

## **LSD & THE BIRTH OF A THERAPY RONNIE SANDISON**

### **Can we begin with where you trained - how you came to do Psychiatry?**

Well in 1935/36, when I was doing my pre-clinical studies at King's College, London, I attended a two-year course of evening lectures by J.A.Hadfield on psychoanalysis. I also had an uncle who was a doctor, who influenced me a great deal during my early teens, and he was deeply concerned with the feminine side of things. Medical training is very seductive, and I nearly was seduced into surgery. Physiology also had its attractions, as I discovered during the war years. But something held me in its grip, and when T.P.Rees invited me to join the team as a trainee at Warlingham I didn't need too much persuading. Nevertheless, for years I did have pangs of regret, and felt from time to time that I wasn't really a 'proper doctor'.

I trained in psychiatry at Warlingham Park Hospital and partly at the Maudsley. I did some group work at the Tavistock, and I did some neurological work at the West London Hospital and at Queen 's Square, but my main training in psychiatry was under T P Rees at Warlingham Park, where we were very fortunate in having, unusually for those days, no less than three analysts on the staff.

### **That was unusual.**

It was. I don't quite know why we had the situation. T P Rees, whose reputation is probably no longer known very much, had a way of collecting a lot of interesting people around him. His deputy was a self taught Freudian, and on the staff he had a Jungian analyst in training, being analysed by Michael Fordham, and he had a trained Freudian analyst, Joyce Martin. That background of three people gave a very strong psychotherapeutic flavour to the hospital culture.

### **At this point in time the Maudsley Hospital wouldn't have been very psychotherapy friendly? Aubrey Lewis was hostile to analysis.**

Yes but Aubrey Lewis was a funny fish; he tolerated psychotherapy.

S.H. (Michael) Foulkes was working there, the founder of group analysis in this country. I remember attending a lecture by him although I never really spoke to him or met him personally. He was conducting groups at the Maudsley at that time, and there were a few analysts around and so it wasn't altogether entirely true that, at the whim of Aubrey Lewis, psychotherapy was taboo.

But you are right - the bulk of the teaching of course was standard old DPM stuff. There were however always some other interesting people there; Dennis Hill for example had interests which were very eclectic ranging from psychotherapy to epilepsy to brain physiology.

**This was at the end of the War. Did the experience you had during the war do anything to point you towards psychiatry? There are many people like David Clark who probably would have never become psychiatrists but for the war.**

It's very hard to say. You don't want to hear too much about my war but very briefly I decided quite early on, about two or three months after I got into the service, that I really didn't want to be a standard RAF medical officer. I happened to have a first degree in physiology, so I wrote to the Air Ministry through the usual channels and said "what about it?" Within a week I was posted to Farnborough and I joined the magnificent team of Cambridge physiologists and worked with them for the rest of the war - not at Farnborough but as a field worker at various fighter command stations.

I think inevitably the experience of war and meeting so many different kinds of people and listening to stories affected me. People used to come and unburden themselves and I often wondered why, and I think that moved me on a bit.

**Percy Rees - can you fill me in on a little bit more about him, what was his background, why did he seem so prominent back then but as you say his is not a name that would ring bells for many people now?**

No, he unfortunately wrote very little. He was a shy man and he didn't speak very often at conferences, so his voice was very seldom heard. But his influence in Croydon, which was the catchment area for Warlingham, was enormous. He was appointed there, the youngest medical superintendent in the country I believe at the age of 27, just before the war. His intention was to produce a completely open hospital even then - before the war. He was friendly with George Bell, who had opened the doors of Dingleton Hospital, a Border hospital, just before the war.

So that process was going on. When I first went there in 1946, the main gates were closed and there was a porter at the lodge, and then all that disappeared. The first day he opened the gates, a patient turned up in his office the door of which was always open - he never closed it - and she said "I was going to run away this afternoon but when I got to the main gate it was open so I didn't see there was any point, and I just came back". It's a story, he liked to tell.

He was a man of immense humanity. He had a wonderful routine. He met his doctors every morning, and met all his senior staff immediately afterwards. He went on a round of at least half the hospital every day, not in a kind of policing way, but just in a friendly way - talking to people. Just to give you an example of the sort of thing he did. One day we were gathered just after midday, as we often did, in the medical officers common room. He came in, as he usually did, and looking out of the window, he saw coming across from one of the villas, a struggling patient being drawn by about twenty nurses - at least that's what it looked like - and he said "Oh my God after all I've taught the nursing staff they do that". So one of the doctors said, "Sir why don't you show them how it should be done"? He marched out and he said to the nurses "fall back". He talked to the patient who took his arm and he led her into the main building. Characteristically he didn't return to our common room, but went straight home to his house, and lunch. He had that sort of magic about him, and he was a very courageous chap. There was another occasion when the patient on the observation ward in Mayday Hospital had barricaded

himself in with a whole lot of garden implements. TP just spent an hour and a half talking to him, and eventually the man came out and he took him and put him in his car and drove him to Warlingham.

He was a great believer in the Voluntary System. I think something like 96% of his admissions were voluntary patients. I remember one patient who was as mad as a hatter - manic to extreme. When TP saw him in the clinic, he just invited him to come to the hospital and look at it. He had him up three times. What finally helped the patient to decide to come in was that the last time he came he looked up at the clock tower and said "I think your clock tower is tilting but don't worry, I'll soon fix that". So TP said "Well, if you just come into the hospital I'm sure we can arrange for you to undertake the necessary work." It paid off and he came in. That's the sort of thing that happened.

One of his own committee, who was a manic-depressive, was admitted to the hospital from time to time. I remember on one occasion he actually attended a committee meeting from the ward. So there was this great intention to blur the difference between madness and sanity. He used to talk to lay groups a lot but never liked talking to professional groups. I don't know whether that gives you a picture. But also he was full of innovation. He started deep insulin treatment before anybody else. He started ECT. He had as I said analysts on the staff.

He was very keen on music therapy and there he was very lucky because he had Arthur Zanker, who was a refugee from Vienna who had been a member of the Viennese Philharmonic Orchestra and who had trained under Adler. Zanker was a child psychiatrist. He and Sidney Mitchell, who was also very musical, started a music group, and that's probably some of the earliest music therapy.

