

The History of Psychedelic Therapy with the Dying

Written by Stanislav Grof

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Stanislav Grof & Joan Halifax

Chapter 2 of *The Human Encounter with Death*

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Our experience with persons dying of incurable diseases has been closely associated with the development of psychedelic therapy, a comprehensive program of brief psychotherapy utilizing mind-altering substances such as lysergic acid diethylamide (LSD) and dipropyltryptamine (DPT). Although this treatment is a direct outgrowth of modern pharmacological and clinical research, it has close parallels in various contemporary non-Western cultures and its roots reach back to prehistory and the shamanic rituals and healing ceremonies of many ancient civilizations.

The first suggestion that psychedelic substances could be useful in the therapy of individuals dying of incurable diseases came from pediatrician Valentina Pavlovna Wasson. After many years of intensive ethnomycological studies, she and her husband, Gordon Wasson, became interested in the use of psychedelic mushrooms in pre-Columbian cultures and in contemporary Central America. They made several field trips to Mexico to explore this issue, and finally in June 1955 they became the first Westerners to be admitted to a sacred ritual conducted by the Mazatec *curandera*, or medicine woman, Maria Sabina. The Wassons were deeply impressed by the powerful effect of the mushrooms that they ingested in this ceremony. Roger Heim, the French mycologist whose aid the Wassons sought, identified the mushrooms botanically as *Psilocybe mexicana*

and its congeners; he then sent samples to the laboratories of the Swiss pharmaceutical company, Sandoz, for chemical analysis. In 1957 Valentina Pavlovna Wasson gave an interview in

This Week

magazine about the history of this discovery and her own experience after the ingestion of the Mexican sacred mushrooms. She expressed the opinion that if the active agent could be isolated and a sufficient supply assured, it might become a vital tool in the study of psychic processes. She also stated that as the drug would become better known, medical uses would be found for it, perhaps in the treatment of alcoholism, narcotic addiction, mental disorders, and terminal diseases associated with severe pain. Several years later a team of researchers working in Baltimore independently tested the validity of her unusual vision. A group of psychiatrists and psychologists at the Maryland Psychiatric Research Center who were not familiar with the article in

This Week

conducted systematic studies of psychedelic therapy with LSD, a drug closely related to psilocybin, for exactly the same indications that Valentina Wasson predicted. We ourselves were surprised to discover the newspaper clipping in Gordon Wasson's library during a 1974 visit to his home.

The next stimulus for the use of psychedelics with dying individuals did not come from a physician or behavioral scientist but from the writer and philosopher, Aldous Huxley. He was

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profoundly interested both in the phenomenon of dying and in the religious and mystical experiences induced by psychedelic drugs. With unusual sensitivity and insight he assisted his first wife, Maria, when in 1955 she was dying of cancer. During her final hours he used a hypnotic technique to bring her into touch with the memory of ecstatic experiences that had occurred spontaneously on several occasions during her life. The explicit goal was to facilitate her experience of dying by guiding her toward these mystical states of consciousness as death was approaching. This deep personal experience has its parallel in Huxley's novel *Island*, where the character Lakshmi is dying under very similar circumstances. In a letter to Humphry Osmond, a psychiatrist and pioneer in psychedelic research who introduced him to LSD and mescaline, Huxley wrote:

My own experience with Maria convinced me that the living can do a great deal to make the passage easier for the dying, to raise the most purely physiological act of human existence to the level of consciousness and perhaps even of spirituality.

To those who are familiar with the effects of hallucinogenic drugs and with Huxley's personal history, there is no doubt that the "soma" in *Brave New World* and the "moksha medicine" in *Island*

are psychedelic substances similar in their effects to LSD, mescaline, and psilocybin. In Huxley's vision "moksha medicine" gives inhabitants of the island mystical insights that free them from the fear of death and enable them to live more fully. In another letter to Humphry Osmond written as early as February 1958, Huxley was quite explicit about his idea of seriously considering the use of LSD with dying individuals:

... yet another project--the administration of LSD to terminal cancer cases, in the hope that it would make dying more spiritual, less strictly physiological process.

According to his second wife, Laura, Aldous mentioned on several occasions that "the last rites should make one more conscious rather than less conscious, more human rather than less human." In 1963, when he was himself dying of cancer, Huxley demonstrated the seriousness of his vision. Several hours before his death he asked Laura to give him 100 micrograms of LSD to facilitate his own dying. This moving experience was later described in Laura Huxley's book, *This Timeless Moment*

Aldous Huxley's suggestion, although reinforced by his unique personal example, for several years had no influence on medical researchers. The next contribution to this area came from a rather unexpected source and was unrelated to Huxley's thinking and efforts. In the early 1960s Eric Kast of the Chicago Medical School studied the effects of various drugs on the experience of pain in the quest for a good and reliable analgesic. He became interested in LSD as a possible candidate for such a substance because of certain peculiarities of its effect on humans.

