An Experiment with a Psychiatric Night Hospital

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EIGHTY million working days are lost in Great Britain every year due to psychiatric illness; in comparison, only seven million working days are lost through strikes. In 1952 a pilot project was established to determine how many working days could be saved by providing psychiatric treatment during the night for those patients who are still at work, but in imminent need of help.

The night hospital occupies part of the premises of the Marlborough Day Hospital. It consists of three 3-bed rooms, and one single bedroom (used for emergencies or as a treatment room), one small surgery for the sister, a dining-kitchen, bathroom and two lavatories. It functions five nights a week from 6 p.m. to 9 a.m. One consultant psychiatrist is responsible for three nights and a second for two nights of the week. Each consultant has a registrar working with him. The registrar is not resident, but is on call after he leaves at 10 p.m. One sister works two full nights from 6 p.m. to 9 a.m. and two evenings from 6 p.m. to 10 p.m. A second sister works one full night and two nights from 10 p.m. to 9 a.m. A nursing orderly works three nights from 7 p.m. to 11 p.m., and a ward orderly for twenty hours a week who is responsible for the preparation of dinner and breakfast.

The Experiment

Of the total number of 218 patients treated in two years, 76 were emergency cases, i.e. those kept in the hospital for one or two nights either as a safety measure or as part of their treatment, of which only 5 were kept for five nights. 54 were treated with LSD and with individual psychotherapy by a consultant psychiatrist. He chose to treat the young to middle-aged and mainly professional men and women of good intelligence, personality and motivation, diagnosed as suffering from psychoneurosis. His report will appear elsewhere.

The remainder were the more chronic patients, including the psychotic or the psychopath. To treat the latter type of patient with LSD appeared —according to literature—inadvisable, contra-indicated or even dangerous. Hoch *et al.* (1952) report that the mental symptomatology of schizophrenic patients was markedly aggravated by Methedrine and lysergic acid, and that they disorganized the psychic integration of a schizophrenic much more than that of a normal person.

Working Hypothesis

We thought this so-called "disorganization of the psychic integration" must be a temporary removal of the ego-defences and possibly could be used therapeutically. It was presumed that group participation might provide the atmosphere of security and belonging in which the sensitized patient could achieve a deeper degree of insight. It was therefore decided to combine LSD or LSD plus Methedrine, with group psychotherapy. The plan was to run several consecutive groups, two of which should meet five nights a week for the first four weeks; two, three nights a week; two, two nights a week; and one, one night a week. The seven groups involved a membership of 103 patients, but as the sixth and seventh groups are still running, the report is confined to the first five groups with a total membership of 75. Tables I–III show the diagnosis, duration of symptoms and work distribution in the various groups.

TABLE I.—DIAGNOSES

	Groups 1	2	3	4	5	Total
Schizophrenia and advanced schizoid states	4	6	7	8	5	30
Depression	4	3	2	1	0	10
Psychopath	2	2	1	2	4	11
Hysteria	1	1	2	1	3	8
Anxiety	1	3	2	1	2	9
Homosexuality	1	2	0	0	4	7
Total	13	17	14	13	18	75

TABLE II.—DURATION OF SYMPTOMS

	Groups 1	2	3	4	5	Total
Lifelong	1	4	4	6	5	20
Over 10 years	6	5	4	3	6	24
5–10 years	5	7	5	3	5	25
1–5 years	1	1	1	1	2	6
Total	13	17	14	13	18	75

TABLE III.—WORK DISTRIBUTION

	Groups 1	2	3	4	5	Total
At beginning of treatment						
Working	9	11	9	5	9	43
Not working	4	6	5	8	9	32
Total	13	17	14	13	18	75
During treatment						
Got a job	3	5	0	1	6	15
Gave up work	0	1	2	0	1	4

The original policy of opening the Night Hospital only for patients in full-time employment was modified to admit a certain number of patients who were not working.

Objects of the Investigation

(1) To discover whether it was contraindicated to give LSD plus Methedrine to the chronic patients including psychotics, psychopaths and the emotionally immature. However, in spite of severity of illness there were no accidents, except for one girl who committed suicide, not under the influence of LSD, but impulsively in reaction to an unhappy love affair. On the other hand for a long time we successfully supported a number of suicidal patients, including one who was a hopeless drug addict. He said that the group experience kept him going and that he was happier than he had ever been before, but when the group discontinued he relapsed and was transferred to a mental hospital, and later committed suicide.

