

## Psychedelics In Psychotherapy

### LSD-Mediated Psychotherapy: Healing at the Interface of Culture, Ritual and Modern Medicine

By Erica Griffith

LSD-mediated psychotherapy can provide a uniquely illuminating lens for examining the importance of narrative constructions in healing. The singularly intense nature of this kind of therapeutic endeavor forces both the patient and the physician to pay close attention to facets of experience that are easily sidelined in the increasingly empirical world of patient care. Contextual factors like the setting, the relationship between physician and patient, and the internal constructs that define the patient's reality and self, must all be carefully considered in order to pursue a safe and successful therapeutic session.

The role of psychedelic drugs in the United States has undergone several volatile transformations in the past few decades. They first entered the psychiatric domain in the 1940s, with Albert Hoffman's invention of LSD. With this pivotal discovery came a wave of excitement about the scientific potential of this substance as a tool to probe the human condition. Avid psychiatric experimentation began, but soon came under fire with the rise of empiricism and the national hysteria surrounding the recreational use of psychedelic drugs (Hoffman, 79). The lens of scientific research was directed away from this realm for many decades, but very recently, shifting social forces have begun to cast a more accepting light on this formerly untouchable topic.

Here we will begin by examining the origin of psychedelics in psychiatry, outlining some of the major aims, methodologies, and results from this period, then comparing these early experiments with hallucinogenic healing rituals found in many indigenous societies. Seeing both scientific investigation and shamanistic healing through the frame of a "ritual" will expose useful metaphors for conceptualizing the hallucinogen-based healing phenomenon. Then, notions linking power, technology, capital, and scientific truth will be used to go through the marginalization and eventual dissolution of the use of psychedelics in psychiatric research and the wider social setting where they reside. Finally, the recent return of psychedelics in psychiatric research will be discussed. Critically, the ritualization of the psychedelic research process has created an ordered space in which to contain and explore these otherwise taboo experiences (Katz, 257).

This process of containment and the shift in the wider social construction of these substances has begun to reopen the doors for scientific inquiry. At the beginning of its tenure in psychiatry, LSD was introduced hand in hand with the medicalization of alcoholism. "In some ways, the history of the disease reveals more about changing political and social attitudes towards drinking than medical innovation" (Dyck, 2006:1314). And with the construction of alcoholism as a disease came a construction of the recovery process. Crucial to this process was the notion of "hitting rock bottom," an abstract pivotal event that became an essential element in abandoning the lifestyle of addiction. Bill W., the founder of Alcoholics Anonymous, promoted this idea tenaciously, associating his own turning point with the phenomenon known as delirium tremens, an experience brought about by extreme alcohol withdrawal. It can involve hallucinations, disorientation, seizures, and extreme horror and fear. According to Bill W., this terrifying and often near-fatal experience could provide the necessary impetus to stop drinking by exposing the addict to the physical and moral dangers of their current lifestyle (Mangini, 1998: 382). This development occurred in the 60s, around the time that certain segments of the

scientific community were gaining familiarity with the newly discovered psychedelic compound known as LSD. Superficial descriptions of LSD experiences led researchers like Humphry Osmond and Abram Hoffer to believe the drug could mimic the effect of delirium tremens, thus triggering a desire to recover without the risk of physical harm (Mangini, 1998: 382-383).

Under this premise, Osmond and Hoffer began to experiment with LSD-mediated psychotherapy for alcoholics in Saskatchewan, Canada. They found that while certain aspects of the LSD experience resembled delirium tremens, there were some surprising, and fairly critical differences. While visual hallucinations were manifest in both experiences, LSD seemed to allow patients to access a heightened ability to reflect on their sense of self, often resulting in their feeling "profoundly shocked and frightened by their vision of themselves and how alcohol was affecting them" (Mangini, 1998: 383). So although the researchers did not find what they were expecting, they still found what they were looking for. While the patient was in the midst of this novel and vivid perspective, the therapist aimed to "solve present neurotic complexes in order to allow restructuring and maturation of the entire personality" (Mangini, 1998: 383). Crucially, Hoffer stated that the chemically mediated experience, but not just the chemical itself, was what made this kind of therapeutic process possible (Mangini, 1998: 384). Such intensely personal experiences and complicated negotiations between therapist and patient were naturally hard to characterize across cases. Factors as variable as the individual's expectations, the nature of the relationship between therapist and patient, and the physical surroundings could have weighty influence on the subjective experience.