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He learned that LSD tends to produce a marked distortion of the body image and alterations of body boundaries; furthermore, it seemed to interfere with the ability to concentrate and maintain selective attention on a particular physiological sensation. Thus, in individuals who are under the influence of LSD, simple visual impressions may take precedence over sensations of pain or concerns related to survival. Both the effect of LSD on the body image and its interference with selective focus on significant input seemed to be worth exploring in terms of their potential for altering the perception of physical pain.

In a paper published in 1964 Kast and Collins described the results of a study in which the hypothetical analgesic properties of LSD were compared to those of two established and potent drugs, dihydromorphinone (Dilaudid) and meperidine (Demerol). In a group of fifty individuals suffering from severe physical pain were thirty-nine patients with various types and stages of cancer, ten patients with gangrenes of feet or legs, and one with severe herpes zoster (shingles). The outcome of the statistical analysis of this comparison indicated that the analgesic effect of LSD proved to be superior to both Dilaudid and Demerol. In addition to pain relief, Kast and Collins noticed that some of these individuals showed a striking disregard for the gravity of their personal situations. They frequently talked about their impending death with an emotional attitude that would be considered atypical in our culture; yet it was quite obvious that this new perspective was beneficial in view of the situation they were facing.

In a later study of 128 individuals with metastatic cancer, Kast explored in more detail some of his earlier findings. This time he was interested not only in the effects of LSD on pain but also on some additional parameters: emotional changes, sleep patterns, and attitudes toward illness and death. In view of the fact that there was no psycho therapeutic emphasis and the patients were not even informed that they were being given LSD, the results were quite remarkable. A precipitous drop in pain occurred in many individuals about two to three hours after the administration of 100 micrograms of LSD and lasted an average of twelve hours; pain intensity for the whole group (not necessarily for every patient) was decreased for a period of three weeks. For about ten days after the session, Kast observed improvement of sleep and a less concerned attitude toward illness and death.

In 1966 Kast published another paper in which he paid more explicit attention to the influence of LSD on the religious and philosophical experiences and ideas of the patients. The group he studied consisted of eighty persons suffering from terminal malignant disease, with estimated life expectancies of weeks or months, each of whom had been fully informed of the diagnosis. In contrast to earlier studies, the LSD sessions were terminated by an intramuscular injection of 100 milligrams of chlorpromazine upon the appearance of fear, panic, unpleasant imagery, or the desire to rest. The beneficial influence of a single administration of 100 micrograms of LSD on physical pain, mood, and sleep patterns was similar to the preceding studies. In addition, Kast described a variety of changes in the patients that made their situation more tolerable. He noticed improved communication both between the observer and the patients and among the patients themselves; this enhanced their morale and self-respect and created a sense of cohesion and community among them. Quite significant, also, was the occurrence of "happy, oceanic feelings" lasting up to twelve days following the administration of LSD. Kast stated explicitly that a certain change in philosophical and religious attitudes in relationship to dying took place that were not reflected in his numerical data and graphs.

In spite of what to an LSD therapist might at present appear as shortcomings in Kast's studies, the historical value of his pioneering effort is unquestionable. He not only discovered the analgesic value of LSD for some patients with intractable pain, but he also brought forth the first

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experimental evidence for Aldous Huxley's suggestion that the administration of LSD might ease the encounter with death in persons suffering from cancer. Kast concluded the last of his studies by stating that, according to his observations, LSD is capable not only of improving the lot of dying individuals by making them more responsive to their environment and family, but it also enhances their ability to appreciate the nuances and subtleties of everyday life. It gives them aesthetic satisfaction and "creates a new will to live and a zest for experience, which, against a background of dismal darkness and preoccupying fear, produces an exciting and promising outlook."

