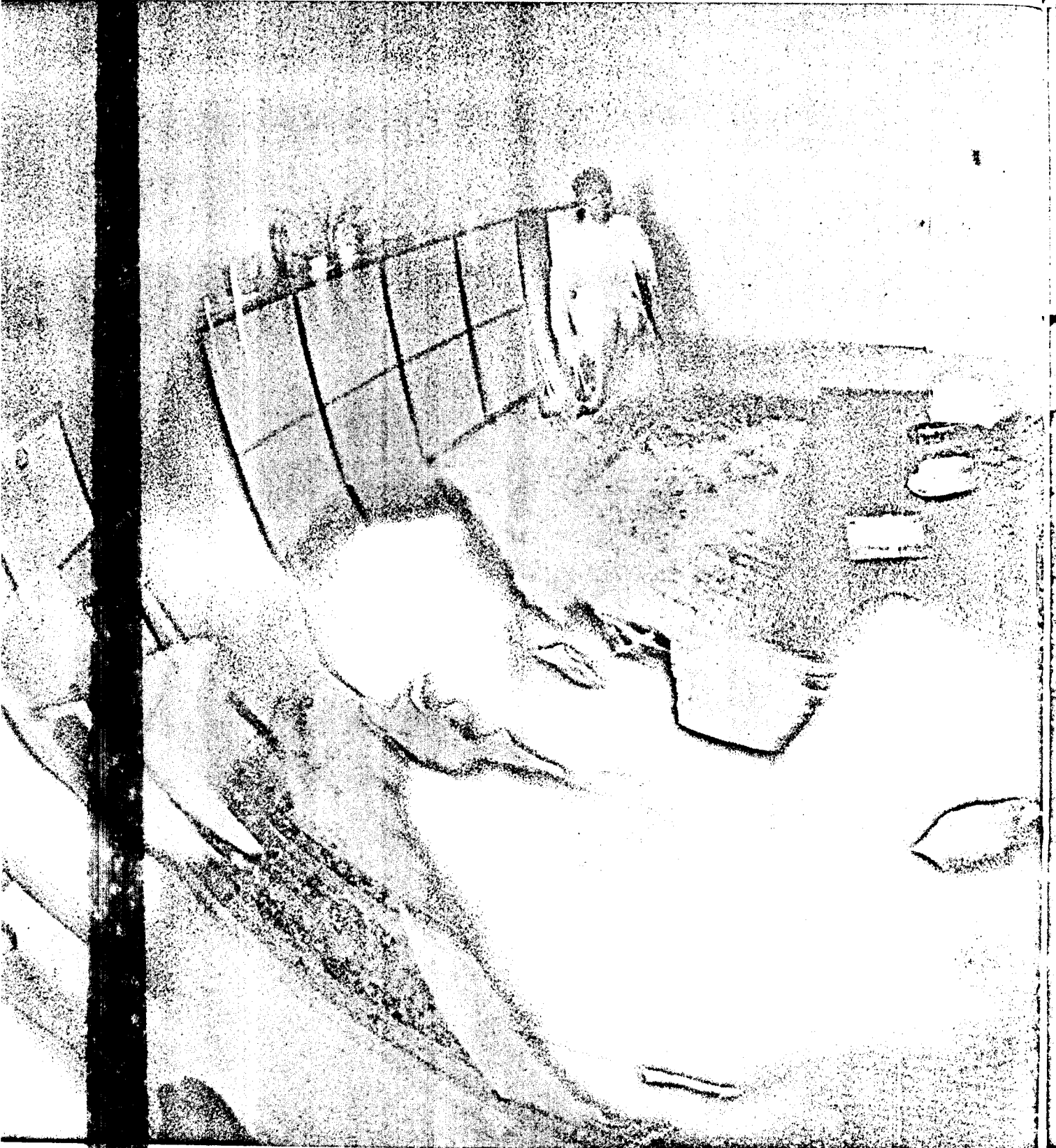


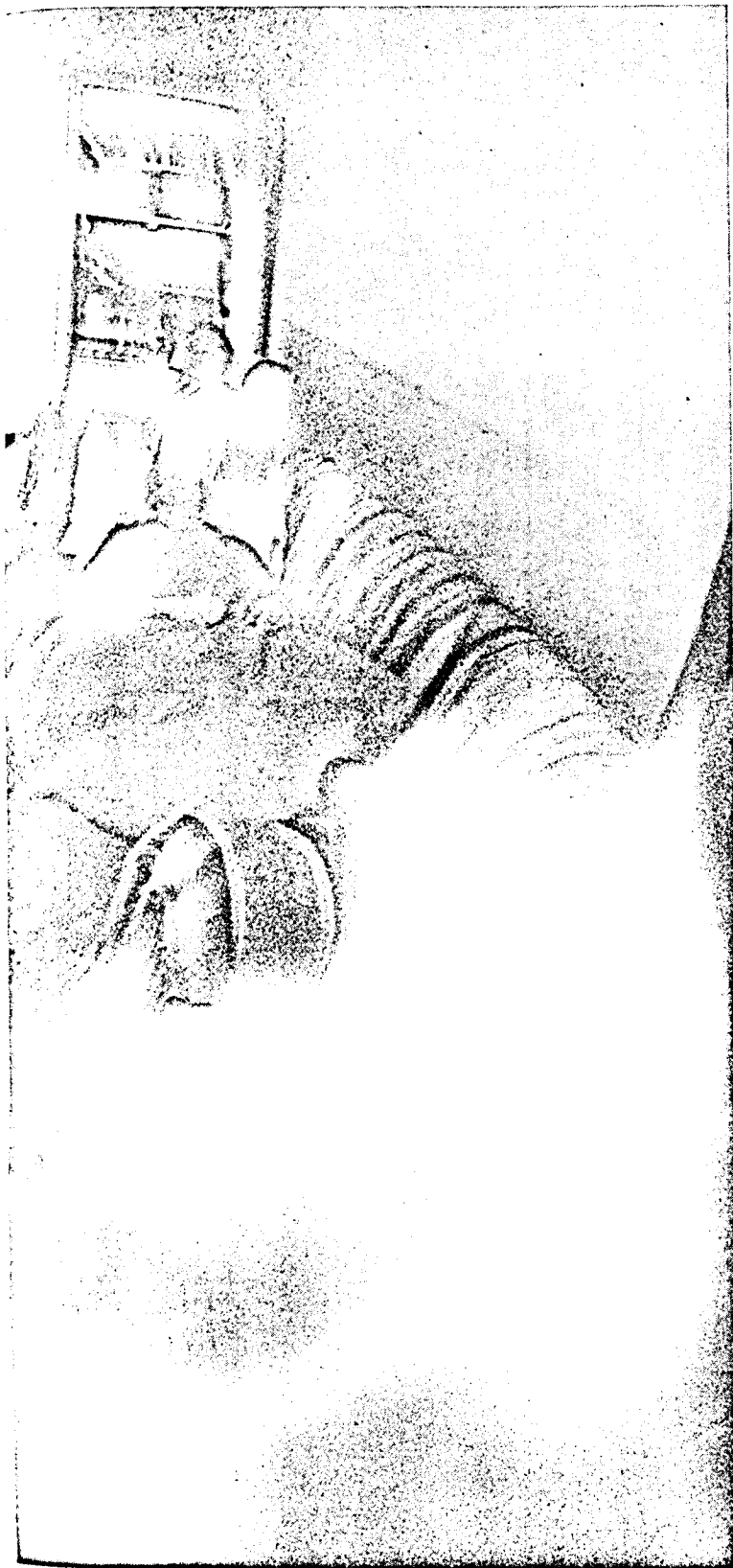
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Editorial.

BIZARRE WORLD OF



LSD MAY SET ALCOHOLICS STRAIGHT



A team of Canadian psychotherapists has reported evidence that the hallucinogenic drugs—such as LSD, mescaline, and psilocybin—can be used with “cautious confidence” in treating alcoholics and other patients with psychiatric problems. Their experience runs counter to the belief of many therapists that there is no reliable rationale for using these agents in any psychiatric situation.

Drs. J. Ross MacLean and D. C. MacDonald of Hollywood Hospital in New Westminster, B.C., prefer to describe the drugs as psychedelic—or “conscience expanding”—rather than as hallucinogenic or psychotomimetic agents. The earlier terms, they maintain, place undue emphasis on hallucinations and psychosis, and “tend to obscure the many other attributes of the reaction that are of therapeutic and research value.”

At the Second International Conference on the Use of LSD in Psychotherapy, held in Amityville, N.Y., Dr. MacLean declared that “psychedelic therapy has both intrinsic merit and potential in the treatment of many psychiatric and psychosocial disorders.” He bases his conclusions on seven years of experience with some 500 patients who have had psychedelic therapy.

Among 338 patients whose progress was evaluated more than three years after LSD treatment, 36% were “much improved,” an additional 28% “improved.”

