58.

Brief Communication

LSD IN A COERCIVE MILIEU THERAPY PROGRAM*

E.T. BARKER, M.D.[1]
M.F. BUCK, M.D.[2]

Introduction

Over a four-year period thirty patients in a maximum security mental hospital were treated with LSD (500 mcmg. I.M.) to obtain some idea of the usefulness of this drug relative to Sodium Amytal, Methedrine, Scopolamine, and Dextro-Amphetamine Imipramine†, already in use in the hospital as so-called defence-disrupting drugs (4). In addition, we wished to obtain some idea of the comparative usefulness of LSD in the treatment of what could loosely be called psychopaths and schizophrenics, the two diagnostic categories we are treating. A local Advisory Committee appraised the ethical issues involved in offering the drug to volunteers in a coercive milieu therapy program (1, 2, 6, 7) and agreed to supervise the Project — a pre-condition for government approval to purchase LSD.

Administration of the Drug

LSD was administered only to patients who expressed high personal motivation to receive it and for whom, in the opinion of the treatment staff and the patient's peers, other methods of treatment were unlikely to be successful in expediting the patient's release from hospital. The prospective subject was obligated to obtain the informed written consent of his next of kin. Usual dosage was 500 mcmg. injected intramuscularly. On occasion it was found that intravenous injection of 15 to 30 mg. of Methedrine, two to six hours after the LSD, helped the subject to talk more freely.

All sessions were videotaped for the first four to ten hours. Other patients and staff were able to follow a session in progress from closed-circuit television monitors. The subject was fully aware of, and in agreement with, these observation arrangements. After the conclusion of the session, the subject was placed under 24-hour observation by his peers, and not left alone until he was judged not to be a risk to himself or others — usually a period of three to four days.

The interviewing procedure underwent several transformations, stimulated by our increasing awareness of the vulnerability of the subject to the biases imposed by the interviewer.

Medical Model

The patient lay on a standard hospital bed and was interviewed by a group comprising the male psychiatrist, a female nurse, and the patient's best patient friend. Attempts were made to evoke responses from the subject by providing a variety of stimuli — family photographs, a mirror, father and mother figures. We believed that on seeing the videotape records of the session a day or two later, the subject would be able to recall and discuss the feelings evoked by these stimuli.

Since many of the patients had killed or been violent prior to their admission, security concerns shared by staff and patients alike, led to the use of restraints (3). After administering the drug without

*Manuscript received July 1975; revised June 1977.
[1]Consultant, Mental Health Centre, Penetanguishene, Ontario.
[2]Administrative Assistant, Mental Health Centre, Penetanguishene.

†Dexamyl-Tofranil

59.

serious difficulty to five patients who had killed and three patients who had been sexually assaultive, our anxiety decreased enough to discontinue the use of restraints. After twelve sessions conducted along this medical model, we seriously questioned whether or not the approach itself determined the course and nature of the patient's experience. Discussions with persons who claimed extensive use of LSD "on the street" suggested that the use of different procedures would influence the subject's experience in quite a different direction. We, therefore, experimented briefly with what may be called "The Responsible Street Model".

Responsible Street Model

The hospital bed was abandoned in favour of mattresses and cushions on the floor, and the room was liberally furnished with flowers, incense, and bright pictures. A record player with a large supply of popular "acid" music was used almost continuously. It was very surprising to find that vomiting could be terminated by encouraging the patient to "go with the music", usually a particular song — the Beatles' "All You Need Is Love". After only three sessions with this model, however, it was apparent to those of us with medical orientation, the great extent to which this interviewing procedure was influencing the subject's responses. Where, in the medical model, the subject was led through an underworld of father and mother figures, death, guilt, violence and insecurity, here, the subject was wandering through a usually pleasant but apparently equally imposed rose garden of pretty colours, fascinating sounds, and cosmic sentiments. We then turned to the final procedure, which was designed in an effort to minimize the influence of others on the subject's experience.

