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Psychedelic Therapy Utilizing LSD in the Treatment of the Alcoholic Patient: A Preliminary Report

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The rationale of psychedelic therapy with alcoholic patients is focused on the alienation-breaking potential of "peak" or psychedelic experiences induced with the aid of LSD. An exemplary LSD session report and MMPI data on 69 pilot patients are presented for illustration. While all present results indicate that psychedelic therapy does add significantly to presently available alcoholic rehabilitation resources, it is emphasized that safe and effective use of LSD requires specialized training.

THAT THE ADMINISTRATION of an effective dose of LSD will temporarily alter the functioning of the nervous system in quite unusual ways seems now to be an item of general information. However, the extent to which the period of drug action can be harnessed for therapeutic advantage has remained a complicated and unsettled issue.

Somewhat over two years ago, in view of both the treatment dilemma posed by the chronic alcoholic patient and the then extant several reports on the drug's usefulness, we launched our own explorations with patients hospitalized in the Alcoholic Rehabilitation Unit of the Spring Grove State Hospital in Baltimore, Md.

From the very beginning, our approach to the use of this potent compound was marked by extreme respect. We started by implementing a treatment effort, called the psychedelic procedure, which consisted of approximately three weeks of intensive psychotherapy incorporating one high-dose (450 μg.), highly structured LSD session.

In the preliminary phase of this work, 69 male inpatients were treated as described, i.e., they received a time-limited course of psychotherapy which included one, and only one, LSD session. Our objectives were primarily research-oriented, i.e., to increase understanding of LSD effects and to assess the safety and therapeutic potential of its use within a limited period of treatment without regard for considerable variations in patients' personality structures. Incidentally, the introduction of this procedure met with rapid and lasting patient, staff, and administrative acceptance despite the occasional mass-media storms which have attended abuse of the drug.

Approximately 18 months later we initiated a controlled study which approximated a clinically realistic program: following the initial treatment effort, patients could continue in outpatient therapy for a period of six months with the possibility of hospital readmission for an additional one or two LSD sessions. This study was also designed to shed light on the difficult question of the specific contribution of high-dose LSD to the over-all treatment effect. Further, systematic follow-up continues for 18 months. This study, in progress, is about

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one-third through the clinical phase, with a planned 100 patients to be treated and followed.

The present paper will focus primarily upon our experience with the aforementioned 69 cases. We shall try to communicate the rationale of this treatment form, some detail on how it is carried out, and some illustrative data, along with impressions and comments.

Rationale

Fundamentally, the specific rationale for the use of the psychedelic procedure with alcoholic patients resides, on the one hand, in certain characteristic features of their presenting clinical picture, and on the other hand, in the particular and perhaps unique kinds of psychotherapeutically meaningful events which may be mobilized with the aid of high doses of LSD. Let us look first at the alcoholic patient and the treatment challenge he poses.

The prodromal phase of this condition has been estimated to involve an average of ten to 12 years of heavy to excessive drinking. Apparently, quite diverse personality types—neurotic, psychopathic, schizoid—are abnormally attracted to the effects of alcohol. The available evidence suggests that the common underlying predisposition inheres in an inability, or at least lower than average capacity, to handle psychological stresses, tensions, and frustrations. There is even basis for inferring that during the prodromal phase alcohol has served as an effective therapeutic agent for such individuals: tranquilizing anxiety and tensions, inducing some degree of euphoria, and perhaps not particularly or seriously interfering with the normal conduct of life.

Ultimately, however, the pattern of heavy, frequent intake of alcoholic beverages, usually prolonged over many years, eventuates in major trouble. There develops, along with an acquired increased tissue tolerance, an apparent integration or assimilation of alcohol into the metabolism of nervous tissue and the appearance of withdrawal symptoms upon cessation of alcohol intake(2).

As the condition becomes chronic, it carries in its wake a distinctive configuration of personality pathology which has been widely called "alienation."

Tiebout(3) has painted the picture as follows:

> During the course of the alcoholic's illness, there develops a personality pattern with a characteristic, negative, hostile coloring. Included in this pattern is a tendency to be: tense and depressed; oppressed with a sense of inferiority; weighed down by an overpowering sense of loneliness and isolation; egocentric; defiant; and walled off and dwelling, to a large extent, in a world apart from others.

