personages; the arousal of the Serpent Power (*Kundalini*) and the activation of different *chakras*; consciousness of the Universal Mind and the Supracosmic and Metacosmic voids. It is at the most advanced level of therapy, and only at these levels, that the most profound changes in personality are found (Grof 1972).

The following case history shows the activation of

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several experiences which can best be understood by using Grof's theoretical framework. The author only wishes that no limitations had been set on the number of psychedelic sessions used in treatment, so that the therapy could have been explored further. Only three psychedelic sessions could be administered in the total time allotted for therapy in the research protocol pertaining to the case.

CASE HISTORY

The following is the case of Paula, a 45-year-old housewife and mother of four, who came voluntarily to the Maryland Psychiatric Research Center to seek psychotherapy with psychedelic drugs. She initially complained of marked depression and anxiety of several weeks duration. She had lost all interest in her daily activities, felt hopeless and had frequent crying spells. She also complained that she would get easily irritated, that she had become suspicious of friends and neighbors and that she would spend a lot of time just sitting vacantly or obsessively ruminating over her preoccupations. Her sleep and appetite were disturbed, but she had not lost weight. Strong feelings of inadequacy and low self-esteem would frequently be accompanied by headaches, backaches, stomach aches and constipation. The symptoms had been present for several months without improvement. Her doctor, who had recently treated Paula with her third major surgery, had prescribed tranquilizers and antidepressants, but seeing that she was not improving, discontinued them and recommended psychiatric treatment.

It became apparent that Paula had long-term emotional problems which had gone unrecognized as such by her and, therefore, went untreated. She described the feeling that she had not been adequately taken care of as a small child. She had missed her father in her first years of life and, later on, developed strong feelings of envy and jealousy for her younger siblings whom she thought were always getting more attention from her parents. She grew to idolize and be dependent on one man. A youthful marriage ended only after several years of suffering on her part. Paula had experienced difficulties with all her pregnancies and deliveries and had found it difficult at times to be a good parent to her children. She described, at one point in therapy, earlier psychotic-like episodes which lasted only a short time and remitted on their own accord. She had not been a particularly religious person and at the beginning of therapy expressed no belief in God or in afterlife. Suicide had crossed her mind, but fortunately, not to a serious extent. A major difficulty seemed to be her feeling unloved by and alienated from her parents, sisters and brothers. Extremely clear was an unresolved emotional relationship to her father, whose approval she was still looking for.

Paula was given the opportunity to consider other, more conventional treatment modalities, but remained interested in receiving psychotherapy with methylenedioxyamphetamine (MDA). She received a total of 68 hours of therapy over a period of six months. Twenty-four of the 68 hours were spent under the effect of MDA in three separate MDA sessions. The dosages of MDA were 75 mg, 125 mg and 125 mg, respectively. During the MDA sessions, she was encouraged to lie down on a couch with eye-shades and headphones in place. Specifically selected music was played throughout the sessions and she was encouraged to allow the music to take her deep into herself. Verbal interaction, walking, sitting or pacing were discouraged and postponed until later in the day when the major drug effect had worn off. The music used in her treatment included the works of Mahler, Brahms, Scriabin, Wagner, Bach, Beethoven, Dvorak, Strauss and several other major composers. At times, famous Requiem Masses and other choral music were also used. At other times, indigenous chants and other primitive forms of music from India, South America, Africa, Asia, the Middle East and Europe were used instead.

Paula was encouraged to experience whatever came up in her mind without making any choices or selection. She was prepared, in a general way, to experience intense emotions, such as pain and bliss, and all kinds of unusual situations and internal events; but she was not given any specific suggestion or instruction regarding personal psychodynamics, perinatal or transpersonal experiences. This was done to avoid the criticism that she would produce just those experiences the therapist was interested in. Paula's therapy account will consist mainly of excerpts from her psychedelic sessions. Further details of the use of MDA in psychotherapy can be found in an article by Yensen et al. (1976).