He got involved in the Picture Library scheme of the British Red Cross, one of the early ones. He had no fewer than three Art Therapists on the staff. They weren't really therapists. He just got young artists who were probably looking to augment their meagre incomes. He got them down and they worked part-time with the patients, and did some marvellous work. We ended up by having an exhibition of patient paintings at the Red Cross Headquarters in Grosvenor Square, which lasted for a week, lots and lots of people came. That's just a sketch of some of the things he did.

### **What impact did he have on you?**

Oh yes, he was my mentor, my father figure, my teacher and just full of words of wisdom. If he saw that you were keen and wanted to get on, he would nurture you into the sort of job which you thought you wanted.

### **Did you move straight from Warlingham Park to Powick?**

I moved straight from Warlingham Park to Powick. People have sometimes asked well why did you go to Powick, which was rated with Fulbourn where David Clarke went, as one of the two worst hospitals in the country at that time. I think David has written about this of course. Powick if anything was marginally worse I would say.

It had been run down to the N<sup>th</sup> degree by a penny-pinching superintendent, a chap called Fenton, who had joined the staff in 1909. He had never been anywhere else and he gradually worked his way up through the staff and became Medical Superintendent. His sole aim was to run the hospital as cheaply as he possibly could. My first winter there was spent looking after the physical welfare of the patients as much as their mental state.

**Powick had had a reputation before the war as a place where a lot of drainage of abscesses, and that kind of treatment went on - treating mental illness by removing sinuses...**

That's right yes. That was under the influence of Graves of Birmingham. Graves was a psychiatrist in Birmingham who believed that 'septic foci' were the cause of mental illness and that they should be removed. Most of his patients had their teeth, tonsils and gall bladders missing. He and Fenton were great buddies. In fact, Fenton used to take long stay patients from Birmingham, because his own admission rate was so low, and of course they brought an income with them. He managed to treat them, clothe them and feed them for less than the rate Birmingham was paying, so he made a bit of profit on that. That's the sort of thing that he would do.

There was also a myth in the hospital that we shouldn't feed the patients too much and there were literally dozens of patients who were on a bread and milk diet, just drinking slops. They had no knives, forks or spoons. They just drank sops out of bowls. It was a pretty incredible picture when I went there.

You may ask why I went to such a place? Well, I think that I wanted to do my own thing. I had a lot of ideas of my own and wanted to develop them. In London one always felt part of someone else's ideas.

**At that point in time what work ideas did you have - this was before you heard about LSD?**

This was before I heard about LSD. Well dash me, I wanted to create a decent hospital, which was modelled on Warlingham Park, but a bit more than that. I had had some contact with Maxwell Jones. I had been to his seminars and seen his unit, which in those days was over in Netherne – so it was not far away. I wanted to get a therapeutic community going, I wanted to get some group work going. And I wanted to get some individual psychotherapy going.

I think I was fortunate because I went there as Arthur Spencer's deputy – I never wanted to be a superintendent - and he was deeply engaged in just trying to get the hospital together. He had only been there a couple of years. And so there were just the two of us – we were the only consultants at that time, and I think there were only two or three other medical staff. But we very quickly built it up. His first words were "I'll look after the administration, you run the clinical side", and so he gave me a free hand.

**What kind of man was Arthur Spencer?**

He had come up the hard way. He trained as a pharmacist. He came from Carmarthen and he ran a Chemist shop there. That enabled him to pay for his medical training, so he came a bit later into the medical stream. He was also in Welsh terms, a fairly religious man, although he didn't display it in hospital. There was certain rigidity about him, but on the other hand he ran the hospital very well. He managed his Committee, which was a very difficult one, and he managed a Birmingham Regional Board, which was even more difficult. With so little money going into the hospital, it really needed an enormous injection of money. He had to persuade people that that was really worthwhile. That first year I spent just organising the wards, re-classifying the patients, and trying to get them on a decent diet. He was battling away trying to get a new heating system in the hospital and making sure that the telephones started to work.

At the end of the year, I'm now in September 1952, I heard through the RMPA that Isobel Wilson was about to do a study tour of Switzerland, and so I enrolled for that and went on it. It was the most interesting tour and I wouldn't have missed it for the world. I got a lot from it. But on the way we visited the Sandoz Laboratories in Basel and there I met Cerletti, although not on that occasion Hofmann himself. We heard all about LSD.

### **Had you any idea about LSD before you went?**

No idea at all, I'd never heard of it at all. You know the very famous story how Hofmann accidentally had ingested LSD. Well you see he followed it up by giving LSD to a whole host of volunteers, and it was all written up by Stoll in a very interesting paper published in 1947/48. It was clear from that, although I hadn't read that paper at the time, that here were changes that made people experience something which was to do with their own personalities, and their own lives. One of those subjects said, "It made me think of things better left forgotten." Others talked about remembering things from their childhood that they had forgotten previously. Hofmann went on to the Burgholzli, and he actually worked with a few patients, who were nearly all psychotics and so not much came out of that. But it was clear that here was an opportunity.

Now the other thing was, I think I am right in saying, that Busch & Johnson's paper from Missouri had just been published. This was 1952. It's not a good paper, but this was the first paper in English. It's not a very good paper because a number of their patients were psychotics but they did work with about eight psycho-neurotic patients. They weren't analysts, and I was told afterwards that their main aim was "Well let's give them this drug and it will stir something up and we'll see what happens". They never followed it up, they never came to any meetings and I never met them. But that paper was a stimulus and it gave me enough incentive. So on the way back from the study tour, I thought I would go in and talk to Sandoz, and as a result of that discussion I came home with a box of 100 ampoules of LSD.

### **How much was in an ampoule?**

There was 100 micrograms in an ampoule. I would be locked up for life now I should think. But then that was absolutely no problem, a Dr. carrying a few ampoules through customs was perfectly alright. So we started.