Usually, before we see such a patient in a state hospital setting, his life circumstances have degenerated into shambles. In this setting, withdrawn from his physical dependence, the patient enjoys a period of grace. But bitterness and despair seem always close at hand; the established pattern of alienation continues to predominate. Given present treatment resources, only a pitifully low percentage of these patients achieve any degree of recovery. There is evidence that their life expectancy is ten years or so less than average. Their course is generally one of continuing personal misery and increasing social liability.

It is here that the psychedelic procedure may be brought into focus. Its basic aim is to attack the pathological process denoted by the term "alienation" and, if possible, to break the patient loose from its hold and foster the growth of new contact with himself and life. Long experience has indicated that unless and until there is a major reorientation in the alcoholic patient's view of his own worth and his prospects, the return to alcohol is inevitable and rapid.

As with all psychotherapeutic endeavors, the psychedelic procedure is made up of a complex of variables and influences. To illuminate the rationale of the procedure, let us examine a psychedelic LSD session.

All patients, as part of the process of integration and consolidation, are requested to write up a full report of the LSD day. One such report, reproduced below, reflects what the procedure is specifically designed to facilitate and accomplish: a psychedelic or "peak" experience. Approximately 75 percent of our patients have experienced the kind of psychedelic reactions

described below. The remainder, though not experiencing this particular kind of reaction, uniformly undergo periods of intense emotionality, with abreaction and/or catharsis.

Report of a Psychedelic Session

My first reactions after receiving the LSD were a slight numbness in the lips and a tingling sensation in the fingers. Upon instructions from the doctor, I reclined on the couch, had the eyeshade and stereophonic earphones placed on me, and listened to the music.

Within the space of a few minutes, I noticed that my hearing was extremely acute. The music sounded clearer than any I had ever heard before. In time, the music became overwhelmingly beautiful, and I seemed to feel a satisfying swelling within my chest.

Then, images began to flash through my mind. They were so fast, however, that I couldn't catalogue anything—everything was almost a blur. Colors were different shades of gold and pale brown, but I still could not distinguish individual objects, only masses.

At about this point, the doctor asked me to sit up. We talked for a moment and I asked for a cigarette. However, when I looked at my cigarette, the tobacco seemed alive and started to crawl or wiggle towards me. Hastily, I pushed away the cigarette. At the doctor's instruction, I reclined again on the couch.

I was now very conscious of the fact that the music was creating variations of great beauty in my mind. It was such beauty that words can't describe it. The word "magnificent" kept running through my mind. I felt that I was being overwhelmed by beauty. I stated that I was undergoing the most magnificent experience of my life.

By this point, I had lost all sense of time. What seemed like an eternity later, but possibly only a minute or so in actual time, I became aware that my mood had changed. I suddenly saw myself near the bottom of a huge, filthy pit. It seemed to be bottomless and was crawling with horrible things such as octopi and enormous, odd-shaped frogs. I tried to crawl my way out of the pit and finally got near the top. Looking down, it was horrible—worse than I have ever visualized hell. Huge vats and casks containing whiskey were being poured into this slimy pit. It seemed that all the whiskey in the world was being dumped there. I began to cry. A feeling of deep guilt and remorse had come over me. The doctor had me sit up. In discussion with him, I realized the significance of this episode for my own experience with alcohol. After my crying spell, I felt relieved and cleaner inside.

Once again I reclined on the couch. The music became more meaningful to me than anything I had ever heard before. A tremendous feeling of exaltation came over me. It kept growing in intensity. I felt rapture and ecstasy. Each moment I thought I had reached the zenith of rapture and joy; then the intensity and ecstasy would increase. It was overwhelming! There are no words to describe my feelings.

Then, while I was in this state, all became still and quiet. A sense of cleanliness and purity swept over me. I was alone and at peace. At this precise moment, I felt that all was holy and pure. I felt humble and insignificant. I was completely awed! It was the greatest, the most magnificent experience of my life. I knew then that life has meaning and riches and rewards. I felt as though I had been reborn. Probably never again will I undergo such an experience. But I don't care—once in a lifetime is more than any mortal can hope for.

I then began to think about mankind in general. I realized that what I had experienced was potentially in everyone, and I felt compassion, warmth, and understanding for my fellow man.