Following her first MDA session, Paula gave this account:

> I remember lying still at first, having beautiful feelings of serenity and comfort, feeling warmer than warm. Suddenly, it dawned on me that I was a small baby! . . . Then there was a light. I wanted to get close to it. It was so pleasant and I felt very attracted to it. But the light remained at a distance. Something was between me and it, something like a curtain was dimming the brightness of the light. Then the light slowly faded away, and I began to experience that I was trying to be born and that it was hard. It seemed like it

was going to take forever and I so much wanted to get through with it. I was thinking, do I have to go through the actual length of time it took my mother to give birth to me? I felt contractions starting up, reaching a peak and waning me. I was shaking vigorously. At times, muscles were contracting and I would feel pressure over my head. I felt I was being compressed into a small size, toward my head, as if the rest of the body did not exist at all. This compression was so that I could go through whatever I had to go through. In between contractions, I felt like I was floating and I experienced strong feelings of electricity going through my body and all around me. During the contractions I experienced a lot of fear. It was scary, but I knew I had to go through the process. I could not control it! It was like a huge force was pressing on me, but I could not go anywhere. At one point I thought I was dead! More accurately, I knew I wasn't dead, but I wasn't alive either. It was like a place in between, sort of like being in limbo. I was just waiting there. At times, the experience was very confusing. I felt helpless and terrified, but I also sensed it was important for me to go through this. At one point, I felt I was going to be born. I started having difficulty with my breathing. I started trembling and shaking; I was gasping for breath. I thought I was going to die. I asked for help. My doctor came and held my hands. At this point, I felt like it must have happened. I felt like I was coming out and I lost consciousness. I had lost contact with everyone and everything. I stopped breathing. Following this very intense experience, I became very relaxed. I felt ready for a very long and peaceful sleep. Throughout the experience, it was like I were two different beings, one experiencing and the other observing, and was also able to think as usual; but, at the point when I died and was born, I lost the reality of what was going on around me. Throughout the experience of being born, I had a lot of pressure on the side of my ears and on the back of my neck. I experienced something slowly crushing me there, cutting the circulation. Also, my arms felt very, very heavy.

In the mind of the author, this experience fits very well with those experiences described by Grof pertaining to the perinatal level of the unconscious. Of particular interest is the already observed phenomenon of experiencing death and birth almost simultaneously – a definite characteristic of these types of experiences.

Later, in the same session, Paula reconnected with certain memories of her early life that were thematically connected to the subject of death. One memory involved the death of a small pet kitten; another related to the kissing of a dead relative while still at the young age of four. Of particular dynamic importance was an event that occurred when she attended her grandfather's funeral. She recollected:

> My grandmother took me with her to the funeral home to see my grandfather who had just died. She started to cry in total hysterics shaking the casket violently from side to side. I was so scared. I thought that anytime my grandfather's body would fall out of the casket. In the midst of this horrible fear, I heard her crying to God, "Why did you have to take *him*? I wish you had taken anybody else but him." I immediately took this to mean that she wished that I had died instead of him. It was horrible to feel that my grandmother would wish me dead, and in the midst of such fright!

The recollection and the reexperiencing of the emotions connected with this experience were very vivid for Paula. She spent considerable time afterwards dealing with the realization of the negative impact the above experience had had on her self-esteem. She had grown to love her grandmother as her real mother.

Following this, she experienced what has come to be known as a "life review." In her own words she stated:

> At one point, I felt that all the muscular contractions and the jerkings I was experiencing were really my life. With each contraction I would experience memories from my life, much like you hear that a drowning man sees all his life span passing in front of him. The amazing thing was that I could do all of this physically, not just mentally!

Sometime later in the session, Paula also had a transpersonal experience having an ancestral quality to it. It was too brief to be evaluated accurately. In her own words she stated:

> I became in touch with my Osage Indian heritage. At one point in the session, I experienced myself to be very strong. It was like I could see myself. I was lean, strong and tall. I felt very proud and could clearly experience my body as masculine.

