TOWARD AN INDIVIDUAL PSYCHEDELIC PSYCHOTHERAPY
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Introduction by Peter Webster

In the mid-1960s, legislation in the United States instituted a prohibition on the use of psychedelic drugs, not only the supposedly alarming use by hippies, intellectuals, beatniks, college students, etc., but also use by scientific researchers and mental health professionals. The ban on practically all research and therapy was soon forced upon the rest of the world by international treaties and also, no doubt, by covert pressure from the CIA and other U.S. government agencies. LSD and the other psychedelic drugs were classed as "Schedule 1" substances, supposedly having no medical value or recognized uses.

Yet a significant body of scientific literature of the time indicated quite clearly that psychedelic drugs most certainly did have valuable uses in both therapy and pure research. Work that had been going on for more than a decade in Canada, for instance, had shown LSD psychotherapy to be the most effective treatment for alcoholism ever devised. Other studies had begun to show similar effectiveness for treatment of addictions, personality disorders, and a whole range of conditions.

A review of the pertinent scientific literature of the time is of great importance today, for a general review of the whole situation of the War on Drugs is increasingly leading to calls by important and influential individuals for a serious re-evaluation of that policy, if not an outright reversal leading to complete legalization of "drugs of abuse". A close scrutiny of the basis and justification for the War on Drugs is revealing not only inconsistencies, but gross deception, blatant lies, and the worst kind of propaganda used to institute and promote that War. The recognized therapeutic applications of cannabis, for instance, are still being resisted by Drug Warriors in spite of evidence that would long ago have been sufficient to get government approval had cannabis been a "new drug" invented by a pharmaceutical company. Yet cannabis remains a Schedule 1 substance.

The following essay is the introductory section of a paper published in 1970 that reveals a similar, if not even greater ignorance in the current official attitude toward therapeutic use of the psychedelic drugs. The authors are noted scientific researchers who had been working with psychedelics for many years. Their work, like that of many others, was brought to an abrupt and premature conclusion by the anti-drug hysteria which still today, perhaps more than ever, is doing far more to poison Western Civilization than any sort of "drug abuse" could possibly do.

Widespread therapeutic use of LSD-25 and similar psychedelic drugs did not begin until the 1950s. By 1965, there had appeared in scientific journals more than two thousand papers
describing treatment, of thirty to forty thousand patients, with psychedelics (Buckman, 1967). Since 1965, the literature has continued to grow and now includes book-length works as well as the shorter reports published in journals and anthologies. Yet spokesmen for the American psychiatric establishment continue to tell the public that there is no evidence to demonstrate the value in therapy of psychedelic drugs.

Reports of therapeutic successes have come from hundreds of psychotherapists working in many of the countries and cultures of the world. The psychedelic drugs have been used as "adjuncts" or "facilitating agents" to a variety of existing psychotherapeutic procedures. Some efforts have been made to develop new, psychedelic therapies specifically grounded in the drug-state phenomena and the new models of the psyche that have been suggested by the psychedelic experience.

The diversity of the approaches to therapeutic use of psychedelics makes the evidence supporting their value for therapy all the more impressive. Individuals and groups of therapists of various persuasions have worked with one or more of an ever-expanding family of psychedelic drugs and with a great many drug combinations. Dosages administered have varied enormously—in the case of LSD, anywhere from 10 to 1500mcg or more. The psychedelic treatment has been considered as consisting of from one to well over one hundred drug sessions.

In general, therapists working with small doses—such as 25-50 mcg of LSD—do so only to facilitate conventional therapy, most often psychoanalysis. Such doses may heighten suggestibility and facilitate recall, association, and emergence of unconscious materials. This type of treatment might involve weekly sessions that continue for months or even years.

When the very massive dose is administered—LSD: 750-1500 mcg—the intent is to achieve the therapeutic result in a single, overwhelming session. The patient's values are changed and personality otherwise altered by means of a transcendental-type experience akin to a religious conversion. This type of treatment has been used mostly with alcoholics.