The Non-Directive Model

By mid-1968 we had developed the Total Encounter Capsule at the hospital in an attempt to provide a small quiet setting where highly specialized types of programs could be carried out (5). The "Capsule" is a specially constructed, sound-proof, windowless but continuously lighted and ventilated room, eight feet by ten feet, which provides the basic essentials — liquid food dispensers, washing and toilet facilities — and in which it is possible for a small group of volunteer patients to live for many days at a time, totally removed from contact with the outside.

In an attempt to remove as much as possible the input of "helpers" during the LSD session, we developed the following procedure. The subject would spend forty-eight hours in the "Capsule" with the patient friend of his choice prior to injection of the LSD. During this time the subject's main task was to review with his friend those aspects of his personality which he himself felt were most troublesome, least understood by him, and which he was hoping to gain some insight into with the drug. When the pair had become comfortable and settled in this different environment, LSD was administered and the videotape recording commenced. The subject's friend was instructed to offer no direction and to attempt no interpretation of any sort, but simply to "be with" and attend to his friend as empathically as possible. Frequently, but not always, patients chose a friend who had previously taken LSD in the hospital to be with them during their experience. During the following day, the recordings would be played back to the two patients who were encouraged to discuss them with one another. They usually left the "Capsule" some two or three days after the administration of the LSD.

Results

All the patients who received the drug felt that the experience was exceedingly beneficial and that they had obtained important insights into themselves. Other patients and staff could not see this subjectively reported benefit translated into an improved mental state or behaviour. Conversely, no one appeared to get "worse". Although only one of the thirty patients given the drug is still in Oak Ridge (1976), no one believed the LSD treatment

60.

was instrumental in release. Of those released, roughly one-third are doing well, one-third are holding their own in the community, and one-third have been in further trouble.

"Chromosomal studies were undertaken on each of the patients in the LSD group as well as eighteen others of their peers on the ward who did not receive the drug. 'Blind' analysis on both groups showed that the LSD group had an increased frequency of breaks (7.4%) with individual maximums varying from 0.0 percent to 17.3 percent. The control group showed an average of 4.05 percent breaks with a range of 0.0 percent to a high of 5.7 percent. The latter frequency is similar to that routinely encountered in the cytogenetics laboratory. These findings are comparable to and complement other published studies, and while the biological significance of the breaks in cultured cells from LSD users is not known, it is unlikely that the chromosomal 'damage' produced by the drug will result in somatic malformations." (9)

Through informal contact with released patients, it is known that approximately 25 percent of the patients who received LSD in the hospital experimented with its use on the street after release. Given that one of our criteria for selection of subjects in hospital was their high motivation to receive the drug, and understanding the particular patients involved with usage later and the nature of that usage, it is the authors' opinion that the administration of the drug in the hospital was not a major factor leading to the patient's subsequent usage on the street.

Aggressive behaviour occurred with each of the three "interview techniques" — a total of six patients grabbing, punching or kicking at someone near him. There was not always a clear understanding of the meaning of this behaviour either at the time, or subsequently, by either the subject or those with him. All of the patients who acted out under the influence of the drug fell into the loose category of pathological personality.

LSD, perhaps because it is administered so infrequently but more likely because of its inherently fascinating effects, provides an event of considerable significance for the individual patient to look forward to, and back upon. It is difficult to give a concise statement of the nature of the subjective experiences of patients when under the influence of this drug, apart from saying that in every case it was intense, highly personal, not easily translatable into the King's English, and not readily observable. A perusal of Masters and Houston's book *Varieties of Psychedelic Experiences* gives one some understanding of the subjective experiences involved (8). In long-term treatment programs such a significant event is of value in itself, in the same way as has been found for other defence-disrupting drugs used in this hospital.

Conclusions

Using LSD in the manner described above we found no particular difference in its effects upon patients diagnosed as schizophrenic compared to patients diagnosed as psychopathic, with the exception of a propensity to acting out by the latter category.

Compared to the other so-called defence-disrupting drugs used in this hospital we would conclude that LSD is equally safe, but provides a more intense individual experience than the others.

Our experience with this drug indicates the great degree to which the content of the experience can be influenced by the interviewing procedure and the biases of the interviewer.

