

Update from the UK and an Interview with Pioneering Psychedelic Psychiatrist **Dr. Ronald Sandison**

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Ronnie Sandison and Ben Sessa at Ronnie's home in Hertfordshire in 2006

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I am a Consultant Child and Adolescent Psychiatrist from the UK.

I perform my clinical duties in a rural area, in the West Country (famous for its cider and The Glastonbury Festival).

The latest news from the UK is that there will be a symposium on Psychedelic Psychotherapy at next year's Royal College annual meeting (equivalent to the USA's American Psychological Association annual conference), chaired by myself and featuring Michael Mithoefer M.D., David Healy M.D., and Charles Grob M.D. This will be the first time this topic has been debated at such a large-scale psychiatric conference for over forty years.

In 2005 I published a paper on the history of psychedelics in medicine for the British Journal of Psychiatry. This sparked debate amongst UK psychiatrists and led to a small meeting at the Royal College of Psychiatrists on the subject in March 2006. There followed a brief lecture tour of medical schools, teaching the history and latest developments for psychedelic drug research. I have since taken up a research post at Bristol University in the Psychopharmacology Department under Professor David Nutt, published further papers on psychedelic drugs and MDMA, and lectured at the European College for Neuropsychopharmacology (ECNP) at Vienna in October 2007, alongside Dr. Michael Mithoefer.

My interest in this fascinating area of medicine inevitably brought me into contact with Dr. Ronald Sandison. I first met Ronnie, now in his late 80s, in 2005 at his home in Gloucestershire and conducted a brief interview with him. Ronnie was the UK's foremost psychiatrist using LSD with his patients from the early 1950s until the 1960s. During this time he worked in Powick Hospital's purpose built 'LSD Unit' and treated many hundreds of patients with his self-named, 'Psycholytic Psychotherapy', using low to moderate doses of LSD to deepen and quicken the usual process of psychodynamic psychotherapy.

I am attracted to Ronnie's work as a psychiatrist because of his dispassionate, scientific approach that predates (and assiduously avoids) the occasionally biased and messianic approach to psychedelics that came out of the preceding sixties drug culture. I believe that if we are to encourage the general public and the medical profession alike to recognize the potential benefit of these remarkable substances we must continue to take this evidence-based and cautious approach. I believe that the work done at MAPS adopts this high level of scientific rigor that is required.

I hope that through the work done at Bristol University, alongside organizations such as The Beckley Foundation, we can reignite the interest of the British medical profession and recreate the rich history of psychedelic drug therapies in the UK.

Meeting with Ronnie Sandison.

What follows are some notes from a meeting I had with Ronnie in his family den on Sunday, March 13th, 2005. They are not in verbatim quotes, but rather an amalgamation of the few notes I took and my memory of the meeting.

What was the mood and excitement like in the fifties surrounding LSD?

It was very exciting. They were immensely exciting years. We were looking for a new world. It's hard now to recapture the excitement of those years. During the decade or so after the war we were talking about the new Elizabethan age; everything seemed possible.

How did you first come into contact with LSD?

It was fortuitous. I was on an international study tour of Switzerland in 1952. We were travelling around looking at different psychiatric institutions. During the trip we got the opportunity to visit the laboratories at Sandoz, in Basel. I was fascinated by what I saw going on. It surprised me, because none of the other members of our party showed much interest in their work. I, however, made a point of returning to Sandoz two months later, in November 1952, and this time came away with 100 vials of Delysid. I brought them back to England and began using LSD as part of the psychotherapy program.

What was the attitude of your peers? Were psychiatrists with an interest in LSD considered mavericks or scientific pioneers?

Not really mavericks. It was reasonably mainstream, and far less contentious than today. However, there was not that many people who were interested in the topic. I'd say that by the end of the 1950s there were perhaps a dozen psychotherapy clinics in the UK offering LSD therapy to outpatients. I was never a maverick!

My paper in 1954 started it all off. Have you read it? [Sandison, R.A., & Spencer, A.M. (1954) Therapeutic value of lysergic acid diethylamide in mental illness. *Journal of Mental Science*. Vol. 100, No. 419, p. 491-507.] We then had a further paper in 1957. [Sandison, R.A., & Spencer, A.M. (1957) Further studies in the therapeutic value of LSD in mental illness. *Journal of Mental Science*, Vol. 103, No. 431, p. 332-343.]

Professor W. Mayer-Gross set up the Collegium Interactionale. Neuro-psycho-pharmacologicum (C.I.N.P.) when he moved to Birmingham from Crichton Royal Hospital in 1957. At its second meeting in Rome, I think in 1959, LSD

therapy was discussed extensively and I introduced the term psycholytic (mind-loosening) to describe its action.

Were there many conferences or symposiums during that time?

