

Psychotherapy Guidebook

# PSYCHEDELIC THERAPY

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# **Psychedelic Therapy**

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# Psychedelic Therapy

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## DEFINITION

Psychedelic Therapy utilizes psychedelic substances (e.g., LSD-25, psilocybin, and mescaline) to facilitate therapeutic change. The success of the therapy depends on knowledgeable selection of the patient, with subsequent responsible supportive orientation, administration, guidance, interpretation, integration, and termination of the therapeutic process with the patient.

## HISTORY

In 1943, five years after he synthesized LSD-25, Dr. Albert Hoffman discovered its mind-altering capabilities. As a model psychosis-producing drug, it was studied until A. K. Bush and W. C. Johnson wrote of it as an aid to psychotherapy. A. Hoffer and H. Osmund, utilizing it as a therapeutic treatment for alcoholism, described its characteristic reaction and defined it as “psychedelic” — “mind manifesting or revealing.” Since that time, thousands have received psychedelic treatment for scores of psychiatric illnesses or conditions in varying ways and with differing results.

Prior to the early 1960s, work with LSD-25 was largely by and with scientists. However, since that time it spread to the “street culture” and found itself the center of heated, emotional controversy in the lay as well as in scientific circles. Some scientists (prohibitionists or panaceans) contributed to the unscientific and irresponsible propaganda surrounding uses of hallucinogenic substances. Such reaction affected the scientific work with the drug, and scientific research into and treatment with LSD-25 was largely discontinued. There is no doubt in my mind (Godfrey.) that LSD-25 is a most powerful and mind-altering drug. It therefore deserves great responsibility, knowledge, and caring on the part of those employing it. To be licensed to administer the drug, one must first contact the Food and Drug Administration.

## TECHNIQUE

Selection of the therapeutic team, the principal therapist, co-therapist, and others working in the area is of paramount importance. Qualifications of the therapist include: emotional maturity, thorough grounding in the theories of human development, knowledge of health and illness in relationship to the whole person, experience in conducting psychotherapy, capacity to deal with very primitive material in the patient and self, strength of convictions, a secure self-image and identity, a reality orientation, persistence, and versatility. The therapist should have, during the therapeutic process, the

ability to smoothly change from the role of supportive to interpretive, physical to psychological, subjective interpretive to objective and vice versa, yet still hold the therapeutic relationship. These above attributes cannot be too strongly stressed.

All members of the team need to understand and agree to the basic philosophy of the therapy yet also retain their individuality. A man and a woman should be working together as principal co-therapists with each individual patient. These principal co-therapists must know the importance of their role and practice it to provide genuine human contact of a quality that most patients have not been previously open to receiving. All team members must commit themselves for the duration of treatment.

Selecting the patient to be treated should be done by the treatment team. The patient ideally will be intelligent, with a secure enough ego to be able to withstand loss of ego boundaries, he will utilize, work with, and integrate the symbols of the experiences, commit himself to the process and the team, and be dedicated to gaining health. All these are seldom found in one individual patient.

Within a treatment setting, which is informal (homelike), supportive, aesthetically pleasant, comfortable, and accepting, one should train the therapeutic team (at least two per patient) to include all personnel within the

treatment area in a therapeutic psychological set. This includes open, positive attitudes of acceptance and reinforcement of values of great human worth, caring, protecting, helping, relating in a loving, empathetic manner, with a view to finding health within the individual.

Initially one works with each patient to attain understanding of his personality and illness, to establish a positive rapport, to define goals, attain a commitment to the therapeutic agreement, orient the patient to the specific treatment modality and substance to be utilized. After these conditions are fulfilled, the technique of treatment is chosen to accomplish the goal(s) of treatment with the least expenditure of time and personnel.

Several aspects of the process of psychedelic treatment are common to most treatment centers. Of these are: 1) an informal, supportive setting, 2) a therapeutic, psychological set, 3) a comfortable lounge or bed for the patient, 4) a cover for the eyes, 5) stereophonic high fidelity headphones, 6) a program of music, 7) a red rose or carnation, 8) a two-sided hand mirror, 9) pictures of people, especially those significant to the patient, 10) food and drink in due time, 11) a team of two (man and woman) therapists who are strong and committed to the treatment program.

After thorough psychological testing, a period of time to get well acquainted, to answer questions, the time for the first psychedelic session is



agreed upon. The team (including the patient) then begins its assault on the patient's illness. On the agreed upon morning, the team gathers in the treatment setting. The drug (LSD-25) is soon taken orally by the patient. Conversation, looking at pictures, feelings of closeness, support and caring are there to be experienced. As soon as some visual or other perceptual changes are noticed by the patient, he is fitted with blindfolds and stereo headphones and lies down to listen to the music selected to assist through the experience. Both therapists are in the psychedelic therapeutic setting at all times to support, protect, interpret, console, orient, and do whatever is called for to enlighten and help the patient to discover genetic roots, mistaken ideas, fears, love, acceptance, intrinsic worth, relationships, and other significant truths toward health.

In the experience, multitudinous symbolically significant things occur. With and from these symbolic occurrences, one can progress to health. The treatment team assists the patient to interpret, consolidate, and integrate the experience into the patient's own life.

Psychedelic treatment helps one to grasp the extent of one's mind, its relationships to others, to things, to thoughts and to "The Light," which is often felt to be God. One or more (up to one hundred) experiences may be used to treat one individual patient. The size dosage for each usually runs from 50 micrograms to 400 micrograms LSD-25. The larger dose tends to

produce a more psychedelic experience, while the smaller seems to encourage an analytic-type experience.

## APPLICATIONS

Psychedelic Therapy is used for the treatment of:

- 1) neurotic illnesses;
- 2) character disorders (homosexuality, criminal characters);
- 3) addictions (alcoholism [sedativism], opiate addiction, other drugs);
- 4) terminal illnesses (cancer);
- 5) some psychoses (schizophrenia — paranoid type, manic depressive psychoses).

Most therapists having had experience utilizing psychedelic drugs as adjuncts or tools of therapy feel it speeds up the therapeutic process in all areas of illness. In cases of homosexuality, criminal character disorders, schizophrenia, and other psychoses, it is felt to possibly be the best help to a permanent normality, though it has not yet received a fair trial in those areas. Isolated instances can be found to strengthen that point.

Terminally ill cancer patients undergo immense suffering, as do those close to the patient. The victim tends to be held in an isolation manufactured

by fear, pain, perfidy, denial, guilt, anger, grief, fantasies, and beliefs about death and dying. Hopelessness pervades. After psychedelic treatment, the majority need much less opiates for pain; they tend to face reality and work through the process so as to lose the fear of death, anger, and isolation. The immediate family profits and grows as well in being helped to work through its own grief process. If for no other reason than that of terminal illness, Psychedelic Therapy should continue.