**Did Sandoz say anything at all you to about how you should do the therapy?**

Oh yes, Sandoz had already issued with their typical Swiss thoroughness, a detailed account of all the experiments, physiological and others, which had been done with LSD. They gave the effects of it on almost every system of the body. What this did show me was that in the sort of doses one was going to use it was really completely safe as far as any physical side effects were concerned. All one had to look out for were the emotional and the mental side effects.

**At that point did they say to you anything like - look one of the extraordinary things about this drug is you use such a teeny dose?**

Oh yes, well that emerged from Hofmann's first report, and he was hardly believed by his chief, Rothlin. Rothlin was big enough to actually take a dose himself. And I must say that Rothlin became extremely interested in LSD. He came to Powick twice and stayed for a day or two.

I liked Rothlin, he was a great man. He had this interesting joint appointment. He was Professor of Psychiatry at the University and he was also a Professor of Pharmacology for Sandoz. It was unique in the world I think. He never exploited it, but still it was clear his interest was in Sandoz products. They were a very ethical firm as companies were in those days. He was interesting, he was very cultured, he had a fine collection of Old Masters in his house. He could talk about almost any subject. He was a very delightful man to be with.

**Cerletti & Stoll – can you tell me anything about these?**

Yes, they were essentially laboratory workers, chemists and their job was to produce drugs and investigate their properties. There was a young English man whose name I can't remember, he was also working in the laboratory I got quite a lot from him.

**Hofmann himself, at this point in time before he had become a well-known name, what was he like?**

Oh Hofmann, he was very like Rothlin in many ways. Very precise, carried out his experiments with absolute precision, ran his laboratory with precision and – what was he like – I think enthusiasm was the word. He was immensely enthusiastic, and it shows in his book "LSD my Problem Child". He is still enthusiastic, although he is 93 now. I haven't corresponded with him for a year or two but I was corresponding with him until fairly recently, and he is still keen. He still wants LSD to be used therapeutically.

**So you had a Busch paper to go by and you came back to Powick with all of the ampoules, had you decided who to give LSD to first?**

Well I followed the same pattern that Hofmann had done, I gave it to one or two psychotic patients first. Then I discussed it with Spencer and with John Whitelaw. John Whitelaw was a General Practitioner who was working part-time at Powick. He wasn't fully trained in psychiatry but he was very willing to learn. He and I were always good friends, and he was very keen to come in

on this, so he was one of the very first people to get involved. Then as Registrars came into the hospital, they almost all expressed an interest in working with LSD. The one who did the most work in the LSD unit, although probably the least suited in many ways, was Dai Davies. He was a somewhat eccentric character. I had some reservations about him, but nevertheless he was devoted to the patients and spent a lot of time at the unit. Another Registrar, Mary Ellis, did valuable work and was also a very good friend. She is dead now, but she worked in the Unit a good deal.

The core staff of the unit was myself, and when we got established, a sister, a staff nurse, two junior nurses and Dai Davies who was there most of the time and almost always one of the Registrars. If the Registrars had their own patients, I encouraged them to come and look after them. We started in an admission ward, which was not the most appropriate place. And then after we published the first two papers it was clear that if we were going to progress, we needed a unit, and so that's when we persuaded the Regional Board to build one.

There's a picture of the Unit in my book, where you can see someone standing at the end of the corridor. There were five patient's rooms down one corridor and at the end there were two nursing stations and then a short corridor that led into the main corridor of the building at the end of which was one of the admission wards. So you always had help at hand. There is another picture in my book of a little conference, which I usually held with the staff at the end of the day.

**At this point from the picture of the conference with the nursing staff, the whole operation still looks reasonably formal – you have a white coat and the nurses are still in standard uniform.**

Yes that's right. I think that was fairly common in those days. I think the patients liked to see nurses in uniform. It was a bit later that we got the nurses out of uniform, but I was never too sure whether it was a good idea or not – there are pros and cons.

Each of the patients' rooms was equipped with a couch for them to lie on, a chair and there was a blackboard on one of the walls and chalk and so on so that the patients could draw in various coloured chalks if they wanted to. They used those blackboards a lot, for self-expression. So that was the Unit and it was highly successful.

**When you say it was highly successful, in what terms do you mean?**

Well it convinced me that if you were going to use LSD, and this doesn't necessarily only apply to LSD treatment, you do need the Unit which is devoted to that sole purpose. You can't mix it in with other things going on on the ward. The patients need individual space, and so they need single rooms. They need a high intensity of nursing care. We never had less than two nurses on duty and you can see from that picture there were three nurses there. Nearly all the Units in which LSD therapy didn't work were because there wasn't a place that could be called the LSD place - this is where it takes place. Sometimes even a disused ward would work. It was better than

nothing. You must have a separate area and dedicated nurses to that job, who don't change around very much. Two of the nurses in this picture, Nurse Middleton and Nurse Barcroft were with the Unit almost all the time that I was there.

**When did you begin to get a feel for who was going to actually respond best, when did you evolve your standard approach?**

I think to begin with as you can see from our papers we took in a wide variety of patients - whatever turned up in the clinic. Anxiety states, depressions, obsessional conditions, tension states – the bread and butter of clinic work.

**Yes but after the early efforts for Hofmann to try LSD with people who had psychosis, did anything begin to emerge as to what kind of clinical state might respond best?**

No I don't think anything emerged at that stage. What emerged from the first papers is that we thought that some of the obsessional states did remarkably well, I think that's all in the paper, and a lot of the anxiety and tension states had a very considerable relaxation of tension. But you see LSD is not a form of drug therapy where you are using a specific therapy. The whole thing about LSD is its non-specificity. Its effect is not constant, and its effect varies widely from one individual to another. And from one individual on one day to another day. For that reason it seemed that there was no reason why almost any person suffering from what we call a neurotic condition, that is a non-psychotic condition, could well benefit. Including some of the personality disorders, although they are always of course more difficult.

I think it depends on the therapist. You know we collect around ourselves particular patients. Some of us are more interested in hysterics and some in anxiety states or depressives. So I think it is very much the therapist himself - what his feelings are. You collect patients around you that you can work with. I have always found it rather difficult to work with alcoholics so we hardly ever had any in the unit, but as you know from the work in Canada and elsewhere there was a lot of success with alcoholics.