Although LSD-mediated therapy began with alcohol addicts, in 1963 the Spring Grove Hospital in Baltimore, MD and the Maryland Psychiatric Research Center expanded its research pool to include "alcoholic, neurotic, and narcotic addict patients and patients dying of cancer" (Pahnke et al., 1958). One study done in Baltimore by Dr. Charles Savage and Dr. Lee McCabe focused solely on the rehabilitation of narcotic addicts, using a predominantly African American population participating as a condition of parole. Although Savage and McCabe had their share of successes, their unsuccessful case studies were also enlightening. The case of a man named Theodore W. demonstrates what can happen when "...fears and mistrust preclude... optimally effective psychedelic therapy" (Savage and McCabe, 812). An excerpt from his self-report stated,

I could feel the tension building up... I was making myself afraid by self-imposed mistrust. I am holding Doc's hand for support and not letting myself go completely. My stomach began to feel nauseated somewhat and I put emphasis on this rather than something of importance. I knew what I was doing; I was trying to avoid myself for some reason... (Savage and McCabe, 812).

Here we see what can happen when the patient enters into the therapy session psychologically ill prepared for the experience. Throughout the session, Theodore "struggles to maintain ego control" (Savage and McCabe, 812) and does not fully commit to confronting any unresolved tensions that may arise during the course of the session. Interestingly, we can also glimpse the importance of trust between physician and patient through the simple gesture of him "holding Doc's hand for support" (Savage and McCabe, 812). Indeed, problems with this very relationship were cited as a contributing factor for some of their unsuccessful cases. "...a wide sociocultural gulf existed between the white therapist and the predominantly black patient group. Black therapists could be expected to have a less difficult time establishing with the patients a relationship of trust, a crucial determinant of positive therapeutic outcome" (Savage

and McCabe, 814). Here Savage and McCabe present an important observation linking social context to therapeutic efficacy (though it must be noted that the implication of a necessarily synergistic relationship between race and trust is arguably problematic). Their failures, though truly unfortunate, do highlight the critical importance of acknowledging and responding to the social realities surrounding a medical encounter.

What follows is an excerpt from a successful case study, describing some illuminating psychedelic imagery experienced by a 58-year-old Jewish woman who had been suffering from breast cancer for 12 years. Prior to her first therapy session, she was markedly anxious and depressed, and experiencing paralysis in the lower half of her body due to pressure on the nerves in her spine (Pahnke et al., 1860):

Her initial reaction to the session was one of anxiety, and then the issue of her disease was encountered. She faced the fact that throughout her illness she had tended to deny she was really sick. She remembered patients she had known with cancer, and her fear of decaying flesh was symbolized by visions of vultures feeding on rotten meat. After confronting rather than retreating from these unpleasant feelings and experiences, the patient had the experience of passing through a series of blue curtains.... She experienced wonderful feelings of peace and harmony (Pahnke et al., 1860).

She underwent a total of four psychoactive therapy sessions in two years, which helped her resolve underlying anxieties and uncover a tremendous amount of determination in physiotherapy, resulting in a great deal of physical improvement. Six months after the first session, defying informed medical prognosis, she was able to walk with a cane. Some time after the second session, she even danced with her husband at her daughter's wedding (Pahnke et al., 1860). Again, it was not the chemical itself that precipitated this improvement, but the chemically-mediated experience (Mangini, 1998: 384). By drawing out and confronting her fears in the form of visual symbolic imagery, the conception of her reality was re-structured and her life was significantly improved. Case studies like this point to the great tangible, medical benefits available to patients when their inner worlds are attended to.