Other therapists work with a "moderate" dose—LSD: 150-400 mcg. Exact dose is individually specified on the basis of the patient's body weight, drug sensitivity (if that can be determined), and personality factors. The dose should be sufficient to allow for a full range of psychedelic response; at the same time, the patient should not be overwhelmed or made confused or unable to communicate effectively. A brief therapy, one or a few sessions in a few weeks or months, is the aim.

Types of conditions repeatedly stated to respond favorably to treatment with psychedelics include chronic alcoholism, criminal psychopathy, sexual deviations and neuroses, depressive states (exclusive of endogenous depression), phobias, anxiety neuroses, compulsive syndromes, and puberty neuroses. In addition, psychedelics have been used with autistic children, to make them more responsive and to improve behavior and attitudes; with terminal cancer patients, to ease both the physical pain and the anguish of dying; and with adult schizophrenics, to condense the psychosis temporarily and to help predict its course of development.

Almost all therapists reporting these successes have stated that the incidence of recovery or significant improvement was substantially greater than with other therapies used by them in the past. The treatment typically required much less time and was accordingly less costly for the patient.

Treatment with psychedelics has most often been described as ineffective in cases of hysterical neurosis and hysteria, stuttering neurosis, infantile personality, and long-term neurotic
invalidism. Despite reported successes, compulsive syndromes, criminal psychopathy, and depressive states are also mentioned as contraindicated. The risks frequently have been considered too great for paranoids, severely depressed persons, outpatient psychotics and prepsychotics, and those with a history of suicide attempts or who may be currently suicidal. However, as we have previously suggested (Masters and Houston, 1966), psychedelic therapy may be indicated in cases where suicide seems probable and imminent. By his being enabled to die symbolically and then be reborn, the patient's need to die may be subsequently eliminated.

That psychedelic drugs have value for psychotherapy has usually been most vigorously challenged or denied by therapists who have done no work at all with the drugs. Lack of adequate controls to allow more objective assessment frequently is mentioned. However, it is very hard to devise fully satisfactory controls where such drastic alterations of consciousness are involved. Some veteran workers with psychedelics believe meaningful controls to be impossible. On the other hand, what one research team regards as adequate double-blind conditions has been achieved by administering a light dose of LSD (50 mcg) to the control group, while the experimental group received 450 mcg. The small dose produced definite changes in consciousness but did not permit a full-fledged psychedelic reaction (Unger, et al., 1966).

Other charges from opponents of psychedelic therapy have attributed bias and excessive enthusiasm to workers with the drugs. Certainly, some of the early papers were extravagant, as tends to happen with new therapies. But the time has long passed when psychedelics could be hailed as a panacea; and it should be remarked that the bias of the advocates only rarely approaches that of some "distinguished" critics. Some of these critics seem ideologically and emotionally threatened by psychedelic therapy. This has been especially true of psychiatrists heavily committed to psychoanalysis. Psychedelics emerge at a time when analysis is increasingly under strong attack. Much of the opposition to the drugs is thus understandable, but also unjustifiable.

Finally, psychedelic therapy has been assailed as too dangerous. Very definitely, the evidence does not bear this out; and in fact, when the drugs are administered by those therapists and researchers who are most effective, the "dangers" are negligible. This is borne out by studies involving many thousands of patients and experimental drug subjects.(1)

(1) For example, Pollard, J., Uhr, L, and Stern, E.(1965): no "persistent ill effects" in experiments with eighty subjects over a five-year period; Masters, R. E. L., and Houston, J. (1966): no psychotic reactions or unfavorable after-effects in 206 sessions over a combined fifteen years of research; Unger, S., et al. (1966): one adverse reaction in 175 cases treated, and that one "readily reversible"; and Cohen, S. (1960): in one thousand LSD administrations to experimental subjects, less than one in one thousand psychotic reactions lasting over forty-eight hours. In therapy patients, per one thousand administrations, there were 1.2 attempted suicides, 0.4 successful suicide, and 1.8 psychotic reactions. The results compared favorably with incidence of complications following electroshock treatments in common use. As compared to almost any other therapy, LSD seems outstandingly safe when properly used.