And so in a way having focussed down a bit, when we wrote those papers, I then broadened out and was much more eclectic about the people I took on. And also if you have a team working then of course you can spread things out. Spencer took on a quite different group of patients to the ones I was working with. Some of his patients were borderline psychotics and much more disturbed. I think he had a bit of trouble with them but nevertheless he worked with them and later he worked with patients in a group for a year. He wrote it up and that paper is in the proceedings of the RMPA conference held in 1961. So I think, worldwide, LSD has probably been given to patients with every conceivable diagnostic label.

**Let me bring you back to the worldwide thing. You were very early into the field with articles about the use of LSD. How were these articles received?**

I think they were received almost with hysteria. You see psychiatrists at that time were under such pressure, we had so many patients, and there was a

feeling - what can I do for all these people. I was besieged in outpatients with people that I can't really properly help, and I can only give them ten minutes every fortnight or whatever. Here was something and people were hungry for anything that they could get their hands on. Of course the Americans lapped it up. We sent out at least a couple of hundred of these papers which were requested by people world wide. So it very quickly spread to most countries, not all by any means – but that's another story.

**One of the people who picked it up very early on was Charles Savage.**

**Who was he?**

Charles Savage was a very charismatic figure. He was a keen worker, I think that he got a bit disillusioned with LSD later on though. I think he was based in Toronto at that time. A very likeable and engaging man. Easy to talk to.

**So there was a meeting at the American Psychiatric Association meeting in '55. Did he help fix it up or did the APA fix it up?**

Yes it was fixed up by the APA. It was fixed up as a round table and was run by a chap called Louis Cholden. He was an analyst working in New York and he set up the round table. He used LSD himself. He had connections with a hospital on an island in the East Hudson river, it was probably called the Hudson Hospital, a little hospital and he had a private practice as well. A nice fellow, not terribly communicative, but amiable and very welcoming. We had some interesting figures at the meeting such as Aldous Huxley.

**What was Aldous like? He's a mythical figure.**

He was a strange person really. He didn't really want to talk very much about LSD. I think he felt that he was somehow rather above everyone else. I tried to talk to him for a bit - I talked to him about Jung, because I was interested and had had a Jungian analysis. He said "Oh I have gone beyond Jung". He was very aloof and not a very easy man to talk to. Maybe I was too young and didn't know how to handle it.

**Who else was there?**

There were a number of people who were certainly working with LSD and had all written papers. Paul Hoch from New York was there. He was a great jumper on of bandwagons. I mean everything new that arose, Paul Hoch was there writing a paper about it or getting his minions to write it. I didn't find him a very likeable character, but I suppose he was okay. He certainly treated me with courtesy and what I had to say was received attentively, people asked questions and you might say I was almost feted when I was in the United States.

**Really?**

Oh yes I had a marvellous time. I was wined and dined and taken to the theatre in Broadway and I went to some other interesting places. I went to the Payne Whitney clinic, a private clinic, which was using LSD. I talked to them. I also went to Bellevue Hospital.

I had a further trip to the States in 1959 to a conference on LSD at Princeton New Jersey that was attended by about 150 people. There were a lot of

papers. Of course, by that time, people had done a lot of work and there were a lot of very interesting papers. That's where I met Betty Eisner who lived in Los Angeles and had a private practice there. She was a psychologist who had a very extensive private practice and worked a great deal with LSD. She was a great promoter of LSD in the Western United States. Of course they lapped it up like anything there. It was just exactly what they were looking for. She and I corresponded until a year or two ago. We remained good friends over the years, she was a good ambassador for LSD.

She introduced me to a lot of people. I went down to Washington with her and spent some time in the Queen Elizabeth Hospital. She was a good friend and a good hostess, so I am very much indebted to her. Through the years she has written a number of papers on LSD, all of which made good sense. The best paper she wrote was one she delivered in Rome (Eisner 1959).

It was a paper about the regulatory mechanisms in the unconscious, which she felt were acting as a kind of buffer to the disturbances caused by LSD. She was not the first person to observe that, Margo Cutner who was an analyst, wrote a paper which contained a lot of similar ideas.

Margo Cutner and her husband Gerald, who both trained as Jungian Analysts, were refugees from Germany who got themselves to a rather benighted place. They were working in the Potteries, which was not a very fertile soil I would think for Jungian analysts in the 50s. Anyway they both came to Worcester, and she set up a private practice there. She also set up a part-time practice and also worked part-time in the LSD unit where she wrote one of the best papers on LSD (Cutner 1959). She came forward with a lot of interesting ideas and she formed a marvellous bridge between the psychoanalytic community or the community of Jungians and LSD.

The psychoanalysts and the Jungians were pretty suspicious of LSD. They didn't really want to have much to do with it. I think partly that was because of a feeling - well if this is going to take over we might lose our private practice. But also analysts guard their own territory jealously and so when this upstart from deepest Worcester with all this LSD stuff came along they were very suspicious of it.

I did speak at a meeting of the British Psychological Society, at which Michael Fordham was the person chosen to respond. He made a number of not altogether encouraging comments, but nevertheless he also made some very fair comments. I have a copy of his remarks somewhere. Nevertheless, I felt that we were on the map.

The big break-through as far as my own colleagues were concerned was in 1961 when the RMPA invited us to take up the whole of the three-day February meeting, which was normally devoted to a collection of topics. We devoted the whole of the three days to LSD. I was very much indebted to Richard Crockett. Richard Crockett was not an analyst. He was a therapeutic community man and a group therapist working at the Ingrebourne Centre. He

and I organised this conference – with very little help. But he knew a lot of people and we got a lot of interesting speakers together.

**You got some of the biggest names in world psychiatry – Jean Delay and Pierre Pichot. How did you get these people?**

Well you see they were all working with LSD. Pierre Pichot I got to know, when he came over to Powick. A delightful Frenchman. He loved England, and he came every summer and brought his family on holiday - so he was a good friend. He was working in Paris at the Hospital St Anne with Delay.

