Some Reflections on the Possible Therapeutic Effects of the Hallucinogens

With Special Reference to Alcoholism

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In recent years there have been a number of reports on the therapeutic effects of LSD-25 (d-lysergic acid diethylamide) and mescaline (1-10). In a previous paper (10) I discussed the effects of single doses of 200 micrograms of LSD or 0.5 g. of mescaline when used as part of a treatment regimen for alcoholism. It was pointed out that 12 out of a group of 24 particularly refractory alcoholics had undergone a substantial improvement in their drinking patterns after the treatment. The present paper is an attempt to examine the nature of these putative therapeutic effects.

In the first place, it may be asked whether these drugs are effective at all. It is notoriously difficult to estimate the effect of treatment in psychiatry. Each new remedy tends to have a "honeymoon" period followed by a phase of disillusionment in which the results of treatment apparently deteriorate. The experience of Ross (11) with the "Weir Mitchell treatment" is now classical. When his enthusiasm was high this worker obtained excellent results but as he saw many of his patients relapse and as his skepticism grew, his results progressively declined. He is, without doubt, not alone in this experience. The various "shock" treatments, sedatives, stimulants, tranquilizers and psychotherapy itself have all had checkered careers. The difficulty of estimating the effects of treatment is not simply a matter of adequate research design (though it is partly this). It is, in large measure, a problem of complex human relationships with rather subtle countertransference aspects.

The difficulties in evaluating the effectiveness of the hallucinogenic drugs are therefore rather great. The treatment is not simply a "chemical" one, but rather a "psychological" one in which the personalities of patient and therapist interact in complex ways. The
psychological situation created will be regarded differently by different patients and therapists. To one therapist the hallucinogenic experience may be a form of aversion therapy, to another an experience interpretable only by Jungian concepts, to yet another a religious-mystical experience and so on. Moreover, in this kind of treatment the personal factor looms large and goes beyond mere differences of technique. As with all forms of psychotherapy, the old Chinese saying contains much truth: “When the wrong man uses the right means then the right means work in the wrong way.” Unfortunately in psychotherapy the “right” man for one patient may not necessarily be the “right” one for another. Such facts complicate evaluative studies considerably for those who are apostles of science rather than of quietism.

In this paper I would like to discuss my own experience with these two drugs on a purely impressionistic basis. I have now seen the drugs given on about a hundred occasions and have myself taken LSD (100 micrograms) on three occasions. I shall not discuss the approaches of other investigators, as my comments thereon would have little value.

Prior to using the hallucinogens I had been struck by the following reported phenomena:

(a) The effects of these drugs in some respects resembled delirium tremens, although the similarity may be somewhat superficial (12).

(b) In some cases an upsurge of previously repressed material seemed to occur (6–8).

(c) In some respects the effects resembled the state of religious conversion.

I began using the hallucinogenic drugs with the idea that the delirium tremens-like experience might act as a caveat to the alcoholic, the more effective in that it occurred in a setting of therapeutic exploration and optimism, and was being combined with rehabilitative measures. At no time, however, was the experience designed as merely a frightening one. Later I began to place more emphasis on the second and third phenomena. Many of the patients who were favorably affected seemed to undergo a kind of conversion experience. They felt differently about themselves and their fellow men, were able to overcome their need for alcohol, and in some cases, reportedly, even became social drinkers. It was not simply
a question of gaining new intellectual insight into their motives. They appeared to resolve in a satisfactory way ambivalent feelings toward parents, parent surrogates, and so forth. In this respect preliminary psychotherapy appeared to be of decisive importance.

