

Psychotherapy Guidebook

NARCOANALYSIS

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Narcoanalysis

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DEFINITION

Narcoanalysis is a procedure in which a patient is given a drug to facilitate communication with the therapist. A closely related procedure is called narcosynthesis. Currently the most frequently used drugs are Sodium Amytal (Amobarbital Sodium) and Pentothal (Pentothal Sodium), although other barbiturates and even other classes of drugs, alone or in combination, have been used. The general purpose of Narcoanalysis is the evocation of suppressed or repressed memories, feelings, and impulses, and the reintegration of these into consciousness.

HISTORY

Horsley (1943) introduced the term “narcoanalysis” and described his procedure, but the antecedents of the method go back to the earliest use of alcohol, herbs, mushrooms, and other natural substances to loosen tongues and release inhibitions. Various anecdotal accounts of the disinhibiting effects of numerous anesthetic, narcotic, and stimulant drugs are to be found in the literature.

Horsley had observed, in 1931, that some uncommunicative patients became cooperative and conversational under the influence of Nembutal, but that by the following day they had forgotten what they said. He followed this observation with experimental attempts to develop narcosis as an alternative, or a supplement, to hypnosis. He found that small doses (of Nembutal) injected slowly would produce an altered state of consciousness. If the therapist maintained verbal contact with the patient throughout the procedure, the uncovered content could, in many instances, be integrated into the conscious level. He first conceptualized the phenomenon as narcotic hypnosis but later described four distinguishable phases of the total process: 1) light narcosis (drug induced), 2) hypnosis (verbally induced), 3) analysis (recall), and 4) synthesis (reintegration). Horsley used his technique with a wide variety of in-patients and outpatients, including the so-called shell-shock cases from World War I. He observed many individual differences among the response patterns and found that the procedure had to be sensitively monitored and modified with each patient.

The next significant publications dealing with Narcoanalysis and narcosynthesis were by Grinker and Spiegel (1943, 1945). These military psychiatrists reported on the use of this procedure with selected battle casualties in the Tunisian Campaign of World War II. The patients found to be most responsive to this technique were those who were in an acute anxiety state following a psychologically traumatic experience that had been

repressed. Grinker and Spiegel found that under the influence of a slowly administered intravenous injection of a barbiturate (they preferred Pentothal over Amytal because of its faster action and faster metabolism) the patient not only could remember the precipitating incident, but that he often “relived” it with the full emotional intensity of the original event. They also found that the constant interaction between patient and therapist, the repressed material could be “synthesized,” i.e., integrated into consciousness with subsequent relief of anxiety.

The technique, in one variation or another, has been used clinically during the past three decades but there have been few published reports. No systematic, controlled investigations were reported until Hain, Smith and Stevenson (1966, 1970) published the results of a comparison of the efficacy of three “active” drugs (Sodium Amobarbital, Hydroxidione, and Methamphetamine) with a placebo (Saline). This investigation was done under conditions that were quite different from the usual clinical circumstances. An anesthesiologist administered a predetermined dose of a randomly selected drug; neither the interviewer nor the patient knew which drug was administered. The interviewer was not the patient’s primary therapist and, in fact, had seen the patient only once, if at all, prior to the interview. The interviews were conducted in a laboratory with various recording devices, and were observed, through a one-way mirror by two or more observers (with the patient’s knowledge and consent). In most cases,

the results indicated that the drugs, as opposed to the placebo, facilitated the ability of the patient to talk about some of his problems. No dramatic abreactions (a reliving of past events) were observed but this may have been not only because of the stark laboratory setting but also because most of the patients' problems were long-standing and rarely attributable to an identifiable trauma.

TECHNIQUE

Narcoanalysis must be done by a person licensed to perform injections (i.e., a physician), and it should be done in a setting where emergency resources are readily available in the event of untoward reactions. The usual medical-legal precautions, including a signed consent, are taken. The interview itself may be conducted by a nonphysician therapist.

The probability of effective results is enhanced if the drug is administered by the therapist who has already established a reasonably trusting relationship with the patient, and if the interview is conducted in a quiet, relaxing atmosphere, with the patient reclining on a bed or couch.

Amytal and Pentothal are the drugs most frequently used for this procedure and the choice is made by the physician. Amytal is somewhat slower acting and its effects last longer than do those of Pentothal, but it is safer. After the preliminaries are completed, the drug is injected very slowly

while the therapist maintains continuing verbal interaction with the patient and simultaneously monitors the effects of the drug. When the patient manifests relaxation, slight slurring of speech or errors in counting backwards, the injection is stopped (the needle may remain in place for subsequent additional medication). The content of the therapist's remarks will be relevant to the individual patient, his problems, and his personality, and may be supportive or challenging as the situation dictates.

Once the desired level of narcosis is reached, the therapeutic interview proceeds, again highly individualized. At the close of the interview, the patient is allowed to rest until the therapist is assured that it is safe for him to leave. For the patient who has had Amytal, it is recommended that he have an escort for twelve to twenty-four hours.

APPLICATIONS

Narcoanalysis is a useful technique for a variety of conditions and purposes. It may be used to relieve acute anxiety, tension, or agitation. It may be useful in dispelling acute hysterical amnesia. But it is most frequently used as an adjunct in the exploratory phases of psychotherapy by enabling the patient to reveal suppressed and/or repressed material (facts and feelings), and in breaking through an impasse in the therapeutic course. It can often be useful in firming up the patient-therapist relationship. In general, the

therapeutic effectiveness of Narcoanalysis is greatest when used with patients whose symptoms and concerns are of recent onset. The technique has been of little value in treating long-standing syndromes.

The use of Narcoanalysis is not without risk, medically and psychologically. The therapist should be especially alert to idiosyncratic and synergistic (especially with alcohol) reactions. Among the psychological risks are the activation of suicidal behavior, the release of paranoid ideation, hallucinations, or other psychotic manifestations. Patients with organic brain syndromes in remission may regress and develop confusion, disorientation, and other symptoms.