We can see many parallels between these psychotherapeutic techniques and indigenous healing rituals involving hallucinogenic substances. The logic is preserved that "...a disease made visible by hallucinatory symbols is accessible to therapeutic action" (Joralemon, 406). And as observed by Hoffer and Abram, the raw pharmacological action of the drug does not provide the complete picture of what is happening during the healing process. Namely, a shaman must "structure and interpret" hallucinatory imagery (Joralemon, 406) to "size up a social problem in terms of an accepted and usual pattern of symbols, and then to encourage his clients to conform to the moral norms of an established ritual idiom" (Douglas, 305).

There are advantages to thinking about these scientific protocols in terms of ritual that go beyond this comparison. Rituals, and not just ones involving hallucinogenic substances, mark instances of social transition. During the ritual, there is a period of limbo where the participant exists "betwixt and between the categories of ordinary social life" (Turner, 273). This state has been termed "liminality," or the "middle phase of the rites of passage which mark changes in an individuals or a group's social status and/or cultural or psychological state" (Turner, 273). An abundance of ambiguous symbols characterize this liminal space since the "classifications on which order normally depends are annulled or obscured" (Turner, 273). This space then marks an unsettling place where social order is upset and where strictly drawn

ritualized procedures must be followed in order for the individual to emerge from this liminality re-structured in a culturally normative way (Turner, 274). However, due to the novelty of these substances in psychiatric research settings, such protocols were not strictly in place, and pockets of this destabilizing space began to appear in settings where the effects could not be controlled.

This framework provides a segue into the major ideas that began to push LSD-mediated psychotherapy to the margins of legitimacy. Here we encounter a complicated web of forces whose effects and interactions can be difficult to characterize in their entirety. However, we can begin with an analysis of the intimate relationship between technology, power, and the search for scientific truth. In *The Postmodern Condition: A Report on Knowledge*, Jean-Francois Lyotard argues that since the 50s, "postmodern societies" like the United States have seen a replacement of traditional, narrative forms of knowledge with knowledge generated by scientific discourse (Lyotard, 43). He argues that through this, a self-legitimizing system based on economic efficiency and performativity has been realized. In such societies,

...the need for proof becomes increasingly strong as the pragmatics of scientific knowledge replace traditional knowledge... A new problem appears: devices that optimize performance for the purpose of producing proof (technology) require additional expenditures. No money, no proof - and that means no verification of statements and no truth. An equation between wealth, efficiency, and truth is thus established (Lyotard, 44-45).

States and corporations, as centers of economic capital, are thus in a position to pick and choose which technologies to affirm or deny, based on a criterion of performativity. This in turn creates a situation where scientific truth is created to augment power, and with more power comes not just the production of "reality" or "truth," but also an increased influence on normative notions of justice and morality. Lyotard says of this,

...the fact remains that since performativity increases the ability to produce proof, it also increases the ability to be right...The same has been said of the relationship between justice and performance: the probability that an order would be pronounced just was said to increase with its chances of being implemented, which would in turn increase with the performance capability of the prescriber... the normativity of laws is replaced by the performativity of procedures (Lyotard, 46).

Essentially, we see a self-perpetuating system where the powerful exert an enormous influence on notions of truth and justice, while the notions of truth and justice that are being generated necessarily reaffirm the position of the powerful.

To see a concrete realization of these abstractions, we can turn to the conceptions of hallucinogenic substances seen in the 60s. This decade saw a substantial increase in the recreational use of hallucinogens, and a wave of social upset in response. The media broadcast sensational tales of illicit LSD use, helping to construct a disturbing depiction of depravity that seized national attention (Mangini, 1998: 389). An edge of panic rapidly became associated with the substance, and even the ideals of cool, scientific rationalism began to melt in the raging social wildfires.

Despite public support in the Saskatchewan area, where Osmond and Hoffer's initial LSD experiments began, the medical community began to belittle the methodological approaches involved, linking them to the scientifically fatal concepts of "mysticism" and "spirituality" (Dyck, 2006: 321). Critics of the Saskatchewan studies criticized the variability in procedures across participants, the lack of a control group, and the absence of double-blind procedures. The Addictions Research Foundation in Toronto, or the ARF, soon began rigidly standardized trials that attempted to isolate the effect of the drug itself. In their aim to control for environmental influences in order to see the exclusive effect of LSD, factors cited as extremely important by previous researchers, such as doctor-patient interpersonal relation and accommodation of patient preference in the surroundings, were ignored (Dyck, 2006: 324). Under these stringent circumstances, the ARF did not find any evidence of an empirical therapeutic benefit. "Given the authority vested in this form of methodology, the ARF study represented damaging criticism" (Mangini, 1998: 325). Here is a direct instance of a legitimate institution relying on its own methods of determining truth, methods which can affirm their own existence while de-legitimizing conflicting ideas.