Those evaluated as “much improved” gave evidence of marked improvement in interpersonal relations, work habits, self-acceptance, and family and social responsibility, says Dr. MacLean. For alcoholics, it included complete abstinence, and for nonalcoholics, complete remission of the psychiatric problem. Patients were evaluated as “improved,” if they showed “easily recognized and significant improvement in the rated areas, but not total abstinence or total remission of the presenting problem.”

Careful Screening Precedes Therapy

The Canadian researchers used LSD-25, mescaline, or both, for psychedelic therapy. Seventy-nine per cent of the patients were treated only once, 16% were treated twice, and 5% three or more times. The LSD dose ranged from 100 μ g to 1,000 μ g, with an average of 400 μ g. Mescaline doses ranged from 250 mg to 1,400 mg, with an average of 700 mg.

The patients were carefully screened physically and psychiatrically, before being given psychedelic therapy, Dr. MacLean reports. Particular attention was given to such contraindications as cardiac conditions and psychotic states and tendencies. But he notes that there must always be a consideration of calculated risk, requiring a balance between the probable benefits, the near certainty of prognosis in the absence of treatment, and alternate courses.

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Patients who passed the screening were given several days of preparation for the psychedelic experience. A therapist, who had himself experienced the reaction, described the effects of a psychedelic agent. Then, if the patient was considered emotionally receptive, he was taken—generally clad in sleeping garments—into an informally furnished lounge and given the drug.

The “experience” itself, reports Dr. MacLean, usually persists from six to eight hours, but occasionally lasts much longer. “A physician or psychiatrist is always at hand. In addition, closed circuit television and audio supervision is maintained by the physician in charge.”

For the 500 patients treated, the experience was allowed to proceed without being interrupted by barbiturates or tranquilizers. “No uncontrollable or deleterious situation arose that would warrant such termination,” Dr. MacLean says. “On the contrary, reactions which may be viewed with alarm by some workers may indicate the crisis necessary for a breakthrough of defenses.”

The experiences of these patients ranged through a

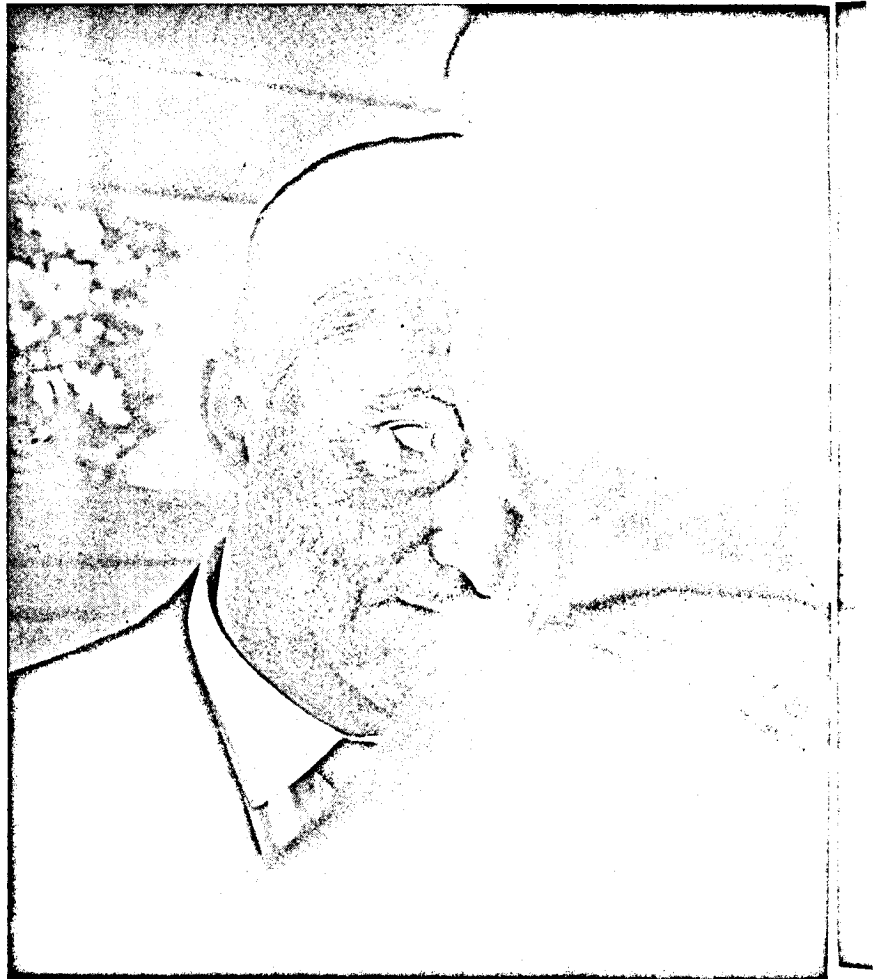
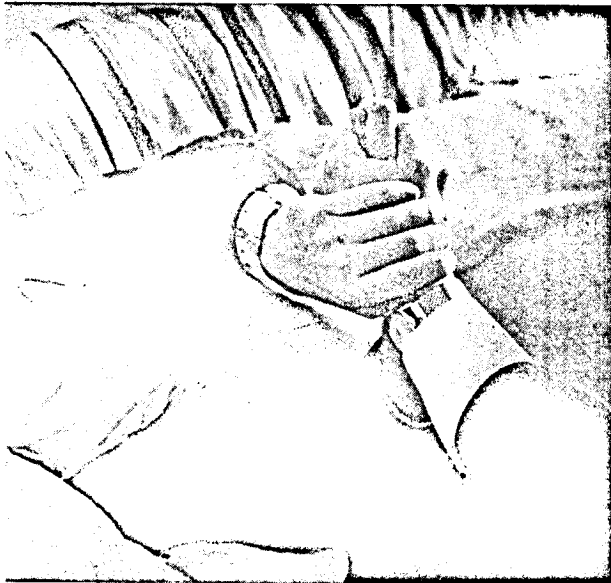
continuum of reaction from “heaven to hell.” They included feelings of bodily change and physical plasticity; heightened perception of color, sound, and texture; and age regression. “The net effect of the experience is to facilitate new self-concepts and appreciation of reality,” maintains the Canadian researcher, “that is, a process of ‘re-education’ embracing conventional therapeutic mechanisms, and some as yet only tenuously explained.”