**What was Delay like?**

A slightly aloof Frenchman who tended to talk his own way through things. He wasn't anything as approachable as Pichot. We tried to get Robert Graves, but he was in his fastness in Majorca. He had expressed some interest in hallucinogenic drugs and mushrooms and so forth. But as you see we did have a very interesting collection of people, so it was a highly successful conference. Richard and I spent the next year writing it up with some academic help from Alexander Walk who was the librarian at that time of the RMPA, a most erudite man, a marvellous chap.

**So at that stage things were still fairly positive. But lets go back a bit. Some voices had been raised saying “we aren't all that happy with this” from I guess the mid to late 50's. Who were you aware of in this country and who were you aware of overseas? And what were the issues?**

LSD was riding high then, and it was really about the peak. I suppose you become aware that the people that you talk to have reservations. I met Sidney Cohen once or twice. Sidney Cohen was a very even-handed chap. He did a study about the dangers and the benefits of LSD and I think he put his findings very fairly. He was among those who expressed some doubts. And of course stories began to leak through about the activities of Timothy Leary, and a British Doctor, Hollingshead, who went over to the States and joined Leary. So there were these voices, which started to be raised, you know to 'turn on the world', and one began to have some misgivings.

**That was a bit later? In the late 60's**

The voices as you say were fairly muted in 1961, but that was really the beginning of the concern about the street use of LSD.

**People like Leo Hollister in the US by about 1960 were beginning to say that LSD isn't all that useful. The issue for Hollister appears to have come up in the context of whether LSD was a psychotomimetic - is LSD reproducing schizophrenia. All sorts of people were rather hoping that it was, so that we could understand schizophrenia more, but Hollister came out and said “No it's not”.**

Yes I think this was particularly in the States when the term psychotomimetic agents was very current – in fact it was one of the first words coined. I think it was Savage who coined that one but I can't be sure of that.

**Did you meet Humphrey Osmond who coined the term psychedelic?**

I met Humphrey Osmond yes. I never liked the term psychedelic and I certainly didn't like psychotomimetic. In fact I felt that the field was wide open and as you know I coined the term psycholytic – which has in fact passed into the language. I think it was in Rome, possibly in 1962, that we formed a European Group for the use and promotion of LSD – something like that. You see one of the other things about LSD was it's use wasn't confined to doctors. Psychologists and people from other fields were using it.

And one of the breakthroughs for the RMPA conference was that we managed to bring non-medical people to talk – people who had used the drug.

I was very keen that if we had any society it should include non-medical practitioners. I was trying to persuade the RMPA to open its gates to associate membership for non-medical professionals. But that never came off.

**No I can't see that happening.**

But nevertheless that was one of the things I wanted to do. And I very much wanted this European society to be – we said European but we were very happy to have American members of course, as well as non-medical members. But that idea was knocked on the head very firmly by a German psychiatrist Hanscarl Leuner, who was still working on LSD up to the time of his death which occurred about 5 years ago. He wouldn't have it. Anyway at the first meeting I suggested the term psycholytic agent and that was adopted and was used I think in European Literature and still is used. I think it's the best term – because it means 'mind loosening' which I think is a blanket term covering what LSD does.

**Did you ever meet up with the Humphrey, Smythies, Hoffer group in Saskatchewan. There was a real industry going on there on the issue of transmethylation and what implications LSD might have for the physiological basis for psychosis. Did this thinking influence you at all?**

No I can't say it did. I really had to stick to my last. Although I am a physiologist, my clinical training nevertheless was in psychiatry and I didn't feel those ideas were particularly helpful. I thought that we had to look on this as a psychological phenomenon. We did in the early days do a lot of physiological measurements. When patients complained of the heat, we had skin thermometers to see if there was any actual heat – and we found there was none. So it was purely subjective – things like that.

**This line of thinking – on one hand you had LSD looking like in some senses it mimicked schizophrenia and then you had Hoffer talking about a mechanism by which LSD might work and a mechanism that might link it to schizophrenia. It did give apparent scientific depth to the whole enterprise. This was a bandwagon that very senior people in the field jumped on - Seymour Kety, Linus Pauling etc. We can't ignore the fact the Nobellists were endorsing this line of work.**

Of course but the explanation that they wanted to pursue had to do with brain chemistry. They were thinking that LSD in some way affected brain chemistry

in such a way that it was similar to what happened in schizophrenia. I have grave doubts about that and still have. I suppose, as a good Jungian, I look at psychosis in the way that Jung did, who saw that this was not merely an upsurge of very primitive archetypal unconscious material but the failure of ego defences and the reality principle of the patient to deal with it.

I think that is why one or two patients who took LSD couldn't manage the material and went certainly into a period of temporary psychosis. In fact you could regard every LSD experience if you like as a temporary psychosis. But then what's psychosis? So that was my thinking and I wasn't really influenced by the brain chemists or the physiologists I'm afraid.

**The other term was Hallucinogen. How did that come about?**

Well that again lined LSD up with the generic hallucinogens as a group, which includes of course the psilocybins and other psychoactive drugs of that kind. But LSD doesn't always produce hallucinations so again it's not an universal term. I think it is an unfortunate term to introduce to patients who think – am I going to be hallucinating?

**When was the first hint clinically on the ground that there may be some problems for some patients? As far as I can make out for instance the term “flashback” only appears in the late 1960s. Horowitz may have coined it but I'm not sure whether he just picked up a word that was in use but he's the first one that put it in print and that was in 68/69. Cohen does classify adverse reactions in 1964 but doesn't use the term flashback.**

Yes the term “flashback” does occur in the RMPA conference but in a different context. What the speaker said was “well taking LSD is a bit like a film say of the war, when you are seeing something happening in 1950 and then you get a flashback to world war one and you see people in the trenches”. So he used it in the context of something that was going on at the time. I never heard it used as a term to describe after-experiences. Of course flashbacks got blown up with the recent LSD legal action, really out of all proportion. Everybody jumped on that bandwagon and it was easy to say, “I've got flashbacks”.

