Editor's Note: As readers of the MAPS Bulletin know, we face a constant struggle to conduct research into the therapeutic applications of psychedelic drugs. Delays are the norm, and studies can take years to begin. We publish accounts like the one below because they are reminders of the sometimes surprising powerful effects that psychedelics can have. This account is by the same therapist who worked with psilocybin and LSD in the treatment of schizophrenic children in the early 60s (see MAPS Bulletin 7(3) 1997). Gary Fisher shares here the story of a man's single session with LSD. Fisher's account reminds us that the sitter, the preparation and the setting for a healing session with a psychedelic are integral parts of the drug's therapeutic effect.

Gary Fisher, Ph.D.

Successful Outcome of a Single LSD Treatment in a Chronically Dysfunctional Man

IN THE 1960s I was conducting an LSD research project at a West Coast medical center on the use of LSD for intractable pain in terminally ill cancer patients.1 During this project the head of the Department of Psychiatry asked me if I thought it possible to "work in" an LSD treatment for the son of a CEO of a major corporation in the city. The message I got was to be cooperative. I met with the father and he told me that his son had had extensive and prolonged psychiatric treatment. He had been hospitalized at two of the country's most prestigious private psychiatric institutions but after eleven years of hospitalization and intensive psychoanalytic work no changes had occurred. For the following four years he saw a number of psychiatrists, tried every psychiatric drug available and even had a series of electro-shock treatments. The only procedure that he had not endured was psycho-surgery and the father was most reluctant to think about that alternative. The son was twenty-nine years old at the time, and had been in the psychiatric world for over fifteen years. He had never finished high school, never had a job and never had any friends. He had numerous diagnoses from a host of diagnosticians ranging from chronic schizophrenia to severe narcissistic character disorder. He never improved from any treatments, currently was not in treatment, and had run out of options. Although he had had numerous medications currently he was not being medicated because they made him feel worse. There was never any history of illegal drug usage. He spent his day in a darkened room constantly accom-

panied by a male psychiatric nurse. His activities were restricted to listening to the radio, watching TV, some reading, playing cards, and eating. The father requested that I see him at their home as the son refused to leave the house.

When I saw David he was almost friendly but a little aloof and formal. He had obviously read extensively in the psychiatric literature, and named off multiple symptoms from which he was suffering. His presenting symptoms included being phobic about most things in the world, being in a constant state of anxiety and fear, unable to sleep (having night terrors if he slept) and experiencing a constant range of distressing bodily sensations and recurring feelings of loss of reality. On interview, although he was loquacious, his affect was shallow and his self-descriptions were rehearsed—he was an old hand at being interviewed by psychotherapists. He was pleased at having attention again as after his two prolonged hospitalizations he had been secluded for two to three years in his room with his attendant, not even venturing to other parts of the house or yard. He did not evidence signs of acute psychosis. He elaborated in great detail about all the prestigious people and institutions where he had been treated, always ending with a sad and heavy resignation that they hadn't been able to help him. He had no memory deficit and could describe in detail the variety of professional people that he had encountered. After about two hours he queried me as to my credentials—my academic vita, experience, training and professional affiliations. He obviously
The session begins with this one.

The session was conducted in a formal setting. The facilitator, who was skilled in group dynamics, led the session with clear instructions and provided participants with feedback and encouragement. The facilitator was able to create an atmosphere of openness and trust, allowing participants to share their thoughts and experiences comfortably.

After the introduction, participants were given the opportunity to introduce themselves and share their goals and expectations for the session. This helped to build a sense of community and set the stage for open and honest discussion.

The facilitator then introduced the topic of EMDR and explained its purpose and benefits. EMDR, or Eye Movement Desensitization and Reprocessing, is a therapy that helps individuals process and heal from traumatic experiences.

Participants were then guided through a series of exercises designed to help them explore their experiences and begin to develop strategies for managing their symptoms.

Throughout the session, the facilitator provided support and encouragement, helping participants to stay on track and feel confident in their abilities.

At the end of the session, the facilitator summarized the key points and provided participants with resources and contact information for additional support. Participants were also given the opportunity to ask questions and express any concerns they may have.

Overall, the session was well-received, with participants reporting a sense of relief and hope for the future.