Indications for LSD in this type of patient depended on: (*a*) The strong group cohesion which acted as a support. (*b*) The therapist's awareness of the psychopathology of the patient and his good relations with him. (*c*) The interruption of treatment with Largactil and in some cases hospitalization for twenty-four hours if necessary. (*d*) Not giving LSD to a reluctant patient.

(2) To find out if such a combination of treatments can be used with reasonable success with such chronic patients. Even those patients who were working had manifested chronic symptoms for years. From the 75 patients in the first five groups *none* had shown symptoms for less than one year, only 6 for from one to five years, and 44 patients had had persistent symptoms for more than ten years.

TABLE IV.—RESULTS

	Groups					
	1	2	3	4	5	Total
Stopped treatment ..	0	3	2	3	2	10
Suicide	0	0	0	0	1	1
Sent to mental hospital ..	2	2	2	1	0	7
Not improved	1	2	5	8	4	20
Slightly improved ..	0	3	1	1	2	7
Improved	7	5	3	0	5	20
Much improved	3	2	1	0	4	10
Total	13	17	14	13	18	75

Table IV shows that Group 4 produced no results and Group 3 small results. It was at first presumed that Group I produced better results because they met five times a week in the first month, but Group 4 did not confirm this.

(3) The third objective, regarding the optimum number of meetings a week, must be left unanswered for the time being.

(4) To assess the effect of the constitution of a group on the curative result. Further work is necessary, but it is clear that to include 50% of schizophrenics in a group markedly reduces the chances of success.

(5) To find the optimum number for this particular kind of group. There was no general optimum, but each psychiatrist had *his* own optimum with each particular type of method of group treatment. The optimum for the therapist conducting this experiment was between 12 and 14 members.

Effect

LSD acts as a strong disinhibiting factor revealing material and traumata that have been deeply buried for a very long time.

An illustration is a young woman who four years ago, at the age of 20, married a man whom she loved very much.

She wanted to have a family, but whenever her husband approached her she experienced a complete vaginismus and it was impossible to consummate the marriage. She had prolonged out-patient treatment with drugs and psychotherapy without result and analytic treatment in our hospital did not unearth any relevant subconscious factor. However, under LSD in the presence of the whole group she disclosed that she had a great shock when she had a hæmorrhage in school at the age of 9, i.e. experiencing an early menstruation without any preparation. A further shock occurred when her mother, who was sent for, told her: "You will bleed like this throughout your life." She interpreted this literally. Her mother also said: "You must never go near a man." After revealing this to herself and the group she became extremely vivacious and eloquent, and attempted to undress and make love to the therapist before the whole group, shouting continuously: "I want my husband, I want my husband." After another fortnight of syntho-analytic treatment the marriage was consummated, and she and her husband are now happily settled.

The second function of LSD is that it helps to produce an unusually intensive, intimate and well-knit group atmosphere, which can help even those patients who do not have LSD.

A woman of 42 had been in a mental hospital four times, and contends that her relapses occurred because, after the protection of hospital, she was unable to adapt to normal conditions. In the group she found the atmosphere and the support she needed. She has remained well for two years, held a responsible job, made good social relationships for the first time since her original illness and is engaged to be married. She feels that her greater stability has been achieved as the result of being part of the treatment group and that through this her last discharge from hospital was successful.

The other case who had no LSD but was helped by the group atmosphere was a man of 37. He was referred to us complaining of irritability and inability to relax at intervals for the past six years, following an attack of virus pneumonia. Recently he had been upset by the noise of the four children at home, and for six weeks had been living in quiet lodgings, but had not improved. This case has been puzzling. It was significant that this man had great control over a very strong temper, and that he always left the room during

a disagreement with his wife. It became clear to the group that he left his home and family because subconsciously he was afraid that he could control his temper no longer. This assumption seemed confirmed when he told us spontaneously that his only friends were three convicted murderers, which influenced our decision to abstain from giving him LSD. The patient maintains that the group helped him to open up. He had been always a very silent man, unable to express himself, but now he can talk with his wife for hours on end. He has returned home and is happily settled there and in his work.

There are a number of patients who refuse LSD and there are some on whom LSD appears to have no effect. The "burnt out" schizophrenics fall into the latter category. There are others who react in a variety of ways, where the therapeutic value must be considered doubtful. These patients may experience a distortion of colour, sound, time, and of their own figures, or they may live through wonderful fantasies.

Finally, there is the case where it was difficult to define which factor produced an unexpected result: the abreaction or specific insight she gained from LSD, the atmosphere of the group, a strong attachment to the therapist, some other factor, or a combination of all these factors.