The encouraging results of Kast's studies inspired Sidney Cohen, a prominent Los Angeles psychiatrist, friend of Aldous Huxley, and one of the pioneers in LSD research, to start a program of psychedelic therapy for individuals dying of cancer. Unfortunately the results of his study and the details of his treatment procedure have never been published. In a 1965 article Cohen expressed his feelings about the potential of psychedelic therapy for the dying, based on his pilot experiments with a small group of patients. He stated that his own work confirmed Kast's findings about the beneficial effect of LSD on severe physical pain and suggested that LSD may one day provide a technique for altering the experience of dying. Cohen saw clearly the importance of this research endeavor: "Death must become a more human experience. To preserve the dignity of death and prevent the living from abandoning or distancing themselves from the dying is one of the great dilemmas of modern medicine."

Cohen's co-worker, Gary Fisher, later published a paper in which he discussed the personal and interpersonal problems of the dying. In this context he emphasized the significance of transcendental experiences--whether spontaneous, resulting from various spiritual practices, or induced by psychedelic drugs. As a result of such experiences the individual ceases to be concerned about his or her own physical demise and begins to see it as a natural phenomenon of the cycling of the life force. This acceptance drastically alters a person's life-style; the individual no longer reacts with panic, fear, pain, and dependency to the changes that are occurring. Rather, the patient is willing and eager to share this new knowledge with close family members and friends. Fisher discussed the use of LSD therapy within the framework of a research project where this drug was compared with an experimental analgesic and only one hour was allowed for preparing patients for the session. In spite of this limitation, he observed what he described as dramatic results in terms of pain reduction, psychological aftereffects, and adjustment of the patients to their impending deaths.

Another series of observations that was later integrated into the concept of psychedelic therapy for the dying originated in the Psychiatric Research Institute in Prague, Czechoslovakia. A research team of this institute headed by Stanislav Grof (coauthor of this book) conducted experiments in the early 1960s with psychiatric patients, exploring the potential of LSD for personality diagnostics and psychotherapy. These efforts finally resulted in treatment that involved intense psychological work and a series of therapeutic sessions with LSD. Although this approach was initially based in theory and practice on psychoanalysis, in the course of years it underwent substantial modifications and became an independent therapeutic procedure combining work on psychodynamic issues with a definite emphasis on transpersonal and transcendental experiences.

In the exploratory phase of this work, all psychiatric patients from various diagnostic categories undergoing serial LSD sessions sooner or later transcended the psychoanalytic framework and spontaneously moved into experiential realms that have been described through millennia as occurring in various schools of the mystical tradition, temple mysteries, and rites of passage in

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many ancient and pretechnological cultures of the world. The most common as well as the most important of these phenomena were experiences of death and rebirth, followed by feelings of cosmic unity. This profound encounter with one's own impermanence and mortality was very complex and had biological, emotional, intellectual, philosophical, and metaphysical dimensions. Experiences of this kind seemed to have had very beneficial consequences for these psychiatric patients; some very dramatic improvements of various psychopathological conditions were observed immediately following the death-rebirth phenomenon and, in particular, the experiences of oneness with the universe. This suggested the existence of a powerful therapeutic mechanism as yet unknown to Western psychiatry and psychology that appeared far superior to those used in conventional psychotherapy.

Many individuals who had the experience of death and rebirth sometimes accompanied by feelings of cosmic unity independently reported that their attitudes toward dying and their concepts of death underwent dramatic changes. Fear of their own physiological demise diminished, they became open to the possibility of consciousness existing after clinical death, and tended to view the process of dying as an adventure in consciousness rather than the ultimate biological disaster. Those of us conducting this research kept witnessing, to our great surprise, a process that bore a striking similarity to mystical initiation and involved experiential sequences that resembled those described in the *Tibetan or Egyptian Book of the Dead*.

The claims of changes in attitudes toward death were so frequent that it seemed important to test their practical relevance. It was obvious that a deep change of consciousness of that sort could be very beneficial for dying individuals, particularly those with chronic, incurable diseases. The first author (S.G.) then had an opportunity to work with several persons diagnosed with cancer. These pilot observations indicated that the alleviation of the fear of death earlier reported as a result of LSD therapy in psychiatric patients (most of whom were young and physically healthy) can occur also in those for whom the issue of death is of immediate relevance. At this point the Prague group began seriously discussing the possibility of working systematically with dying people, and Grof designed a research program using serial LSD sessions with individuals dying of cancer. These plans were interrupted by a fellowship granted to him by the Foundation's Fund for Research in Psychiatry in New Haven, Connecticut, that took him to the United States.