Again, as I lay listening to the music, I felt that days were passing by. Every minute seemed timeless. Sometime later, when I was sitting up again, the doctor handed me a mirror. I looked, but I didn't like what I saw. As I watched, to my utter horror, my image in the mirror began to age. My face became older and worn. I saw my skull disintegrate and turn into ashes, and the ashes were me. In shock and horror, I turned away from the mirror. The doctor reminded me that what I had seen had come from me, that it reflected some aspect of myself. Perhaps I feared that what was in me could lead only to waste and ruin. He urged me to confront the fear, since I had already discovered much in myself of value. I understood. He encouraged me to look again in the mirror. This time I saw my face in its normal state, and as I did, I realized how deeply afraid I had always been. I knew that I had long been running from this fear, but that I would run no longer.

I cried. I remember wishing that my wife could be at my side, so I could tell her and show her how I now felt. I knew then that I had been throwing my life away, and that there was so much I could do to change things for the better.

Sometime after this, when I was reclining again, I felt the presence of God and a warm, sincere sense of compassion enveloped me. The sense of God that came over me was unlike anything I had ever known. I thought again of how deeply I loved my wife and how much I would have liked her to be able to share these exquisitely precious moments with me.

Shortly after, the doctor gave me a picture of my wife to look at. I saw something which I had never seen before. From her heart, there seemed to swell out a flow of love. It seemed to be a tangible thing. Although I couldn't touch it, I knew it was real, and I knew she loved me. A wave of emotion swept over me. Again the tears welled in my eyes. Again, I experienced a feeling of soul-cleansing. Once more, I felt reborn and at peace with the world. I felt that I could never be the same man again. I felt pure, holy, and clean.

In the late afternoon, I became calm and reposed, listening to the music and discussing my experiences with the doctor. I felt that I had changed and that I would henceforth view life and its problems in an entirely different perspective. I felt I knew the real meaning of compassion and humility.

This was the most satisfying and majestic day in my life.

This report imparts something of the conduct of a session, its dramatic impact, and the alienation-breaking possibilities we conceive it to hold. It also illustrates the disappointment when reality does not support the new self-image. One month after his LSD session this patient, apparently in a state of anxiety brought on by environmental stress, attempted to tranquilize himself with a couple of drinks. Apparently he immediately reactivated his addiction and was launched into uncontrollable drinking. He contacted our treatment team seeking additional help, but our policy at that time (since revised) was to limit each patient to a single LSD session.

High-dose administrations of LSD, while allowing the maintenance of consciousness, definitely "overwhelm" normal ego functioning and the sense of volitional control. The subject, as William James(1) would have it, "seems to himself a passive spectator or undergoer of an astounding process." Patients under LSD may discover and directly encounter an "astounding" inner world at least momentarily suffused with love or ecstatic awe, etc. There can be no doubt that the LSD-altered nervous system is capable of generating such experiences. For many patients the only available framework for labeling, interpreting, and understanding such events seems to be the religious one. As Tiebout(3), for one, has speculated, "religion provides the cultural (and symbolic) *via media* for reflecting the good which resides in the unconscious."

The Treatment Procedure

The extent to which LSD is used in the psychedelic procedure as a facilitating agent or tool, albeit an important one, embedded within the matrix of a psychotherapeutic endeavor rather than in a chemotherapeutic or conventional drug sense, should by now be very clear. The therapist is specially trained and the therapeutic preparation leading up to the LSD session, though brief, is quite intensive. During the approximately two-week period, the patient is seen by the therapist nearly every day and for a total number of hours averaging around 12 to 15.

In the initial interview, the nature of the therapeutic enterprise is outlined for the patient. An informational and expectation-structuring brochure of articles about the use of LSD in treatment is given to the patient for outside reading. Therapy generally begins with an examination of the patient's drinking history, his particular alcoholic course, and a detailed, largely didactic exploration of the nature of the condition. Then patient and therapist together, in a moderately directive fashion, begin to explore the patient's current personality difficulties and major problems. Once these have been preliminarily identified and sufficient rapport has been established, the focus is turned to the origin and development of the patient's pathology as the life history is exhaustively reviewed in an attempt to develop insight into the dynamics of his case.

Throughout, an attempt is made to clearly delineate and strengthen the "healthy" components of the patient's functioning. When the therapist judges: 1) that his knowledge of the patient is sufficiently intimate; 2) that distorted and defensive ego

functioning has been reduced and the patient's self-knowledge has been significantly advanced; and 3) that the quality of the therapeutic relationship has opened the possibility of a "significant encounter," he schedules the LSD session and proceeds to prepare specifically for it.