Indeed there were. The first major LSD conference was in the USA at the annual Conference of the American Psychiatric Association in 1955. I was invited, and spoke about the work we had been doing at Powick. Aldous

Huxley was present, and he spoke. The proceedings of this meeting are to be found in *Lysergic Acid Diethylamide and Mescaline in Experimental Psychiatry*, Edited by Louis Cholden, Grune and Stratton, New York, 1956. Then there was a further conference organized by the Josiah Macey Foundation at Princeton in 1957, and again in 1959.

In 1961 the RMPA (Medico-Psychological Association) had a three-day symposium dedicated entirely to LSD, which really illustrates how important the topic had become by this stage. I contributed to the conference together with R. Crocket, an adolescent psychiatrist. There was a real feeling back then that psychedelic therapy would be the next big thing. A number of eminent psychiatrists, psychoanalysts, writers and commentators spoke at that event. It was very well received. Lots of very major names came to speak. Tom Main, whom I'm sure you have heard of, spoke, as did Gombrich. Also at the conference was Christopher Mahew, who in 1960 had famously taken mescaline in front of a BBC film crew. The conference was a big success, and attended by 150 people. (Ronnie showed me the program from the conference).

The proceedings appeared as, 'Hallucinogenic Drugs and their Psychotherapeutic Use' Edited by Crocket, Sandison and Walk, 1963, H.K.Lewis and Co. London, 1963. I regard it as the best and most articulate conference ever to be held on the subject.

What was the attitude of the Royal College of Psychiatrists and Physicians? What was the attitude of the General Medical Council?

This was before the Royal College and the Committee of Safety in Medicines. At that time the governing body was the RMPA. There were no ethical committees and no concepts such as Evidence Based Medicine whatsoever. One was left to get on with it, if one felt a treatment was right. Nevertheless, we had the full support of the academic department of Psychiatry in Birmingham, whose professor, Joel Elkes, was immensely helpful and encouraging. A

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far as I know, the General Medical Council had no attitude toward what we were doing.

What was the attitude toward self-experimentation with psychedelics - as a means of 'mimicking psychosis'?

We had a very different approach to LSD than they did in America. In this country there was never a lot of support for the hypothesis that LSD could be a psychotomimetic. The nature and quality of the experience was not like schizophrenia. We didn't think it helped to understand schizophrenia in that way.

I have never liked the term psychotomimetic. I coined the term 'psycholytic' in the 1950s because I feel it better describes the action of LSD in aiding the psychotherapeutic process—a loosening effect.

Self-experimentation? I took LSD only once. It was an enlightening and valuable experience. Some people showed more of an interest in self-experimentation, but not me. I mean, how far does one go with self-experimentation in psychiatry? Does one have electroconvulsive therapy?!

In America, with Timothy Leary etc., there was a much bigger drive to take the drug, even during sessions with the patients. It was not like that at all for us. What was vitally important was that one was in control during the session. One came in and out of the patient's room and monitored the process. The patients wanted the doctor to be in control – not under the same influence as them! We found it immensely important to make the patient feel comfortable and safe. Leary's work cut across completely everything we were doing.

Was there an appreciation of the multicultural aspects of psychedelic usage (e.g. peyote, mushrooms, Ayahuasca etc)?

Absolutely. There was a lot of interest in the cross-cultural element. I met Gordon Wasson. His wife was a child psychotherapist. He wrote such a beautiful book. It was always my regret that I didn't buy it at the time. Of course, it was a hundred pounds even then. I wish I'd bought it. Very valuable indeed now. (He shows me a mounted tile, given to him by friends whilst abroad. A picture of the same tile appears in Wasson's book. It is a picture of a mushroom being picked and eaten by a shaman, and behind the shaman stands a God). The shaman was the vehicle through which the God talks. This tile was made by the patients in Sadska Hospital, Czechoslovakia, and presented to me by Milosz Hausner, its Director.

Another good book at the time was *Utopiates, The Use and Users of LSD*, by Richard Blum and Associates, Tavistock Publications Ltd., London, 1963.

There was a lot of interest in what was going on throughout the rest of the world. Of course, you probably know about the FBI and C.I.A., and their interest in LSD as a truth drug. Lots of horror stories came out of that. It wasn't like that in the UK. I was never approached by the British Government to work on such a project! I'd imagine that similar stuff was going on in Russia at the time - but of course we never heard of it.

What was your knowledge and relationship with other pioneers/contemporaries of this area; e.g. Huxley, Hofmann, Osmond, Grof, Leary, Laing, Cooper etc?

I never met Leary directly. A colleague and good friend in California, Betty Grover Eisner, had close ties with all of the American lot, and she used to visit and tell us stories about what was happening. Huxley I met. And Stan Grof I met in 1963. And Sidney Cohen, an American, was a great ally of mine.

Will you describe for me the work you did at Powick Hospital?

