

# LSD and Psychotherapy:

## A Bibliography of the English-Language Literature

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(The first account of the use of LSD as an aid in psychotherapy was published by a pair of American investigators, Busch and Johnson, in 1950. Since that time, claims of clinical usefulness have appeared periodically, and from many countries besides the U.S.—from England and Canada, widely from South America, from Israel, from Germany, France, Italy, Holland, and Czechoslovakia. The bibliography that follows lists only English-language publications; readers interested in the foreign-language literature may consult the exhaustive *LSD: Annotated Bibliography* available from Sandoz Pharmaceuticals, Hanover, N.J.)

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### CONCLUDING NOTES

1. *Summary of claimed therapeutic effects.* Reported therapeutic effects have recently been summarized by Schmiede (1963) as follows:

"Those using LSD in multiple doses as an adjunct to psychotherapy feel that it is so useful because of its ability to do the following: (1) It helps the patient to remember and abreact both recent and childhood traumatic experiences. (2) It increases the transference reaction while enabling the patient to discuss it more easily. (3) It activates the patient's unconscious so as to bring forth fantastic and emotional phenomena which may be handled by the therapist as dreams. (4) It intensifies the patient's affectivity so that excessive intellectualization is less likely to occur. (5) It allows the patient to better see his customary defences and sometimes allows him to alter them. Because of these effects, therapists feel that psychotherapy progresses at a faster rate. . . . Those who administer lysergic acid in a single dose have as their goal, in the words of Sherwood, *et al.* (1962), an overwhelming reaction 'in which an individual comes to experience himself in a totally new way. . . .' Frequently, this is accompanied by a transcendental feeling of being united with the world. . . . Some spectacular, and almost unbelievable, results have been achieved by using one dose of the drug."

Exemplary descriptions of the use of LSD as an aid, adjunct, adjuvant, or facilitating agent in traditionally-conceived therapy are contained in Sandison and co-workers (1954), Abramson (1955), Eisner and Cohen (1958), and Chandler and Hartman (1960). Exemplary accounts of the recently-formulated "new concept" procedure — that is, with psychotherapy considered as preparation for a single, high-dosage, "psychedelic" session — are contained in Chwelos and co-

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workers (1959), MacLean and co-workers (1961), and Sherwood and co-workers (1962).

2. *Safety.* The issue of the safety (or danger) of LSD is quite complex. Leaving subtle questions aside — that is, speaking only "medically" — LSD appears quite safe. Two recent reviews concluded as follows: "LSD (or one of the other chemicals of this class) represents a potent and versatile tool requiring responsible handling and effective controls (as with electricity or automobiles). There are real hazards involved with casual or uninformed or maldirected usage of the psychedelic drugs. But any agent with the power to produce benefits has also the power to do harm. Safety is not a basic issue, but often is a camouflage for issues less easy or less comfortable to examine" (Harman, 1963).

" . . . warranted concern over the illicit abuse of these agents should not prevent the systematic study of their possible potential in the treatment of otherwise severely treatment-resistant psychiatric conditions" (Cole and Katz, 1964).

The incidence and occurrence of side effects and prolonged adverse reactions have been dealt with in the series of papers by Cohen (1960), Cohen and Ditman (1962), and Cohen and Ditman (1963). Their conclusion (1963): "When properly employed, LSD is a relatively safe and important research tool." However, when *improperly* employed — that is, irresponsibly or unskillfully, or self-administered — the occurrence of LSD casualties is considered inevitable (opinion of the present author). It should be absolutely understood that safe and effective work with LSD (or other psychedelic agents) presupposes specialized training and experience.