While on the surface such changes may be regarded as “improvements,” there is a school of thought which does not regard these conversions without some reserve. Thus Freud (13) discussed the case of a man who became converted after seeing the dead body of a “sweet-faced dear old woman.” He was assailed by doubts about the meaning of life and of religion but in the course of the next few days had religious revelations which confirmed him in his religious beliefs. Freud saw in this little more than a socially acceptable quasipsychotic response to the oedipal problem. However this may be, the man was apparently living happily in society. On the other hand, another analyst, Alexander (14), discussed with perspicacity the conversion of Jean Valjean in Victor Hugo’s Les Misérables, pointing out that the course of his life had been thrown into sharp relief first by the kindliness of the bishop and secondly by his robbing of the little boy so soon afterward. Alexander added that in analysis, whenever a symptom is attacked, a recrudescence occurs before the patient is able to give it up altogether. He argued that this is what happened in Valjean’s case; the bishop’s overwhelming kindness broke down the reprobate’s defenses and was succeeded by one last act of perfidy. Alexander seems to have regarded the change more favorably than Freud. While the emotional upheavals in such cases may in many respects resemble psychoses, it seems psychologically shallow to ignore the profound differences. And certainly we do not need psychoanalysis to tell us that the majority of men live by beliefs which are not demonstrably valid. For most of us the pragmatic test is the one which we finally apply: “By their fruits ye shall know them.” In this respect many conversion experiences do seem to lead to what James (15) called “shiftings of character to higher levels.”

A great deal, of course, has been written on the subject of religious conversion but it must be confessed that its psychology is poorly understood. Usually the conversion is sudden and stormy and in the majority of cases there is some evidence suggesting a preceding latent phase of mental conflict. In some cases the precipitating factor leading to conversion is striking, in others it is apparently trivial. One alcoholic known personally to me abruptly stopped drinking
when he was refused a gift calendar in an English public house at Christmas, and remained abstinent till his death many years later. The precipitating incident in this case was trivial; what it symbolized to the patient was not. Of course such an abrupt change could hardly have come about without a long period of preceding conflict.

An examination of the records of converted individuals and of similar religious experiences (15–19) suggests that a number of factors may be commonly involved in bringing about the state.

(a) The subject is drifting toward a course of behavior which creates in him marked conflicts. James (15) observed, “To begin with, there are two things in the mind of the candidate for conversion: first, the present incompleteness or wrongness, the ‘sin’ which he is eager to escape from; and, second, the positive ideal which he longs to compass.” If such a conflict is not present in the first instance conversion is impossible.

(b) Frequently the problem is highlighted by his having to make a choice between two contrasted courses of action which bring out the conflicting impulses in high relief. The conversion of Jean Valjean was probably an instance of this type. Many Alcoholics Anonymous “conversions” are probably similar. At a time when the alcoholic has “hit bottom” and experienced the worst effects of his way of life he is enjoined to follow a new course of action and to renounce alcohol, and a constructive program is laid before him. The conversions carried out by John Wesley are also instructive in this respect. Wesley would create great emotional tension in his audience by contrasting the terrors of hellfire with the bliss of salvation. According to Sargant (18) he would even urge “that anybody who left the meeting ‘unchanged’ and met with a sudden fatal accident before he had accepted this salvation would pass straight into the fiery furnace.” The records leave little doubt about the effectiveness of this method.

(c) There is often intervention by a person or group and strong suggestions are made to the subject to alter his behavior. Sometimes this may also occur as the result of “supernatural intervention” and the convert may believe himself visited by God, or may gain succor through some religious symbol.

In successful cases the conflicts are resolved and what James called a “state of assurance” supervenes. This is characterized first of all by a loss of all worry and a profound sense of well-being. There is what James termed a “willingness to be.” Secondly, there
is a remarkable sense of perceiving truths not known before. Thirdly, an objective change often seems to take place in the surrounding world: “An appearance of newness beautifies every subject.” Lastly there is a deep sense of closeness to others.

Now the hallucinogenic drugs in many cases do produce something resembling both the initial phase of emotional conflict and high tension, and the later phase of self-assurance. There is first of all an intensification of emotionality with a revival and reassessment of the past. In some cases actual buried memories are recalled but it may be questioned whether this is ever a major therapeutic factor. Increased awareness of conflictual material is not always beneficial in cases with weak narcissism. What is remarkable about successful cases is not so much that they remember things which they had forgotten before, but rather that they have an increased readiness to accept unpleasant aspects of themselves without catastrophic loss of self-esteem and to handle their conflicts in a constructive way. Why this should happen remains incompletely understood. It seems likely, however, that the offer of help by a trusted therapist at a time when the course of the patient’s life is vividly before him is a decisive factor. It may be added that it seems to be the intense emotionality of the experience which is of major therapeutic significance. The term “hallucinogen” is somewhat unfortunate since it draws attention to the perceptual changes produced by the drug: changes which may be slight or absent and which are probably of little importance from the therapeutic standpoint.