The specific preparation, and in certain ways literal rehearsal, for the LSD session occurs on the day preceding it and occupies about one and one-half hours. The nature of the onset of the drug's effects, their course and significance are outlined to the patient. He tries on the eyeshade and stereophonic headphones, and their functions are explained. The possibility and import of all potentially disruptive or alarming reactions are carefully reviewed and discussed: from incoordination, physical distress, fear (for instance, "of going crazy" or dying), to depression, paranoia, confusion, and so forth. Insofar as is possible, exactly what is expected of the patient is explicitly detailed, along with the general format for the course of the day.

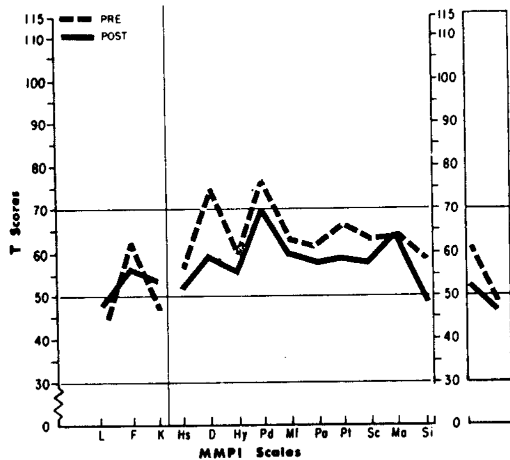
On the session day the therapist, assisted by a nurse, is in constant attendance during the entire period of the ten to 12 hours of the LSD session. He is responsible for guiding, shaping, and programming the course of the session, remaining flexibly attuned to the patient's progress, giving reassurance, aborting anxiety or other turbulent or disruptive episodes, and mobilizing and integrating affective responses and dynamic material as the patient's experiences unfold.

The patient is exposed to a heavy dose of tender, loving care. Occasionally we have quipped that the function of LSD is to "potentiate love," and in fact this seems a not inaccurate characterization. It does most certainly appear that this dimension of the therapeutic contact constitutes a highly significant ingredient in the mobilization of psychedelic reactions.

Illustrative MMPI Data

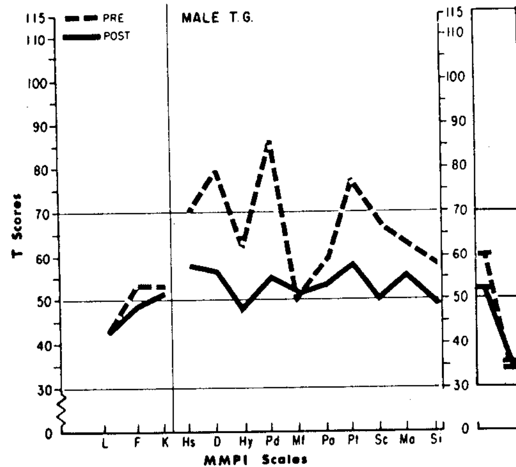
Some of our short-term MMPI data may illustrate several points of interest. Figure 1 is a composite summary of the immediate pretreatment to post-treatment changes averaged over the entire sample of 69 patients. As may be seen, the procedure, over-all, shows a fairly marked beneficial impact.

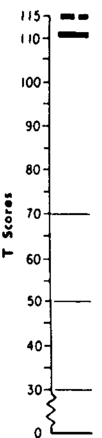
FIGURE 1
Composite MMPI Profile of the Total Sample of 69 Patients



L, F, and K—validity scales
Hs—Hypochrondriasis
D—Depression
Hy—Hysteria
Pd—Psychopathic Deviate
Mf—Masculinity-Feminity
Pa—Paranoia
Pt—Psychasthenia
Sc—Schizophrenia
Ma—Hypomania
Si—Social Introversion

FIGURE 2
MMPI Profile of Patient #16 Before and After Psychedelic Therapy





All changes on the clinical scales (with the exception of Hypomania) are in a positive direction; all are statistically significant.

The pretreatment and post-treatment profiles of a single individual may perhaps reflect in somewhat sharper relief what occasionally goes on within the general trends. Figure 2 (Patient #16) illustrates the marked reductions on the Depression and Psychasthenia scales, which respond most regularly to the psychedelic procedure, along with a general flattening of pathologic signs. Before treatment such patients are in severe psychological distress; they are "hurting" badly. Depression is manifest; and the elevated Psychasthenia Scale indicates rumination or preoccupation with negative, distraught thought content. The treatment process does appear to break the patient loose from the grip of pathological functioning.