Immediate post-treatment follow-up, an essential part of the therapy, varied widely from patient to patient. Some required relatively little aid from the team of therapists in interpreting and integrating their experience, while other patients required intensive psychotherapeutic assistance.

Analyzing the results of the treatments, Dr. MacLean reports that 40% of the alcoholics treated six to seven years ago remained abstinent nine months after therapy and showed marked improvement in all areas of social adjustment. When the same group was reassessed more recently, 25% had retained their “much improved” status.

‘In LSD treatment, the patient relives past events with

The “experience” triggered by LSD is the central factor in psychedelic treatment. Emotionally prepared and comfortably clothed, the patient is given the drug orally. Beginning shortly thereafter, the “experience” lasts six to eight hours usually. In moments of intense emotion, the doctor may lend support by holding patient’s hand (below). At other times, he confronts the patient with a mirror (right) to help him reshape his self-image. Aggression and destructive impulses sometimes come into play (far right), but they are reportedly quite easy to control and present little danger.



Among nonalcoholic patients, improvement was more marked. Almost two thirds were "much improved" nine months after therapy, and more than half maintained their improvement for six years.

"In general, the therapy has not proved beneficial in cases of narcotic addiction or sociopathic disturbances," he points out. "Treatment of psychotics and prepsychotics was understandably limited." While few homosexuals attained a satisfactory heterosexual adjustment, many of them "derived marked benefits in terms of insight, acceptance of role, and reduction of guilt and associated psychosexual liabilities."

No Basis Seen for Addiction Fears

"As a group," the Canadian psychiatrist reports, "those diagnosed as 'acute anxiety' and 'reactive depression' fared well." But he concedes that such patients have a relatively favorable prognosis regardless of therapy.

Dr. MacLean declares that in his own experience, fears of addiction to LSD are groundless. He finds no evi-

dence that psychedelic agents have more than transient physiologic effects. Personality changes, feared by many, are primarily in the direction of reducing guilt, anxiety, hostility, fear, and other incapacitating personality traits. "The psychedelic experience, plus the associated therapeutic procedures, may accelerate personality change through all the mechanisms known to the field of psychiatry. But to suggest that these changes will be permanent, irreversible, or deleterious is quite unrealistic."

Deploring both the abuse of the drugs by untrained persons in search of "kicks" and the fear of using them as therapeutic adjuvants, Dr. MacLean stresses the need for high standards and tolerance among both opponents and proponents of LSD use. "We do not represent the psychedelic experience to be a cure for alcoholism. It is a remarkable aid in therapy and it has a very encouraging potential for the future. Psychedelic therapy must be undertaken by experienced staff, under medical supervision, in a strongly supportive environment, using procedures developed to provide maximum probability of success." ■

a duality of intense personal involvement and detachment'