It is not uncommon for subjects to experience themselves as the opposite sex during a psychedelic session. Toward the end of the session, Paula experienced another brief but very important transpersonal experience that meant a lot to her. She told me

afterwards that it had changed entirely the way she felt about herself and that it had a remarkable impact on her self-esteem. In her own words she stated:

> I was feeling very frustrated and tired, wishing it would all come to an end. There didn't seem to be a resting place. My head was hurting all over again; when suddenly I began to experience a tremendous amount of love. I saw a face, I thought it was my son's face, but then I thought it wasn't. . . . I felt a hand over my face. There was an overwhelming and overpowering feeling of love. Then, I felt that the hand was mine, again as I were two people. . . . But then came by far the most breath-taking experience I had throughout the day. It is very difficult to put into words . . . but, you might want to say that it was God's hand on my face, touching and comforting me like a child. Then it was gone!

We can see from this account that personal, perinatal and transcendental elements were all activated within a single session. What is of extreme importance is to be able to follow and study these various issues in therapy until their meaning and dynamic importance are fully evaluated and comprehended.

Paula's second MDA session was almost entirely transpersonal in nature. She said afterwards that this experience had given her an entirely different understanding of the meaning of her life. A remarkable therapeutic improvement was noted shortly after this session. In her own account she stated:

> I began to experience that my body was full of charges of electricity. These charges were warm and were passing through my body, touching various parts of it. There was a very vital feeling with this, a very enjoyable feeling. There was some pain also, but a kind of pain I did not mind. The experience was in fact extremely pleasurable and lasted the entire morning. At one point, I remember being in a great hall. There were many other forms all around me which I assumed to be other people. We were all waiting outside a huge doorway. I wanted very much to go inside the doorway. I could swear that God was on the other side. But instead, I was sent away each time to perform a certain task. Each time the task was completed, I would come back to this place feeling very pure and expecting that something very wonderful was going to happen. But, then it wouldn't. I still had other things to do, other tasks to perform and I don't know how many times I was sent away. But it didn't seem to matter. I knew that I would eventually get what I wanted. I felt no anxiety about it. Finally the moment came! I experienced that I had to take somebody with me. I thought of my husband and I experienced an overwhelming surge of love as I took him in my arms; but they said, no, he was not the one. The same happened as I embraced all my family members and friends. Then, I realized I had to have someone with me who understood, someone who had been through it before. So I asked my doctor (not verbally, not in this reality) and he went with me. I can't honestly tell you what happened. I just knew I got what I wanted. I had been rewarded; and, when it was over, I felt wonderful, peaceful and exhilarated in my accomplishments.

She told me afterward, that the experience had involved an ascension to Paradise in a most indescribable experience of spiritual ecstasy. We had all merged with God! The experience was suffused with brilliant light and infinite bliss.

The above is considered to be a typical "peak," "transcendental," "unitive" or "mystical" experience. In Grof's theoretical framework, these types of experiences belong to the perinatal and transpersonal levels of the unconscious. Research has shown that subjects who achieve these type of peak experiences have significantly greater improvement following their treatment (Richards et al. 1977). Important issues to be investigated have to do with clarifying the nature of peak experiences: Is there only one type of peak experience or are there many?; Are there initial types and more advanced types of peak experiences? (Di Leo 1975); Does the peak experience deepen with continued therapy?; Do advanced, more complete, and intense unitive experiences correlate with more permanent results?; What is the process involved in reaching more complete and profound transcendence?

Perinatal elements present in the second MDA session consisted again of the struggle to pass through the compressing pressures of the birth canal. Psychodynamic elements were mostly symbolic in nature and consisted basically of the experience of being a child surrounded by adult figures who were throwing "painful darts" or "missiles" at her from all directions, accusing her of all sorts of "cruel, vile and deceitful things."