But certainly there were patients who had “flashbacks” – recounts of an LSD-like experience. I had one myself. I took LSD one Sunday, and one of the things happened was this. I had a tape recorder running and suddenly I thought I can't operate this - it was invented long after my time. Anyway the day came to an end and I was okay. The following day I had an outpatient clinic and right in the middle of that I was writing a prescription for somebody and I suddenly thought – “I don't know how to do this, pens and papers haven't been invented”. It only lasted a few seconds but that's the sort of flashbacks that you get. Patients described flashbacks going on for maybe a week or two, and very rarely I think we had two patients who a year later did describe what would now be called a flashback. But whether they went on for years and years I have really no idea. I suspect that a great many of the people who felt that were motivated by other matters or were hysterical

personalities or really just people who just felt a need to keep a hold on the LSD experience. I can't say more than that.

**When did you begin to say to people there might for a few weeks be some after effects?**

I think from fairly early on, because I'd had that experience the following day, so we knew that could occur. So we did warn people that they might have something happening. We said at first it may be for a few days but we always said give us a ring if you're worried and they did occasionally - not many.

**Somewhere around 1962, people like Ken Rawnsley in this country became critics of LSD. What were the objections they voiced?**

I think they were on the whole fairly uninformed objections. I suppose firstly they questioned that it did any good at all. That was high on the agenda. I think there was a great deal of envy and jealousy, which was of course hidden. Fear of psychosis was always just around the corner, and there was a concern that we were turning people into junkies or that we were merely making them into chronic LSD dependents. There was a lot of talk about addiction and whether you got addicted to LSD. I only ever came across one patient who said that he had an overwhelming desire to take LSD again - he said he'd even thought a year after finishing therapy of trying to break in to the LSD Unit and stealing some. But that was the only patient I came across; my assessment was that he really needed a bit more therapy. Curiously enough he was a GP, so he knew a little bit about drugs. I think there was a wide-spread anxiety that we were a sort of loose cannon - that here was something they couldn't quite grasp, you couldn't evaluate it, you couldn't do clinical trials on it. It was mercurial, not quite in the order of things, and the purists didn't like it. Looking back I think that's how it was.

**Who else was using it around the country? Sylvia Reid over in Carlton Hayes and Cranston Low**

Yes let's see Palmer was using it. He was in Yorkshire, Ilkley Moor I think. They were using it at Northampton. A whole range of mental hospitals were using LSD to a greater or lesser extent. Some were just dabbling in it, some were established units. There was LSD going on in private practice - Joyce Martin had moved to London where she had a private practice in LSD. She wrote what today is a very dated paper on the treatment of homosexuals with LSD. This was a time when they were regarded as changeable and 'treatable'. Frank Lake, better known for his work with clergy groups, was using LSD extensively in his private practice in Nottingham. He came to Powick often. There was John Hambling, working at the Psychoanalytic Clinic, Canterbury, who wrote a nice paper on his work with LSD. Ronald Markillie in Leeds, that rare bird, a psychoanalyst North of Cambridge, used LSD. Then there was W.E. Hick, of the Psychological Laboratory, Cambridge, conducting psychological tests using LSD; he and I corresponded but I never met him. Both the Society for Psychical Research in London and The Psychophysical Research Unit in Oxford were involved with self-experiments, while Professor Grey Walter, at the Burden Neurological Institute in Bristol, was busy with measuring the effects of LSD on cerebral

function. I am sure there were many other places in the UK using LSD, some of which I never knew about.

### **Joshua Bierer at Marlborough Day Hospital?**

Oh yes Joshua Bierer was using it. Joshua was another man who liked to jump on the bandwagon. I got to know Bierer quite well when I was at Warlingham because TP was very keen that I should go and look at his Day Hospital, and I used to go up there not infrequently and see what was going on at his place. I found him an interesting man. The history of the Marlborough Day Hospital was a bit unfortunate later on, but he ran a pretty good ship at that time. It was all right as long as he was firmly in charge. A number of analysts and group analysts worked there.

LSD was also being used at The Cassel and of course it was being used by Tom Ling at Roffey Park. Roffey Park was between Horsham and Crawley. It was set up as a joint venture between Stafford Cripps and Tom Ling, partly because Stafford Cripps had been a patient of Tom Lings. Cripps was great on this notion that there were lots of square pegs and lots of round holes to try and fit them into but he wanted square holes. So he persuaded Tom Ling to set up, under the Ministry of Pensions, a rehabilitation unit for the misfits of industry. And as a lot of these misfits also had character disorders, or were neurotic in various ways he started using LSD. Tom Ling was assisted by Robinson and John Buckman. Together he and Buckman wrote a book.

Then there was Dr Salter at Warlingham Park who was using LSD. He gave evidence at the trial of Walter Lipmann who was an American accused of killing a prostitute, while they were both under the influence of LSD. At the trial, he disclosed that he had been using LSD on some scale. So it was almost everywhere you looked. Most of the major centres were using LSD. It was being used in Birmingham, in Elkes' unit. Elkes was a very good friend and a tremendous supporter. He was primarily a pharmacologist rather than a psychiatrist but he was a very intelligent man who took to psychiatry like a duck to water. I think he was appointed as the Professor of Psychiatry because he wouldn't be a success, but he confounded them all.

And of course then Mayer-Gross came to Birmingham and he was a supporter of LSD. He was a big supporter. Mayer-Gross arranged that I should attend the WHO working party on Hallucinogenic and Ataractic Drugs.

### **He championed the notion as well that LSD produced a model psychosis, which chlorpromazine would clear up and therefore we should be able to work out what's going on.**

Yes that was his ruling thesis about it. It was an entirely German line of thinking. He was very German in his outlook, a charming man, somebody I liked very much. But even in the 60s he was still writing up his papers in German, so he never forgot his native country. He was a great asset after he retired from Dumfries and came to Birmingham to work with Joel Elkes. So we had first-rate academic support from Birmingham without which we couldn't have managed I think.

**Elkes and Bradley did some of the first work on the physiology of LSD, which has moreover stood the test of time.**

That's perfectly true. It was a great loss to this country when Elkes decided to join the National Institute of Mental Health in the States. But I met him in Boston on one occasion. He seemed to be very happy.