Summary

Over a five-year period, thirty patients in a maximum security mental hospital were treated with LSD (500 mcmg. I.M.).

Three different styles of interviewing procedure evolved with experience: a medical model, a "responsible street model", and a non-directive model. The interviewer's orientation appeared to significantly affect the patient's perception of the LSD experience. Since it was felt by the authors that no one set of biased inputs has any demonstrable merit over any other, (except in satisfying the interviewer), the

non-directive model was deemed most reasonable.

Although all patients reported that the experience was of great benefit, no one else could see changes for better — or worse. Chromosomal studies showed the usual increased frequency of breaks. It is noted that cytogenetic experts do not now see this finding as a contraindication to the use of the drug. It was not thought that the LSD administration in hospital was a significant factor leading to use of street drugs after release. The only difference on administration to psychopaths and schizophrenics was that one-third of the psychopaths (6 of 18) acted out by punching or kicking at someone nearby.

When used with the safeguards described, the drug seemed safe and valuable to use in our communities of long-stay patients, because of the high morale engendered.

References

1. Barker, E. T., Mason, M. H.: Buber behind bars. *Can Psychiatr Assoc J 13*: 1, 61-72, 1968.
2. Barker, E. T., Mason, M. H.: The insane criminal as therapist. *The Canadian Journal of Corrections, 10*: 4, October 1968.
3. Barker, E. T., Mason, M. H., Walls, J.: Protective Pairings in Treatment Milieux: handcuffs for mental patients, — Unpublished Monograph, Ontario Hospital, Penetanguishene, 1968.
4. Barker, E. T., Mason, M. H., Wilson, J.: Defence-disrupting therapy, *Can Psychiatr Assoc J 14*: 4, 355-359, 1969.
5. Barker, E. T., McLaughlin, A. J.: The Total Encounter Capsule. In preparation for publication.
6. Hollobon, J.: My Therapist, The Psychopath. Toronto: *The Globe and Mail Magazine*, March 18, 1967.
7. Mason, M.: *Contact, This Magazine is About Schools, 1*: 4, 89-98, Fall, 1967.
8. Masters, R., Houston, J.: *Varieties of Psychedelic Experiences*, New York: Dell Publishing Co., 1966.
9. Sergovich, F. R.: *Personal Communication.*

Résumé

Pendant plus de cinq ans, on traita avec du LSD (500 mcmg. I.M.) trente patients d'un hôpital psychiatrique à sécurité maximum. Comme l'emploi de cette substance ne représente qu'une facette d'un programme thérapeutique complexe et intensif dans un milieu coercitif, une vue d'ensemble du programme total est donc présentée.

L'expérience aidant, on développa trois styles différents de technique d'entrevue: un modèle médical, un modèle adapté ("responsible street model") et un modèle non directif. L'orientation de l'interviewer a semblé affecter d'une façon significative la perception de l'expérience LSD par le malade. Comme l'auteur pensait qu'aucun ensemble d'influx de préjugés n'avait plus de valeur démontrable qu'un autre, sauf celle de satisfaire l'interviewer, le choix du modèle non directif a paru le plus raisonnable.

Quoique tous les malades aient rapporté que l'expérience LSD leur avait été d'un grand bénéfice, personne d'autre n'a pu constater de changements pour le mieux ou pour le pire. Les études chromosomiques ont montré l'augmentation habituelle de la fréquence des bris. On note que les experts en cytogénétique ne considèrent pas ceci comme une contre-indication à l'usage de cette drogue. On ne pense pas que l'administration de LSD à l'hôpital constitue un facteur significatif pouvant conduire à l'utilisation illicite de diverses drogues après la libération des patients. La seule différence observée lorsqu'on administre le LSD à des psychopathes et à des schizophrènes fut que le tiers des premiers (6 sur 18) réagirent en frappant du poing ou du pied quelqu'un qui était à proximité.

Lorsqu'utilisé avec les précautions décrites, le LSD semble utile et sécuritaire quant à son utilisation dans nos établissements pour malades à long séjour en raison du moral élevé qu'il engendre.