Then in May of 1964, the American Psychiatric Association held a convention that prominently featured warnings and a growing fear concerning the use of LSD. Even editors of the *New England Journal* likened the potential adverse effects of LSD to the "effect of mysterious powders that irreversibly transformed Dr. Jekyll into his evil alter ego, Mr. Hyde" (Mangini, 1998: 394). Fear, distrust, and anger began to leak through the porous boundaries between social institutions as the battleground was laid out. Powerful players entered the fight, and in 1966 the FDA and the NIMH assumed control of LSD research and prohibited the manufacture and distribution of psychedelic drugs. Existing experiments were abruptly cut off, and Sandoz, the sole producer of pharmaceutical LSD and psilocybin, put a halt on production. Some scientists were angered by Sandoz's decision and criticized the company for cowardice, while Sandoz stated that the studies had simply become too large an economic and social burden (Mangini, 1998: 390 - 392). Scientific, corporate, legal, and local communities all felt the effects, with every side pushing and pulling with a fierce, dynamic intensity. The connections between performativity, truth, power, and justice were not mere abstractions, but palpable, intertwined forces.

In the following decades, drug-related psychotherapy and research underwent a long period of hibernation. Now, it seems that tensions have loosened and many elements of the aforementioned battleground have become less relevant. Rick Doblin, the director of the Multidisciplinary Association of Psychedelic Science, or MAPS, states that, "We're hoping that the mainstream and the psychedelic community can meet in the middle and avoid another culture war. Thanks to changes over the last 40 years... our culture is much more receptive now, and we're showing that these drugs can provide benefits that current treatments can't" (Tierney, 2010). In fact, researchers at Johns Hopkins University began to experiment with psilocybin-mediated psychotherapy for depressed and chronically ill patients in the early 2000s, and more small-scale studies have been conducted in respected institutions that include Harvard, NYU, and UCLA (Tierney, 2010).

All of these recent studies follow strict safety and methodological guidelines (Johnson et al., 606). Standardized safety guidelines now outline how to conceptualize patient risk factors, how to select volunteers, how to configure the physical environment, along with prescriptive protocols detailing almost any other aspect of the procedure (Johnson et al., 604-616). Although these parameters all have practical, logical purposes which aim to maximize

performativity and minimize participant risk, they can also be seen as ritualistic guidelines which escort one through the dangerous space of liminality to "conclude with a symbolic rebirth or reincorporation into society as shaped by the law and moral code" (Turner, 1975: 273). Such rules construct rigid boundaries to contain the liminal experience, and allow the individual a certain degree of freedom from cultural norms, since there is a structural guarantee that the non-normative aspects of the procedure will remain within the sphere of the ritual (Katz, 257). The social danger associated with hallucinogenic substances has been tamed through an agreement to participate and abide by principles of performativity, allowing medical and scientific inquiry to return to this realm of exploration.

If this practice begins to permeate mainstream medicine, both patients and physicians stand to gain a lot. Crucially, this unique form of psychotherapy forces physicians to be aware of factors they are normally allowed to turn a blind eye to. Since LSD has been so sensationalized, it occupies a volatile cultural position; political and social implications cannot be ignored. And on the level of the individual patient, factors like interpersonal communication and physical environment, things normally relegated to the realm of placebo effects, must also be attended to (Kaptchuk, 817-818). Expanding the lens of medicine to consider the wider social and cultural forces surrounding its practices and patients would undoubtedly be beneficial, as it will help contextualize results and help create more effective mechanisms for treatment. And hopefully, it will help us realize that the path to healing a human being is not a singular pursuit grounded only in biology, but a complex and delicate process that must honor the human condition and the human body as it stands at the crossroads of myriad biological, cultural, economic, and social forces

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