**Do you think he was too colourful to fit into the British system?**

I think he was more at home in America and I think they fell in with his approach more. Yes that's perfectly true I'm sure. I think he always found Birmingham a rather uncomfortable place. Psychiatry in Birmingham had a rather odd history, starting with Graves who was a power in the land. Elkes was actually the first full time Professor of Psychiatry. It had been in the hands of a neurologist before then a chap called Professor Cloak who knew a lot about neurology but not much about psychiatry.

**Elkes later linked up with Stan Grof in Johns Hopkins. Did you meet Grof?**

Yes I met Grof and liked him and his books.

**The Wassons and some of the pioneers of this field worked on the interface between religion and therapy?**

Wasson was a high-powered banker. His wife was a child Psychiatrist and I found it easier to talk with her. But together they went off to Mexico and such places every summer and investigated these rituals with mushrooms. He was very knowledgeable and very intent on his subject. He could quote extracts from Russian experiments and customs from various places around the world. He had studied greatly on the subject, and of course there was that tremendous book which he produced which I'm afraid I could never afford a copy, but rather I wish I had been able to at that time. It cost £100 at the time in the States. It beautifully illustrated all his work with mushrooms and so forth.

Knowledge of Wasson's work was very extensive. I have a tile, which was made for me by the patients in the occupational therapy department at Saduka Hospital, near Prague about 1970, where they were still using LSD. This tile is a relief illustration from his book, so I enquired as to how this was. They said oh yes they had read Wasson's work – they actually had a copy of his book there, and were interested in it. Of course they had also used psilocybin. I used psilocybin for a time but I never found it a very effective therapeutic agent.

I was certainly taken with the notion that the magic mushrooms, the so-called hallucinogenic mushroom, was administered by the shaman or the priest or the medicine man and there had to be a ritual. The mushrooms had to be gathered at a certain time, dried in a certain way, taken in a certain season and eaten in pairs. And in a way I suppose in our Western way we had introduced that into the LSD unit. There was a ritual, the patient arrived, they were received, they had their LSD and so it went on.

**This Food of the Gods or magic mushrooms line of thinking for me at least, as a young Irish Catholic at that point in time, introduced another dimension which John Allegro's version in the mid-1960s made sinister when he said Christianity was nothing more than a magic mushroom cult. It was one thing to say that Magic mushrooms led to shamanism in Aztec Mexico but a completely different thing to say that all the major religions come about by this means. Was Allegro's book the first hallucinogenic challenge to the major religious order or were earlier ones?**

There was a Psychiatrist from New York called Walter Pahnke who came to Powick, who had done some work with religious people and wrote it up. They were trainees at a seminary and he gave half of them LSD and the other half not and they all went off to communion and recorded their experiences afterwards. I think he wanted to know whether any of their experiences under LSD were in line with their religious thinking.

But of course they were, because as William Sargant once said "the chemist sees benzene rings, the religious sees his religious hallucinations and the banker sees pound notes", and so on, according to their mental set and training. That was the first intimation I had that there might be some connection. But I never heard it really propounded that magic mushrooms gave rise to Christianity. Leary of course was interested in the religious dimension of LSD.

**Yes but that was another version again – LSD gave us shamanism, then Christianity and finally a new 20<sup>th</sup> Century religion.**

Yes that's right, but so many movements were coming out of the States at that time, particularly California. The hippy movement, encounter groups and so on. I think they wound the Catholic Church up too.

**The Catholic Church got worried by an awful lot of things**

I'm sure you're right, yes. Yes I always felt that the Catholic Church really should have had more confidence in itself after 2000 years of history. But nevertheless I can see the Catholic point of view.

**Aside from religion there is another dimension to the LSD story, which is its links to the CIA, Sidney Gottlieb and the MKULTRA project.**

Of course this was taken up by the British Army also at Porton Down. I was never in on it – I just heard the gossip.

**Did it play a part in discrediting LSD in the 60's because it was becoming clear that certain psychiatrists like Paul Hoch and certainly Ewan Cameron in McGill had been doing various things at the behest of the CIA, and as a result everybody became wary about scientific work in this area. It did help produce a situation where it was difficult to know if material that appeared was in fact what it appeared to be**

Yes but whether it was wary in the period that I'm thinking about which is 63/64 when most people in this country were giving up LSD, primarily because of massive street use. There was a little paragraph in the Times, from 1 January 1965, which said that 4 million Americans had taken LSD

during the previous year. With those sort of statistics, and given that it was becoming used on the street in this country, people became concerned. I think it was in 1965 I remember attending a country carnival of which there was a psychedelic float, and people were talking about LSD then.

**How did you react to that? Did you think it was a good thing or a bad thing?**

I'd given up LSD anyway at that point but I was getting unhappy about the way things were going particularly with the Leary-Hollingshead axis in the States and the proselytising for LSD – 'turn on the world'. Even people like Betty Eisner were saying everybody should have it. This was entirely contrary to anything that I believed in. So I was getting uneasy about it certainly by '62, '63 and also as I've explained in my book I'd worked for 12 years with LSD and it was very intensive work. I needed the change.

I'm not the sort of person to stay in one place for the rest of my life. I felt I needed to move on and that's why I started looking around. I applied for this job in Southampton and I was lucky enough to be appointed.

I did use LSD once or twice in Southampton but I saw no prospects of starting a unit and it was against my principles to give it as an isolated thing. So I stopped. LSD went on in Powick, while Spencer was still there.

The years at Powick were significant for my later career. I had achieved an international reputation, which was tied to the use of LSD, but LSD therapy was being squeezed out of existence by external pressures. Southampton gave me the ideal soil for cultivating a psychotherapeutic milieu. I did this with the creation of the Day Hospital as a therapeutic community, with the creation of the Wessex Psychotherapy Society, with involvement in the teaching programme of the new medical school and the University, and with the development of group-analysis in the area.

Characteristically, I have tended to create something new and then to move on. Southampton was no exception. Following a 'chance' meeting with Professor Malcolm Millar of Aberdeen I moved North to work in both Shetland and Aberdeen for several years. Millar retired and I wanted to return to mainstream psychotherapy, so that took me to London for the remainder of my professional career, until I moved here ten years ago. My professional work is still psychotherapeutic, and largely concerned with working with the profession most closely linked to our own, namely, the priesthood. One of the patients once wrote, 'I think LSD was a wonderful opportunity and I would not have missed it for anything'. I believe that also reflects my own view of the 'Powick years'.