There is one point which seems noteworthy. In our experience, with the kind of treatment procedure described many patients manifesting relatively severe personality disturbance have shown significant benefit.

The initial test data on Patient #60 (Figure 3) indicated profound and widespread pathology. His history included a psychiatric discharge from military service and a previous neuropsychiatric hospitalization at a VA installation. Prior to his admission to Spring Grove, he had been continuously intoxicated for nearly 18 months, and he complained of suicidal preoccupation. The treatment effect was striking, and the patient's subsequent course, though not without mishap, has been in general very promising.

Occasionally during the course of this preliminary period we have instituted spot-testing procedures in an attempt to assess further the safety issue. At one point, we administered EEGs to 20 consecutive patients before and after treatment. As independently rated by a clinical electroencephalographer, there were no significant changes in kind or number of pathological EEG signs. Again, before and after treatment, we administered a comprehensive battery of tests of intellectual functioning and impairment to a series of patients. Where changes occurred, they tended in the direction of enhancement of functioning.

Also, in a small series of patients, we administered the MMPI on the day immediately preceding the LSD session in order to explore ways of separating the effect of the therapeutic preparation from the LSD session—an issue which our current design approaches with much greater sophistication. At any rate, while it was clear in these earlier data that many patients *were* responding quite significantly

FIGURE 3
MMPI Profile of Patient #60 Before and After Psychedelic Therapy

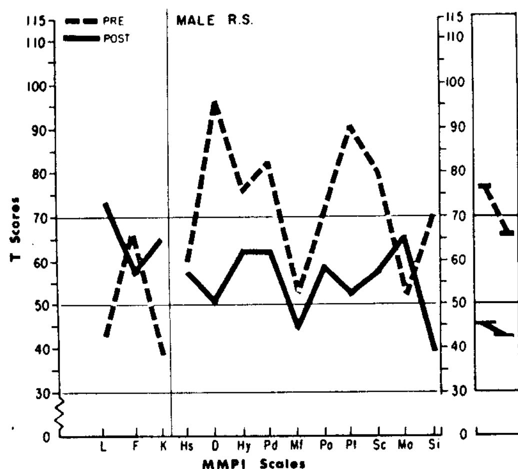
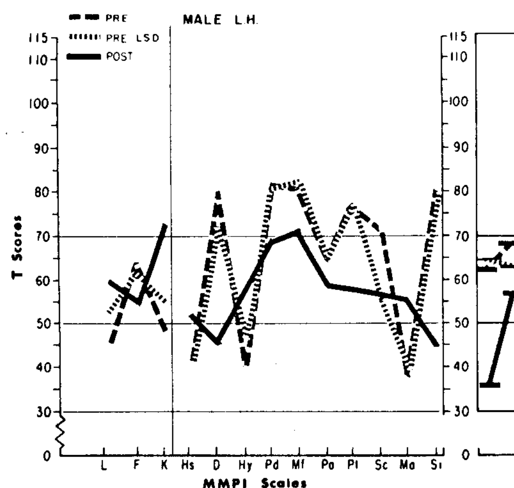


FIGURE 4
MMPI Profile of One Patient Before Therapeutic Preparation and Before and After Psychedelic Therapy

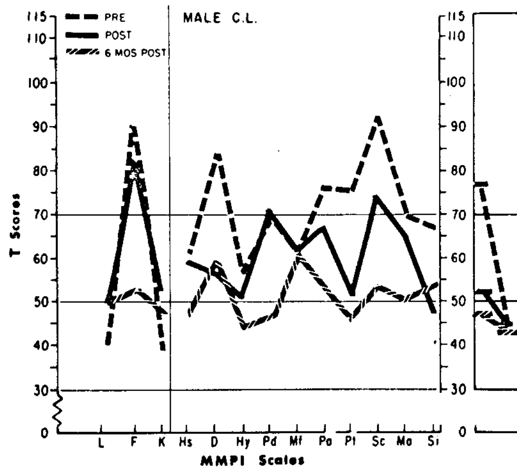


to the therapeutic preparation, in other cases this was not so, and it could be inferred that the observed effects were fairly directly attributable to the impact and emotional reeducation accomplished during the LSD session (see Figure 4 for illustration).

One final case (Figure 5) conveys two other points of interest. This patient was an unskilled laborer, intellectually dull, poorly educated, and culturally deprived. In addition, his initial MMPI indicated quite extensive pathology. The first item of note is that patients who probably would be considered very unlikely candidates for conventional therapy have responded favorably to the psychedelic procedure.