When she went home that evening, Paula experienced the sudden awakening of a "healing energy" within herself. However, both Paula and her husband were so shocked and embarrassed by the unusual phenomenon that she felt to reluctant to check it out.

Following this session Paula stated:

> I began to feel more alive than I had ever felt

before. It was like I had been walking with my eyes always on the ground and now I was looking up and could see all the beauty around me. All my senses were alive and very acute. More and more fears began to disappear like puffs of smoke. Death had always been a problem for me. I couldn't even pass by a cemetery without closing my eyes and having morbid thoughts. Cars scared me so much on the highway that I hated going anywhere. Now I can see beauty in a cemetery and can plan long trips in a car with pleasure.

An important psychodynamic resolution at the end of the second psychedelic session occurred when her family members came in the treatment room to greet her. She had talked previously about how difficult her relationship had been with one of her sons. When this child spoke to her in the treatment room, instead of his voice, she suddenly heard the voice of her sister. Instantaneously, and in complete shock of amazement, she realized how she had transferred to her son the childhood feelings of jealousy and sibling rivalry she had experienced toward her younger sister. His blond hair was now her sister's beautiful long locks of blond hair which she had secretly both admired and despised. This clear and undeniable realization brought significant changes and improvement in Paula's relationship to her son. Subsequently, she reported that this boy, who had been having serious difficulty in school, was now doing fine and no longer had problems with teachers and classmates.

The third and last MDA session was very difficult, but very rewarding for Paula. Once more, various personal psychodynamic elements were activated, but the most significant factors were again of a perinatal and of a transpersonal nature. In the session she identified with the entire suffering of humanity, and needed a lot of support. The pain she was experiencing was "more than a human being could take." During the session she complained: "If you take all the pain I have experienced in my entire life and put it together, it wouldn't even scratch the surface of what I am experiencing right now."

A transpersonal experience in this session occurred in the context of what seemed to be an ancient Egyptian ceremony. She gave this account:

> At one point, I heard: "We are going to do something in Egypt." And I thought: "That sounds like fun, I'll stay for this." I remember being like dead and being carried. The memory for this experience is very vague now. Certain portions of it were in the dark; in other portions I could see forms of lights. I could hear chanting, a droning sort of singing, and I was being carried through artifacts and statues. Occasionally, I felt touched by them. The entire process was taking place in an Egyptian tomb. I could see bright colors and hieroglyphics. They were running up and down, not left to right, and they were mostly outlined in red. It was really a pleasant affair. I was not frightened. I knew everything would be all right, as if I were playacting more than being actually dead. Then, the chanting and singing stopped, and I was left there all by myself.

At the end of the treatment she wrote:

> . . . My last drug session, I feel, helped me the most, even though I would not care to repeat it. I felt I experienced all the sorrow and suffering that mankind had had since time began. . . . My doctor and the cotherapist encouraged me to experience all this pain. They told me I was strong enough to withstand anything that came my way. They were right. This last session, even though it seemed the worst, turned out to be the best. I feel it released me from most of the fears I have carried all my life. . . . Many things happened in my therapy, but without the drug sessions I don't feel that as much could have been worked out in 10 times the time. . . .

CONCLUSIONS

Paula did make a remarkable improvement at the end of therapy. She was no longer depressed and all the initial complaints were no longer present. Psychological tests and Global Social Adjustment evaluations showed definite improvement at the end of treatment and at six months follow-up.

The psychedelic drugs offer the opportunity to activate unusual experiences which can be of extreme significance for the field of psychotherapy and for the understanding of the human personality. The psychedelic approach and the psycholytic, best known in the U.S. and in Europe, lack the more complex understanding of the personal, perinatal and transpersonal psychodynamics discovered by Grof. It is hoped that, as new interest begins to be generated in the field of psychedelic research (Grinspoon & Bakalar 1979), more consideration will be given to the above factors in any future work with psychedelic drugs.

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