(As Ronnie described the work he showed me a great photograph album with faded prints of the sessions, patients, staff and the hospital buildings.)

We were very fortunate at Powick to have a special purpose built LSD clinic attached to the outside of the main old hospital building by a corridor. Of course it has all been demolished now. They kept the main building, but the very fine ballroom was demolished and luxury flats were built on the site.

Prior to starting the LSD work, the patients will have already been in traditional psychotherapy for varying periods of time. Others went through an assessment process. Some patients may have been in therapy for months or years. There was no set rule. We would just make the decision to try some LSD therapy, on top of their usual work, especially if they were failing to progress in normal psychotherapy.

A volunteer driver would bring the patients to the clinic at nine in the morning. We had a very good relationship with the drivers. They played an important role because the patients got to know the drivers well. Of course, at the end of the day they were still experiencing the effects of the LSD, so they would often chat to the drivers on the way home. We tried very hard to make sure they got the same driver each time, as they got to build a relationship with them. Hence these volunteer car drivers became part of the therapeutic team.

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After we had all met together, there would be up to five patients for each session, they would all take their LSD. (Ronnie pointed to a photograph of a traditionally dressed hospital nurse drawing LSD up into syringes). We used doses of between 20 and 150 micrograms, but there was no set dose. Generally patients would begin on a low dose and the dose would be increased until we saw some progress. After taking the drug they would all then retire to their rooms. There was a main corridor with the five individual session rooms coming off from it. Here they would stay for the main part of the session. During the course of the next few hours the nurses or the registrars would go in and visit the patients as they lay on their beds. There was not someone with them at all times. A lot of the patients preferred to be on their own during the process. (Ronnie showed me a picture of a young lady, curled on a bed, clutching a teddy bear and looking dreamily into space). There was a record player available for them if they wanted to listen to music and a blackboard for drawing on. Then at about 4pm, we got all the patients together for a 'wash up' group session to talk about the day's proceedings before their drivers arrive, and they are taken home.

Generally patients had weekly sessions with LSD. Some had it twice a week. We didn't have any set limit about how many sessions were offered, but generally if a patient had shown no response or progression after, say, 20 sessions we might stop the treatment. By then we could probably assume it wasn't going to work.

We did try psilocybin at one point. I know a lot of people were using that instead. Obviously it had the advantage of being shorter-acting; so one could complete a session within a morning. But generally we used LSD. We found it to be more effective.

They were a very committed and involved team of staff. I am still in contact with some of them today. Of course, many of my friends and colleagues from those days have passed away now. (Ronnie showed me photos of the staff, the uniformed nurses, the doctors in their white coats and his registrar, Dr. Gupta, who took a keen interest in the sessions).

The B.B.C. made two films at the clinic: "The Magic Mushroom" in the 1950s and then "The Beyond Within" a bit later.

When did the mood begin to change? What sort of problems did you encounter with your research?

By 1964 I had been doing this work for twelve years. I really wanted a rest. Conducting LSD sessions was a very time consuming and draining experience. It was intensive. I wanted to move on. Also, Powick at that time was beginning to change. It was moving towards a centre for community psychiatry, and the hospital directors were really beginning to push it in that direction. There was less emphasis on what we were doing with our outpatient psychotherapy sessions. Two new consultants joined the hospital staff, and they had no interest whatsoever in the use of LSD psychotherapy. In fact, one of them thought it was a load of old rot! He was much more interested in neuroleptics and other psychopharmacology etc, for treating mental illness. So we came under increasing pressure. It was time to move on.

Did psycholytic psychotherapy and research end because the scientists themselves decided these agents were of little use? Or did the work stop because of sociopolitical pressure?

It was a bit of both really. At around that time (early 1960s) there were increasing reports about the abuse of LSD and other drugs. It was estimated that by 1964 over four million people in the US had used LSD illegally - outside of proper medical treatment centers. It was far less widespread in the UK, of course.

I remember there was a very high profile murder trial in 1964. Robert Lipman apparently murdered a prostitute whilst under the influence of LSD. I was asked to appear as a professional witness, to advise the prosecution about the effects of LSD. There was a lot of negative press surrounding the event. More and more reports about the negative effects of LSD were in the press. There was a general feeling by psychiatrists that they didn't want anything to do with it. Patients also were reluctant to undergo the therapy if they had heard negative reports. It all became very complicated. Of course, there were increasing ethical considerations and bodies forming to control and regulate the profession. The CSM, for instance, was formed in 1966. All this is described in my book *A Century of Psychiatry, Psychotherapy and Group Analysis*.

What are your opinions about current psychedelic research?

I know there was a recent growth of interest in Switzerland. And of course in America there has been a continued interest. Most of what I know comes from organizations like MAPS (Multidisciplinary Association for Psychedelic Studies).

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