**The reaction to LSD leading to it being banned in the US and many European countries. Why did that happen?**

Oh I think it was probably a multi-faceted reaction to all sorts of things that were happening of which the street use was an important part but not the only one by any means. I think what was happening to Leary and his associates and a few other people not just in the States but in one or two other countries

was alarming people. Sandoz who prided themselves on their ethical position stopped making it. I think Spencer and others got it from Brocades later. Brocades were making it on license from Sandoz. The other thing was that the patent ran out in 1965, which meant that anybody could make it. It might have been earlier than '65 but certainly the patent ran out. It's easy to make and the gates were wide open then.

**Do you think there had to be the backlash that there was? Did it have to be proscribed in the way it was?**

I think the way that society was going it was inevitable. You see when we first wrote those papers, I was still going on the old principle that when you wrote a paper for a scientific journal it stayed within a small elite group of professionals. What happened though was that I had a man from The News Chronicle on my doorstep - that was unheard of. They'd taken very little interest in psychiatry before then. So this whole culture of communication and exchange and the notion that everybody can have everything, which was being promoted politically, socially and in all sorts of ways, post-War, I think that made it inevitable that it would be banned. It couldn't have been stopped, I'm sure. When social movements like that take off, you just have to live with them. It was no longer possible to keep it in the professional preserve. Some people did succeed as Spencer found at Powick and Hanscarl Leuner in Germany who was using it up until the mid '90s. The Dutch were using it but although they are in the middle of Europe there is something very isolated and special about Dutch culture. It has a very powerful Protestant ethos. There were also some very courageous people; a man called Arensen Heim worked in prisons using LSD until I think he got himself into some trouble with the authorities. I'm not sure he wrote any papers about this but he certainly spoke about it.

**Were there countries where it never really got used?**

Well it was used in France to a very limited extent in Paris. It was used very little in Spain, although on the other hand in Spanish America these agents were used a lot. They latched onto it and wrote some very good papers with large series of patients. It wasn't used in any of the Iron Curtain countries except for its use in Czechoslovakia before the Russian invasion of 1968.

**Why do you suppose it was so unused in the Eastern bloc?**

It's interesting because you see Russian Psychiatry was still at that time dominated by Pavlov and it still is to some extent although they are getting interested in group dynamics and there is some group work going on in St Petersburg and Moscow now. It's of interest because the Russians after all grow hallucinogenic mushrooms extensively but they never thought anything of LSD. But you see the psychoanalytic movement was not approved of in Russia. I think anything to do with the mind as such was not approved of - behaviour or performance was everything.

**Let's take you back to the US. After LSD was banned another group of people began to come on stream. One of these was Alexander Shulgin, a Californian who reinvented Ecstasy, who very much like you used**

**drugs from the LSD and Ecstasy group for therapeutic purposes. Did you have any contact with him?**

No I didn't. There is still a group in California who would like to use LSD and other agents again. Hofmann himself was very active up to his mid '80s. He was invited over for the 50<sup>th</sup> anniversary of LSD to California, which was in 1997, but he didn't go because he said he felt he couldn't travel so far. But he did attend a small conference, mostly attended by Americans in Switzerland which I think was held about two years later, around his 90<sup>th</sup> birthday. I corresponded with him up to 10 years ago but I haven't corresponded recently.

An organisation called the Hofmann Foundation was set up over there with great hopes about 10 or 15 years ago but it's never had any funds so it's a bit of a dead duck in many ways, although it revives from time to time. I am on the consultant staff but I don't think I'm going to be called on to do anything really active.

**How much did LSD contribute to antipsychiatry - the Laingian notion that psychosis was a journey and we don't really want to treat these people - a variation on the Jungian theme?**

I think Laing was something different. He was regarded in academic circles as being the way forward. I remember going to a conference of academics once and somebody asked a question, "Who in 50 years time will be most remembered?" and people were saying well surely it's got to be Laing. Laing I think has never been discredited but I don't think there are many people now who think in this existential sort of way. There were attempts in mainstream psychiatry to put some of his ideas into practice in terms of ward management but they nearly all came a cropper. Dennis Scott was one who tried to do it at St Albans but he got into terrible trouble with the authorities. There was a Psychiatrist who ran the Paddington Day Hospital whose unusual clinical methods led to a famous enquiry, which nearly resulted in the whole of the Paddington Centre for Psychotherapy having to close down.

Those sort of cases turned people off. We were trying to work with mainstream psychiatry, whereas I think Laing was trying to demolish it.

While, I am at heart a psychotherapist, I was in fact an early user of Largactil also, and some of the original trials on thioridazine were carried out under my direction at Powick. We also worked with haloperidol. Today I doubt whether it is possible to be a psychiatrist without recourse to this group of drugs. However, where psycholytic agents promote mental images, fantasies and memories, the bulk of psychoactive drugs used in psychiatry today dampen or deaden fantasy material, inappropriate emotional responses and other psychotic manifestations.

But I think it is worthwhile to make the distinction between what I was trying to do and the effects of psychopharmacotherapy as understood by the majority of psychiatrists. LSD, by intensifying the mental experience of the patient correspondingly heightened the whole doctor-patient interaction. The result was an intensification of the transference, a deep rapport between the

patient's inner life and the therapist, and a joint participation between doctor and patient in the process as it changed and developed. Those therapists who work with psychotic patients are doing much the same thing; but their problem lies with the transference, which suffers from the poor ego strength of the patient. I know that psychiatrists, in practice, cannot avoid using antipsychotic drugs, but to do so distances the doctor from the patient, and the psychotherapeutic element is absent. Sakel intended that his deep insulin therapy should be an adjunct to psychotherapy, and the phenomenally high cure rates in his first series of patients in Vienna may have owed something to this, but the psychotherapy bit never happened elsewhere. In a similar way, Klaesi intended sleep therapy to be a means of opening up the patient to further treatment.

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