After his arrival in Baltimore in March 1967, he joined the team in the Research Unit of Spring Grove State Hospital, which later became the core of the Clinical Sciences Department of the newly built Maryland Psychiatric Research Center. Here he found, to his surprise, that some time prior to his arrival this group had been interested in exploring the potential of LSD psychotherapy for alleviating the emotional and physical suffering of cancer patients. The sequence of events that spurred the interest of the research team in this problem area, briefly described, is this: Since 1963 a group of psychiatrists, psychologists, and social workers at Spring Grove had been exploring the effects of a brief course of LSD-assisted psychotherapy on the drinking behavior, psychological condition, and social adjustment of alcoholics. In a parallel study the therapeutic potential of this new treatment was tested in a group of neurotic patients. During the assessment, based on clinical interviews as well as psychological testing, the symptoms particularly responsive to psychedelic therapy appeared to be depression and anxiety.

In 1965, when the studies with alcoholics and neurotics were well under way, the Spring Grove research team first focused its attention on the needs of dying cancer patients in an unforeseen and tragic manner. A professional member of the research team, Gloria, a woman in her early

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Tuesday, 05 January 2010 22:12 - Last Updated Tuesday, 28 December 2010 22:00

forties, developed a carcinoma of the breast. She had undergone a radical mastectomy; subsequent surgery had revealed inoperable metastases of the liver. Although still ambulatory, she was in severe physical and emotional distress. She was fully aware of her condition and her prognosis and shared her feelings of despair with staff members. On the basis of the relief of depression and anxiety frequently observed in psychiatric patients following LSD-assisted psychotherapy, Sidney Wolf, a psychologist and member of the therapeutic team, suggested that the psychedelic treatment procedure might prove helpful to his colleague. It seemed possible that her depression and anxiety, although reactive in nature and well substantiated by a painful life situation, might respond favorably to LSD therapy, as was the case in other conditions of a psychogenic nature.

After discussions with her husband, her physician, and with the approval of all concerned, a course of psychedelic therapy was initiated, with Sidney Wolf in the role of "sitter." In the treatment plan at Spring Grove the primary objective was to facilitate the occurrence of a psychedelic peak experience in the context of brief but intensive psychotherapy. The preparation for the session lasted somewhat over a week; the focus was on the issue of personal identity and on current interpersonal relationships. When most of the important areas involved were satisfactorily clarified, a 200-microgram LSD session was conducted under conditions quite similar to those used for psychiatric patients. The outcome of this pioneering experiment was quite remarkable: After careful preparation and several subsequent drug-free interviews a single LSD experience seemed to have changed the quality of Gloria's remaining days. Shortly after the LSD session she went on vacation with her husband and children. Upon her return, two weeks after the session, she completed the following retrospective report:

"The day prior to LSD, I was fearful and anxious. I would at that point have gratefully withdrawn. By the end of the preparatory session practically all anxiety was gone; the instructions were understood and the procedure clear. The night was spent quietly at home; close friends visited and we looked at photograph albums and remembered happy family times. Sleep was deep and peaceful. I awakened refreshed, and with practically no fear. I felt ready and eager. The morning was lovely, cool and with a freshness in the air. I arrived at the LSD building with the therapist. Members of the department were around to wish me well. It was a good feeling.

"In the treatment room was a beautiful happiness rosebud, deep red and dewy, but disappointingly not as fragrant as other varieties. A bowl of fruit, moist, succulent, also reposed on the table. I was immediately given the first dose and sat looking at pictures from my family album. Gradually, my movements became fuzzy and I felt awkward. I was made to recline with earphones and eyeshades. At some point the second LSD dose was given to me. This phase was generally associated with impatience. I had been given instructions lest there be pain, fear, or other difficulties. I was ready to try out my ability to face the unknown ahead of me and to triumph over my obstacles. I was ready, but except for the physical sensations of awkwardness and some drowsiness nothing was happening.

"At about this time, it seems, I fused with the music and was transported on it. So completely was I one with the sound that when the particular melody or record stopped, however momentarily, I was alive to the pause, eagerly awaiting the next lap of the journey. A delightful game was being played. What was coming next? Would it be powerful, tender, dancing, or somber? I felt at these times as though I were being teased, but so nicely, so gently. I wanted to laugh in sheer appreciation of these responses, regardless of where I had just been, how sad or awed. And as soon as the music began, I was off again. Nor do I remember all the explorations.

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"Mainly I remember two experiences. I was alone in a timeless world with no boundaries. There was no atmosphere; there was no color, no imagery, but there may have been light. Suddenly I recognized that I was a moment in time, created by those before me and in turn the creator of others. This was my moment, and my major function had been completed. By being born, I had given meaning to my parents' existence.