The drug-induced state is also in many respects remarkably like the state of assurance. These drugs create in many individuals a remarkable sense of tranquility and of being at one with the universe. This may be due in part to the fact that the boundaries of the self are temporarily abrogated and a peculiar ability to empathize with others occurs. There is, too, a sense of mystic insight which makes the drugs fascinating to many poets and artists—and obnoxious to skeptics. This is a difficult feeling to evaluate. One is reminded of the old story of James, who is said to have taken nitrous oxide, obtained the secret of the Universe, and written it down after an enormous effort. When he recovered his senses he found that he had written:

Higamus, Hogamus,
Woman is monogamous;
Hogamus, Higamus,
Man is polygamous.
While the nature of this feeling of "insight" must, therefore, be very much sub judice it is at any rate striking that some subjects under the influence of these drugs can apparently bring about a resolution of their ambivalent feelings toward others and later reach a more satisfactory relationship with them. The changes in the perception of the world are also, of course, very marked with these drugs. Music, colors and forms in many instances become more beautiful and this enhanced sensitivity to beautiful things lingers on for some time after the effects of the drugs have subsided. There is, finally, a greater sense of closeness to other people. The drug makes subjects highly empathic and extremely sensitive to the mood changes of others. When they dislike the person who is with them they often perceive him differently, e.g., one subject saw a personable young lady as a "hideous, shrivelled, painted old hag." In consequence it is of great importance to build up an adequate relationship with the patient before undertaking this kind of treatment. If the therapist has really little interest in and respect for the patient the latter will almost certainly sense it. This enhanced sensitivity to the feelings of others is accompanied by increased suggestibility and the subject in the drugged state can be readily induced to believe, for example, that one hand seems bigger than the other. How much of this suggestibility carries over to the realm of ideas is uncertain but the patient certainly may become dependent on the therapist during the experience and relate to him in many ways like child to parent. This dependency places on the therapist a special responsibility in handling the countertransference which may markedly influence the treatment at this point.

When using these drugs I have in practice begun by trying to form a relationship with the patient and to delineate the main problem over the first few weeks. The drug is then given after the initial therapeutic explorations have taken place and an attempt is made to carry out a prolonged therapeutic interview while the patient is under the influence of the drug. However, the patient dictates the pace of this and no pressure is brought to bear on him to produce material. He is encouraged to relax by listening to music and by examining paintings. It is hoped by this method to make the experience a thought-provoking one rather than a frightening one. At

*The nature of the drug is fully discussed with the patient and his freely given consent is obtained. Modification or interruption of the experience by means of sodium amytal is carried out at his request. Only two patients in my series have requested modification.
present, I avoid the use of suggestion during the experience, with
one exception: I do suggest strongly to the patient that he discon-
tinue drinking. Frequently patients do not describe the experience
fully till the following day. The material which has emerged is then
reexamined and after a few more days in hospital the patient is
discharged. No other treatment for alcoholism is being given in
combination with the drugs at present. In a later publication I hope
to examine the clinical findings in more detail. Here a typical suc-
cessful case will be used for illustration.

Case Report

A typical example of a successful response to the treatment was that
of a 38-year-old salesman. He had been an insecure child. His father was
an alcoholic, while his mother “never stood up” for him. As a child he
was afraid of the dark. Later he compensated for his inadequacy by
grandiose pretensions and he would pose as a doctor, lawyer, general,
etc. for prestige purposes. In many respects he resembled Abraham’s
remarkable “impostor” (20). He became a psychopathic liar and an
alcoholic. He claimed to have consumed about 40 ounces of rye whisky
per day. On many occasions he had passed worthless checks. He had had
at least one attack of delirium tremens. He had often contemplated sui-
cide and had served at least one prison term. He had been married three
times and twice divorced. His present wife is 12 years older than he and
has had to support the patient financially.