This was the first of three sessions, and participants were encouraged to attend all three for maximum benefit. The facilitator also encouraged participants to continue their own research and exploration of EMDR, as well as to seek additional support if needed.
and looked absolutely devastated. After ten hours, all he could muster was, “I guess this drug doesn’t work with some people” and all I could manage was, “Well, we don’t know a lot about this treatment yet. We all have a lot to learn.” Both sitters and I agreed we had seldom experienced such an exhausting session. He stayed in the hospital overnight with his private attendant.

“Nothing happened”

I met with him the next morning and he appeared overwhelmed with fatigue, still maintaining that he had no reaction whatsoever to the drug. During this follow-up meeting, I casually mentioned that because of all the different medications he had taken over the years, perhaps he had become drug tolerant and needed a second session with a much higher dosage. At this news he went stark white and was totally speechless. I then said that this one treatment was a special circumstance set up just for him and that we were not able to do further work with him in this hospital. That information got him breathing again and he looked as though he had just received reprieve from a death sentence. I mentioned that a colleague of mine had a private hospital in Holland where he used LSD and other psychedelic compounds in a series of treatments over a number of months. I suggested that he consider this if I was able to make such arrangements with this psychiatrist. Visibly shaken by this proposal he finally muttered that his father would probably not consider financially supporting such a costly undertaking, especially since he had absolutely no response to his first treatment. I left it at that, indicating I would contact my Dutch friend [Dr. G.W. Arendsen-Hein] to see if he could accommodate him if his father was amenable to the expense.

My Dutch colleague agreed to treat this man at his residential hospital near Ederveen, Holland with the stipulation that I accompany him and participate in the first three sessions. I agreed and next contacted David’s father who agreed to finance the venture.* I called David and told him that I had been successful in arranging this treatment program for him. He said he could not fly alone, that I would have to accompany him. I explained that had already been arranged and I would stay in Holland for his first three sessions. After a very long silence David agreed but said he could not go until he had attended to a number of personal matters. I asked him to let me know when he thought he would be ready to leave. That telephone conversation was the last contact I ever had with him.

In about three days I called his house and his mother answered. David was out and she was most anxious to talk to me. She said he had gone out by himself the day after my conversation with him—this was the first time he had gone out in several years. He had told her that when I called to tell me that he would call me when he was prepared to set a date to leave, as he was busy attending to personal matters. He did not inform her as to the nature of these personal matters but she was so ecstatic that he was going out of the house that she didn’t want to “push it.” I called in about a week, also not wanting to push it. She answered again and reported that he was gone a good part of every day but when he was home he told her that if I called to tell me that he was resting but that he would call me back. He was always either out or resting when I called.

David moves out

After a couple of months of this he moved out of his parents’ home to his own apartment and started to do volunteer work in a library. His mother contacted me, updating me on his new life and his father called me on two occasions, saying that one LSD treatment had produced more results than the previous fifteen years of psychotherapy. To his parents, LSD was a miracle drug. After about a year I stopped contact with David’s mother. At that time he had a part-time job, still did volunteer work in the library and she was sure that he had a girlfriend but he wasn’t very communicative about his activities. He made contact with them on his terms and limited to the times he set. They didn’t push him. My understanding of some of this was pretty simple. He couldn’t tolerate another LSD session; whatever he went through he knew he couldn’t do that again. He also couldn’t lose face and he was fortunate in having parents who were so grateful for the changes that had occurred that they didn’t require explanations from him about what had happened.

Since David chose not to divulge his experiences, one can only hypothesize what

* An interesting aside that baffled both David and his father was that I never charged for any of my services. I felt that this fact was an additional phenomenon that helped penetrate David’s view of the psychiatric world wherein therapists’ only interest in him was for his monetary value. He never raised the issue, nor did I.
The process of reading is the same for
spinal peripheral lesions.
And to discover the nutrients
we are encouraged to experiment with
the essential work of our mind.
In order to achieve this, we need to
be aware of our environment.
One of the ways in which we can achieve
this awareness is by noticing the
sounds of our environment.
Although these sounds might seem
very familiar, they can still be
interesting.

Addendum

The prefrontal cortex—this was a remark
that appeared in the years of our life
experience. It has been a fundamental
experience that led to our awareness
of environmental sounds.

These sounds are familiar but can still be
interesting. By paying attention to
them, we can discover new insights.