This patient was a young woman of 30. She had had three dreadful experiences in her life. She had been seduced by her father, been let down by a married man, and a priest with whom she was having an affair had died in her arms. She became a nun, but after seven years had a schizophrenic breakdown. She was released from her vows, and was so ill that she entered a mental hospital six times in five years. She now appears to be completely different. She is not only free of her symptoms and feeling well, but is, for the first time in her life, holding down a responsible job.

Conclusion

We believe that the night hospital, although still in the experimental stage, is an important aspect of the part-time psychiatric service. The use of LSD as part of an active and interpretative dynamic psychotherapy seems to be indicated in acute neurotic cases and some sex difficulties. The experiment in LSD as part of individual and group psychotherapy in psychotic cases seems to be encouraging enough to be continued on an experimental basis. As to the use of LSD plus individual and group psychotherapy in chronic psychopathic and emotionally immature cases nothing definite can yet be stated. There is no contraindication where LSD cannot be given, if certain precautions are taken. LSD should not be considered as a treatment in itself, but as part of a system of treatment. It is too early to assess the number of working days which were saved. However, our experiment has convinced us that the night hospital can prevent some patients from experiencing breakdown by allowing them to remain at work, and does not jeopardize their chance of promotion through absenteeism and the stigma connected with mental illness.

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DISCUSSION

Dr. J. T. Robinson (Horsham):

We have had some experience of LSD as an aid to individual psychotherapy, but have not used it in group therapy. We became concerned at Roffey Park Rehabilitation Centre with some of the difficult patients—chronic neurotics, chronic psychosomatic disorders and personality disorders—who had received a wide range of treatment at many hospitals and out-patient clinics without any lasting benefit. On the basis of recent reports on LSD in such cases we have in the past year done over 260 abreactions with doses ranging from 50–300 μg on patients who were at Roffey Park for seven to twelve weeks. Since we have only been using this therapy for a short time, we can only refer to the immediate clinical results based on the capacity of the individual to go back to work, and symptomatic improvement.

The first problem is how LSD performs its alleged therapeutic role. It is obvious that the drug is a "deep-seated" abreactive agent, i.e. able to produce the discharge of repressed experiences with an appropriate emotional response. The setting in which this response occurred may be the central reason for any alleged therapeutic value, the core being the relationship between the patient, therapist and his assistants. In 37 patients who have completed treatment, we have observed three types of reaction:

(1) Those who had a good catharsis with the reliving of repressed experiences, 22 cases. Of these 12 were much improved, able to discontinue treatment and to resume normal life on a level equal to that attained prior to illness, including a return to full work. Such patients were considered capable of enjoying all normal social relationships and family life, but only 4 were completely free from symptoms.

(2) Those with unspecified response in which they have been able to express hostility and sibling rivalry without any repressed memories, 6 cases. Of these, 3 came into the category of "greatly improved", with 1 completely symptom free.

(3) Those who responded with no catharsis of any kind other than slight autonomic response and toxic effects, 9 cases. Of these, 4 were "greatly improved", but only 3 were completely free of symptoms.

It would seem that not all patients who show really marked improvement and freedom from symptoms have a definite catharsis including the recall of repressed memories with appropriate emotional response. Nor can we understand why some 50% with unspecified responses should get well and be symptom free though probably factors other than LSD played a significant part. Similarly with those in whom only autonomic and toxic responses were experienced and no catharsis, factors other than LSD are clearly operating to lead to marked improvement in a high proportion of cases. One cannot disregard the fact that in Roffey Park all patients are given a thorough physical examination, that the whole Centre is geared to a rehabilitation programme, including occupational therapy, and encouragement for social participation of all patients, and in addition, following treatment, psychotherapeutic sessions are held the day after LSD. This must definitely affect the results.

Duration of Symptoms Prior to Admission

24 patients with symptoms varying from six months to three years prior to admission have completed treatment and been discharged. Of these 50% were much improved or symptom free. Those with symptoms of between three to fifteen years' duration number 13, and of these 4 were improved, but only 1 was symptom free. Again, these numbers are too small to draw any definite conclusions, but they seem to indicate that the longer the duration of symptoms, the less effect LSD has in leading to a clinical improvement. In the particular group of patients with symptoms of over three years' duration, it is of interest that several produced no "catharsis" and one of these was symptom free. It seems obvious that the more recent the onset of symptoms, the better are the results, and our impression is that there is considerable doubt as to the value of this treatment.

Dr. Ling has emphasized how LSD speeds up the psychotherapeutic process, but I am convinced that before any patient is given LSD there must be a thorough anamnesis of all environmental and personal factors. There must also be some understanding by the therapist of the underlying dynamics. Furthermore, it is necessary for the patient to have some intellectual insight through established psychotherapy prior to LSD therapy.