He was diagnosed as a psychopath. He was superficially cooperative
but little real contact was made with him through psychotherapy. His
prognosis was thought to be hopeless but it was decided to give him
LSD since he paid lip service to a desire to quit drinking. Under the effect
of the drug he recalled many events from his past and seemed to acquire
some real motivation to stop drinking. He described the experience as
follows:

“The experience I have had as a result of the drug was unique and
most certainly constructive. It manifested itself in many ways, the most
important being my ability to recall certain events, some pleasant, some
very unpleasant. It allowed me to see myself as I really am, as a person
who is first of all an egotistical deceitful procrastinator and have many
more defects which I am aware of but, because of my lack of knowledge
or something or other, have never been able to do anything about.

“I recalled many of my war experiences. I even saw the crucifixion
which would possibly indicate to me that my life is lacking in spiritual-
ism. Many other outstanding incidents where I lied to people, lost jobs,
and affected the lives of other people through my drinking passed
through my mind. I might mention that I am finding it very difficult to
write this owing to the fact that as I write I find it necessary once again
to think of all these things and being unable to face reality I become
nauseated inside and every time I look in the mirror I don’t like what
I see or stand for.

“I had just begun to recall things which happened in my immediate
past, my domestic life, etc. when the drug wore off so if possible I am
going to request permission from Doctor to go through the experience
again and, if necessary, a third time.”

This patient was, in fact, given the drug again and had another very
intense experience. A change in attitude expressed by a plausible psy-
chopath cannot, of course, be taken at face value. However, this man,
apart from a brief relapse after leaving the hospital, has been completely
abstinent and has been able to enter a university and successfully com-
plete a course in agriculture (he had not previously attended a uni-
versity). He has been well for the past 15 months. This has been verified by
objective evidence.

A patient of this kind seemed to have the worst possible prognosis,
and the change can hardly fail to be impressive. This man now
expresses religious convictions with apparent sincerity. As before,
he is somewhat suave and loquacious but he now appears to be us-
ing his talents constructively, to the amazement of those who knew
him previously.

One case, of course, proves nothing. Nevertheless reactions of
this kind were common in my series. It is true that not all of these
patients subsequently remained abstinent. Many of the patients who
later relapsed, however, had gone back to the most unfavorable
environmental conditions; some had had literally nothing to return
to after leaving hospital except their friends in Skid Row and the
bottle. They were jobless or odd-job men and often little could be
done to aid them in this respect. Failure in these circumstances was
practically inevitable and it seems certain that, with a better selec-
tion of cases and more adequate rehabilitation facilities, the results
could have been greatly improved.

Since patients who take these drugs become, for the time being,
increasingly suggestible and dependent it may well be asked whether
the drugs could be used in a harmful way, e.g., as part of a “brain
washing” technique. In all forms of psychotherapy, of course, the
viewpoint of the therapist is transmitted to the patient. The dis-
tinctive feature of psychoanalytically oriented psychotherapy is that
it tries to develop what is latent in the patient in the most helpful
way and that it involves a continual reexamination of therapist–
patient interactions to ensure that these will not prove harmful
to the patient. It is this kind of approach which I find most helpful
in combination with these drugs. "Brain washing," on the other hand, is a technique dominated by the needs and expectation of the "therapist" (if we may call him such). Whether such a technique could be used "successfully" with LSD and mescaline I do not know, but it should be noted that these patients can easily withdraw and it might be that suggestions which the subject found offensive could be resisted as in hypnosis. However this may be, the drugs should certainly be administered only by mature and experienced therapists untrammelled by serious countertransference problems. The treatment, of course, should be carried out in the hospital, the patient never being left alone while under the influence of the drug. Overnight detention in the hospital is desirable. Actual or borderline psychotics should probably be excluded, as should also patients who are severely depressed or acutely anxious.

I began by asking the question: are these drugs effective? There seems no doubt that they are effective in producing a conversion-like experience in some people. Whether they will in the long run prove valuable as a means of treatment remains to be seen but the initial results certainly seem encouraging enough to justify further carefully controlled clinical trials.

REFERENCES