3. *Miscellany.* There does exist a fair-sized clinical literature on psychedelic agents other than LSD. For early work with mescaline and the "Weir Mitchell treatment," see: Ross, T. A., *The common neuroses* (2d ed.): London: Arnold, 1937. Mostly paralleling the uses of LSD, there has been considerable recent work with psilocybin (see *Psilocybin: Annotated Bibliography*, Sandoz Pharmaceuticals, Hanover, N.J.). Of special interest in the psilocybin literature, in view of the patient category (recidivist convicts) is an as yet unpublished paper: Leary, T., Metzner, R., Presnell, M., Weil, G., Schwitzgebel, R., & Kinne, Sara, "A change program for adult offenders using psilocybin," in press, *Psychother.: Theory, Res., Practice*. For a number of other incidental items, not included in the bibliography,

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see : Bender, Lauretta, Goldschmidt, L., & Siva Sankar, D. V., "Treatment of autistic schizophrenic children with LSD-25 and UML-491," *Recent Advances Biol. Psychiat.*, 1962, 4, 170-177 (which follows a chemo- rather than a psychotherapeutic model); and Kast, E., "The analgesic action of lysergic acid compared with dihydromorphinone and meperidine," *Bull. Drug Addiction and Narcotics*, 1963, Appendix 27, 3517-3529 (which recounts work with terminal cancer patients).

4. *Current legal situation.* Following the Thalidomide tragedy, Congress passed restrictive legislation governing the testing and research use in man of experimental or non-introduced drugs. Since the implementation of these regulations on June 7, 1963, the authorized distribution of psychedelic agents has been stringently controlled. They are legally available only to investigators functioning within federal or state agencies who have the formal approval of the agency, or to investigators carrying out research under grants from federal or state agencies. The intent has been to insure against misuse of these potent substances or unsafe research — which might be undertaken by well-meaning but unqualified investigators — by surrounding them with an adequate system of checks and balances. Cole and Katz (1964) have made a more detailed statement :

"Psychotomimetic agents are legally and scientifically 'investigational' drugs and can only be studied by experienced investigators under carefully controlled conditions. . . . None of these agents can legally be used, even on an investigational basis, except by investigators who have filed a formal research plan with the Food and Drug Administration through a sponsoring pharmaceutical company or by investigators who have themselves taken on both the role of sponsor and of investigator and have gone through the appropriate steps for providing the necessary information concerning the safety of the agents and their proposed research use in man with the Food and Drug Administration."

5. *Current status and prospects.* Not a single, methodologically-acceptable controlled study of the efficacy of LSD-assisted psychotherapy has yet been performed. The many claims of dramatic therapeutic changes in such highly treatment-resistant conditions as chronic alcoholism, severe chronic neurosis, and severe personality disorder must thus be regarded as *not proven* (for further discussion, see Cole and Katz, 1964). (In all fairness, it may be pointed out that method-

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ologically-acceptable controlled studies of *other* psychotherapies, including psychoanalysis, hardly abound in the literature.)

One controlled study is presently in progress. Financed by a grant from the National Institute of Mental Health and proceeding under the auspices of the Department of Medical Research, Spring Grove State Hospital, Baltimore, Md. (Dr. Albert Kurland, Director), it is designed to assess both the short-term and possibly enduring therapeutic consequences in chronic, hospitalized alcoholics of "psychedelic therapy" — that is, two weeks of intensive psychotherapeutic preparation for one single, high-dosage, continuously-monitored LSD session (averaging ten hours in duration).

The only other installation in the United States at which extensive clinical research has been pursued in recent years is the International Foundation for Advanced Study, Menlo Park, California (Dr. Charles Savage, Medical Director). For accounts of this work, see : Sherwood and co-workers (1962), Savage and co-workers (1963, 1964), as well as the as yet unpublished papers : Savage, C., Hughes, Mary A., and Mogar, R., "The effectiveness of psychedelic (LSD) therapy — A preliminary report," in press, *Int. J. Soc. Psychiat.*; and Mogar, R., Fadiman, J., and Savage, C., "Personality changes associated with psychedelic (LSD) therapy," in press, *Psychother.: Theory, Res., Practice*, 1964.

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