Not all patients benefit by LSD and while the immediate results may be striking, it is the long-term progress that really matters; in this regard we have had no less than 6 patients in the last six months who had been given LSD for varying periods prior to admission but were no better as a result of such treatment. One of the difficulties about using LSD is that, like all other abreactive agents, those using it always seem to obtain material that they want and in which they happen to be interested, just as Freud, when he was interested in daughters sleeping with their fathers, got no fewer than 10 consecutive hysterics who remembered such events, which he afterwards realized was, of course, nonsense. Thus I am quite certain that many of the birth fantasies which are being reported are the result of the therapist's suggestion to the patient. It is of interest that we have had no birth experiences in any of our abreacted patients.

Of essential importance in the use of any abreactive drugs is the abreactor rather than the drug itself, and this is, I feel, of even more importance in using a drug like LSD. As in every treatment, the attitude of the patient to the treatment is very important and may well determine the results. Also the patient's attitude to the therapist carrying out this role and the therapist's attitude to the patient are important. A further consideration, often overlooked and not measurable, is the intellectual insight which may not be obvious but which has been inculcated to some degree in the patient by previous therapies.

Dr. Ling has stressed the importance of motivation and in this I agree. A point which may be relevant is that there is no evidence of the comparable value of LSD in the various social cultures nor between private patients who pay for their treatment and National Health Service patients. Those who can afford to pay for treatment and not have their treatment paid by others are men and women who have shown a capacity to live with their difficulties, indicating a basic stability of personality of some degree which is important in treatment and is supported by a strong motivation to get well. Such people are seldom basically dependent types, but usually have drive and aggression, demanding quick action. They will respond to any form of therapy, but whether LSD is better for such patients than any other treatment has not in fact ever been statistically confirmed. The enthusiasm and suggestibility of the doctor using the drug has far more influence on the success of treatment than anything else.

Cases Who Do Not Respond to LSD

Dr. Ling has given some contraindications to the use of LSD and to this I would add our experience with certain other types of cases which do not respond well to LSD.

(*a*) One of the most difficult to treat is the patient with acute anxiety symptoms superimposed on a basically passive, dependent personality. Such patients are always insecure and vulnerable, and LSD does not help them. In fact, the LSD experience arouses tremendous fears and makes such patients much more distressed and regressed. They can also be made extremely depressed and suicidal.

(*b*) Another type is the long-term, parasitic, hysterical personality with hypochondriasis and paranoid features. Such patients are always demanding, but LSD increases this and further stimulates their paranoid features. In fact, such patients should not be given LSD. One case that we had was sent to a mental hospital where she will remain for a considerable time. There is an added danger that in such patients the transference situation is very difficult to resolve.

(*c*) The narcissistic, histrionic hysteric who is shy and fearful also regresses and becomes very much more dependent.

Obsessional Neurosis

We are not convinced of the value of LSD in the ritualistic, handwashing or ruminative obsessional neurosis. The characteristic psychopathology of these cases is their chronic inhibition and restriction of any capacity for emotional expression. Such patients are always indecisive, have a tremendous deep-seated hostility which is destructive and terrifying associated with a considerable fear of letting go lest they themselves suffer punishment. This destructiveness is usually directed against near loved ones and is therefore associated with considerable guilt, and there is a related basic incestual attachment to the parent of the opposite sex, jealousy and a desire for the death of the rival of the same sex. There is no doubt in my experience that LSD provides one of the most dramatic abreactions in such patients to confirm Freud's observations in his classical description of the obsessional syndrome.

I do not consider that LSD has any effect at all on rituals or in assuaging guilt, and it is almost folly to give LSD to any obsessional neurotic without a previous long period of psychotherapy based on "here and now" relationship and reactions between the patient and the therapist. I very much doubt that these abreactive drugs are short cuts to perform what psychotherapy should do.

We have used LSD alone and LSD with Methedrine, and are convinced that Methedrine should never be used with LSD in any case without a previous trial of LSD alone. The reactions to the combined therapy are always much more severe and the symptoms may be terrifying not only to the patient but also to the staff dealing with these cases. Such patients, following LSD and Methedrine, require far more attention and reassurance.

LSD has never been compared with other drugs and used in controlled experiments. Until such a study is carried out, and this we are attempting to do at Roffey Park, we have no evidence that LSD has a greater value than other drugs, and at present there is nothing to indicate that it is in any way superior to other abreactive agents.