Included in Figure 5 are the MMPI profiles obtained before treatment, immediately after treatment, and at the six-month follow-up point. (We have follow-up MMPIs on only a few patients in this preliminary series; these were administered in a pilot study of the systematic follow-up procedure which is now in progress.) We see here an interesting progression; a reversal of the pattern of pathological functioning was apparently initiated during the active treatment phase, which appears not only to consolidate but to continue. This patient has remained abstinent at six months and his wife reported him, as we might guess, to be "a changed man."

FIGURE 5
MMPI Profile of One Patient Before and After Psychedelic Therapy and at Six-Month Follow-Up



Conclusion

In closing, it might be well to emphasize that LSD, within the context of the treatment procedure described herein, can apparently be used with relative safety. Actually, in the 69 cases under discussion and in subsequent work with alcoholic patients, both clinical evaluation and psychological test data agree that no patient has been harmed; on the other hand, the extent of benefit in some cases has seemed considerable. The seriousness of the LSD intervention, however, should never be underestimated, and it would appear abundantly evident that specialized experience and training are prerequisite to maximally safe and effective work with this agent.

We have tried to review and reflect the impression of promise which the psychedelic procedure holds in the treatment of the chronic alcoholic patient and especially its potential for coming to grips with and overturning the pathological pattern of alienation. However, let us emphasize one last time the treatment difficulties posed by this patient category. In the sample discussed herein, only 23 patients, or exactly one-third, had maintained abstinence up to the six-month follow-up.

As a final word, the question may again be raised of formulating what this treatment effort accomplishes. During the course of this work we have had many observers and visitors. One of them, Dr. John Buckman of the Marlborough Day Hospital in London, made what we thought was an astute appraisal after systematically interviewing several of the treated patients. He said, in effect, that the treatment procedure seemed to be returning the patients to the human race. He thought that following psychedelic therapy they were truly suitable and amenable to continuing psychotherapy. He speculated that what had been achieved might take a year or longer through conventional procedures, if in fact these patients could ever be effectively engaged in a therapeutic enterprise. In good part, we have come to share this view.

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DISCUSSION

ROBERT S. GARBER, M.D. (Belle Mead, N. J.)—The research team of Dr. Kurland and his associates from Spring Grove State Hospital has, in a well-conceived project, confirmed the earlier work of Hoffer, Carrier, and others that the course of chronic and severe alcoholism can often be favorably altered by the use of psychedelic therapy, specifically LSD.

It seems appropriate at this time to emphasize and contrast the difference between the orderly, judicious, and controlled utilization of LSD as reported and the frightening misuse of the drug with which we have lately become only too familiar. The sensationalism with which some of the national press have treated this whole subject matter has done a great disservice to qualified and conscientious researchers who have been attempting to rationally explore the potential of this extraordinary substance. One hopes and trusts that rational minds will prevail over current panic, and that honest and capable men will be able to continue much needed research in this field.

I would like to stress several points made by Dr. Kurland and his associates and which confirm our own investigations with LSD at the Carrier Clinic.

The first is the importance of providing a very supportive environment for the patient undergoing a psychedelic experience. This includes not only a physically comfortable situation, but more important, a warm and understanding staff who have had considerable experience with the drug and its effects. This is to say that the beneficial results which may follow such an experience must be viewed within the total social context; the privilege of "rejoining the human race" must be symbolically enacted in an atmosphere of cordiality and acceptance.

Secondly, I feel that follow-up psychotherapy, with the opportunity to work through the elaborate complex of psychic material, is very much the responsibility of the individuals who choose to utilize the psychedelic drugs. Our group found that a significant number of such patients developed a depressive reaction some number of months following their experience, and the importance of a previously established therapeutic relationship, carefully maintained through appropriate aftercare, cannot be underestimated. We feel LSD actually catalyzed therapy and in no way replaced it. To feel otherwise, we believe, is to replace adult judgment with childish wishes for magic. Truly, LSD is no panacea.

Thirdly, I was not certain from what I read whether the author and his associates merely offered support and reassurance during the sessions or whether they tended to question and thus direct the patient. From our own experience, we soon learned that the latter technique tended to build up or increase feelings of paranoia.

Dr. Kurland's group are to be commended for the diligent manner in which they have persistently pursued their studies. It has been fascinating and, at the same time, gratifying to see many similarities in their procedures and results as compared with our own.