"Again in the void, alone without the time-space boundaries. Life reduced itself over and over again to the least common denominator. I cannot remember the logic of the experience, but I became poignantly aware that the core of life is love. At this moment I felt that I was reaching out to the world--to all people--but especially to those closest to me. I wept long for the wasted years, the search for identity in false places, the neglected opportunities, the emotional energy lost in basically meaningless pursuits.

"Many times, after respites, I went back, but always to variations on the same themes. The music carried and sustained me. Occasionally, during rests, I was aware of the smell of peaches. The rose was nothing to the fruit. The fruit was nectar and ambrosia (life); the rose was only a beautiful flower. When I finally was given a nectarine it was the epitome of subtle, succulent flavor.

"As I began to emerge, I was taken to a fresh windswept world. Members of the department welcomed me and I felt not only joy for myself, but for having been able to use the experience these people who cared for me wanted me to have. I felt very close to a large group of people. Later, as members of my family came, there was a closeness that seemed new. That night, at home, my parents came, too. All noticed a change in me. I was radiant, and I seemed at peace, they said. I felt that way too. What has changed for me? I am living now, and being. I can take it as it comes. Some of my physical symptoms are gone. The excessive fatigue, some of the pains. I still get irritated occasionally and yell. I am still me, but more at peace. My family senses this and we are closer. All who know me well say that this has been a good experience."

Five weeks after the date of the session, Gloria suddenly developed ascites (accumulation of serous fluid in the abdominal cavity) and had to be rehospitalized; she died quietly three days later.

The result of Sidney Wolf's endeavor was so encouraging that the Spring Grove staff decided to explore further the potential of psychedelic therapy for alleviating the suffering of those dying of cancer. A group of open-minded surgeons at Baltimore's Sinai Hospital expressed interest in this procedure, offered their cooperation, and agreed to refer patients for LSD therapy. Three more persons were treated at this time by Sanford Unger, a psychologist who had played an important role in launching the Spring Grove studies of alcoholics and neurotics.

The next important step in this direction was made in late 1967, when Walter N. Pahnke joined the Spring Grove team. He was instrumental in changing the initial interest of the staff into a systematic pilot exploration and eventually a research project. Pahnke's background made him ideally suited for this type of work. He was a graduate of Harvard Medical School, and in addition had a doctoral degree in comparative religion and a degree in divinity.

It is hard to imagine a more useful way to combine medicine, psychology, and religion than psychedelic therapy with dying individuals. With unusual energy, enthusiasm, and devotion, Pahnke assumed the role of principal investigator in the cancer study. After pilot experimentation he was able to obtain financial support from the Mary Reynolds Babcock Foundation. He started a research program exploring the value of psychedelic therapy utilizing LSD. Later he initiated a similar project in which a short-acting psychedelic, dipropyltryptamine

The History of Psychedelic Therapy with the Dying

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(DPT), was used in lieu of LSD.

Walter Pahnke's life and work were drastically terminated in a tragic accident on July 10, 1971. While vacationing in his summer cabin in Maine, he did not return from one of his scuba-diving expeditions. His body and diving equipment were never recovered and the nature of the accident has remained a mystery. Walter's demise was a great loss for the Spring Grove team, from the personal as well as professional point of view. After Walter's death the first author (S.G.) assumed medical responsibility for the cancer study as his primary research activity and interest. His objective was not only to complete the research projects and accumulate enough data but also to formulate a theoretical framework that would account for some of the dramatic changes occurring as a result of LSD therapy. It seemed important at this point to carefully analyze the data from LSD sessions of normal volunteers, psychiatric patients, and dying individuals, and to formulate a comprehensive theory of LSD therapy based on a new model of the unconscious.

A new dimension was added to these endeavors when in 1972, Joan Halifax, the second author, joined the team as co-therapist and anthropological consultant. We could now combine our backgrounds in experimental psychiatry and medical anthropology and view the data from a broad cross-cultural perspective. It was in this process of interdisciplinary cross-fertilization, when we were working as a therapeutic dyad, sharing observations and exchanging data, that the ideas expressed in this book started to crystallize into their present form.

Note:

Although the Spring Grove psychedelic research continued on until the mid-1970's, it, too, finally came to an end for various reasons. Lack of new funding by the government, discouragement of the workers involved in not obtaining permission to carry out desired projects, continuing bad publicity resulting from clandestine use of psychedelics, and other factors could be cited. And so, by the late 1970's essentially all psychedelic research in North America had ceased, and what remained of European research was a mere ghost of the promising work of the 1950's and 1960's.

-Peter Webster