Supporting the Patient

This description of the nursing responsibilities in LSD therapy— preparing the patient and creating an optimistic, therapeutic climate—confirms current professional opinion on appropriate use of the mind-expanding drugs. A review of the medical literature about these controversial agents follows this article.

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No role is so welcomed on our psychiatric unit as that of "sitting" with a patient during LSD therapy (d-lysergic acid diethylamide). This indicates that the treatment has value because nurses tend to like whatever gives them satisfaction. The psychiatric nurse appreciates a situation which provides an opportunity for her to form constructive personal relationships with her patient. She likes to be involved in treatments which give her patient the most benefit with the least mental or physical discomfort, and she enjoys seeing results from her work. Anyone who has watched LSD properly used knows LSD is rewarding in all these areas.

It is not the purpose of this article to advance arguments for or against this controversial drug. Ours is a research hospital where LSD is cautiously prescribed and studied during its therapeutic use. Although it is used here chiefly for alcoholic patients, there are others who derive benefit from it. It is never administered without the patient's active consent. Many alcoholic patients request LSD because they have heard or read of it, or have had previous treatments. They are tested physically and psychologically, and oriented to the treatment by a psychiatrist.

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Where possible we allow the patient his choice of nurse to sit with him during the experience. A patient under LSD is often very sensitive. He can easily suffer a sense of rejection or become suspicious. He requires expert guidance from an understanding companion. Also, he is apt to uncover deep emotional problems which can be endured better in the company of someone with whom he feels at ease. A patient under LSD is never left alone for an instant because a world of fear, anxiety, and unreality could beset the solitary individual.

The nurse he has chosen tries to spend considerable time with her patient the day before treatment. She encourages him to discuss the problems he hopes to solve and to ask questions about his fears or doubts. The patient for whom LSD is prescribed almost invariably is rational and able to express himself clearly. Even so, it is difficult to explain the drug's action to the uninitiated. For one thing, we cannot anticipate LSD's precise effect because this differs with each individual.

However, we can predict that LSD may expand his concept of space and time, enable him to scan his life, and perhaps to concentrate on forgotten events and see them in new perspective. LSD may intensify past experiences and bring new meaning to his relationships with other people. We can warn him that he may become depressed, suspicious, and even suicidal, that he may behold vast beauty and color, or ugliness, horror, and despair. We can suggest that he may reach the root of the problem which has caused his drinking—that he may even be able to plan his future with fresh insight and a new sense of proportion. Often, because he already knows where his problems lie, he asks the nurse to focus his attention on this area. Frequently he expects LSD will allow him to step *outside* himself and view himself objectively. Sometimes this happens.

In the preliminary period and during treatment, most patients require considerable reassurance. Some are afraid of the unknown; some are afraid of themselves. One patient was very tense because he thought he would become violently hostile under LSD, as he did when drunk. On the contrary, after LSD took effect, he lay on his bed weeping because his father hadn't shown him affection as a child. The nurse should assure her patient that she will be with him constantly, that his physician will be with him as much as is necessary, and that the drug, which is given in the morning, will wear off at about 4:00.

Because LSD offers a unique opportunity to the adventurous, some people are more excited than apprehensive. Since John Glenn orbited the universe, it is easier to orient a patient to LSD treatment. The two concepts are similar in that an astronaut conquers outer space, while recipients of the "mind-manifester" try the limits of inner space.

"You are off on a trip," I have told them, "with no baggage, no destination, and no compass. That's why I'm here. I can't go with you, but I can be your anchor. Wherever you go, you'll always be able to see me. I'll be the nurse who sits beside your bed, taking notes and playing your records. You'll never lose touch with me. Seeing me, you'll know you are really in hospital and that you'll be back to earth about four o'clock. I will send you signals, too, to encourage your explorations. I will remind you of places you longed to revisit and events you hoped to scan."

Other preparations include choosing music and borrowing the records requested by the patient. We introduce the nurse who will relieve us for our coffee and dinner breaks. If she is not available the previous day, she

on LSD Day

meets the patient in the morning before he takes the drug, because he should know, so far as possible, what to expect. After LSD takes effect, strangers or unforeseen events can be very disconcerting. Showing keen interest in "tomorrow," we say good night with promises of enthusiastic cooperation. This is remarkably easy. The nurse's chief difficulty lies in curbing her own excitement enough to get a good night's sleep.

The nurse-patient relationship during LSD treatment is, I suspect, like that between partners on a mountain-climbing team—warm, cooperative, intimate, and yet objective. This highly motivated partnership is welcome because it does not resemble the sticky, emotional "involvements" that psychiatric nurses must shun. This is a team going someplace!

"Concentrate on your patient," I tell student nurses who are preparing to "sit." "Don't let your mind leave him for a second, all day long. Above all, relax. You are his security. Tension in you will create tensions in him that will set up blockades against the drug and cause him hideous experiences which won't be useful to him. *Concentrate* and *relax.*"

"But," one student complained, "I don't understand. If I'm to concentrate so hard, how can I possibly relax? The two contradict each other!"

I was glad she had presented this puzzle. To explain the treatment to someone who had never experienced it, I fell back on the drama.

Luckily, this student had acted.

"It's that kind of relaxation," I explained. "You know your role, you're all concentration. In reality you are tense, keyed up, every nerve on edge. But the moment you step on stage, you relax by forgetting yourself entirely and concentrating your whole attention outside of yourself. Throughout the LSD treatment, all that nervous energy must flow to your patient. At four o'clock you'll be completely exhausted but wildly exultant—then you'll realize that you were relaxed. There are few satisfactions to equal completing a whole day with an LSD patient. It's like coming off stage after a good performance!"

On the morning of the treatment, the nurse makes sure that her patient is washed, dressed, shaved, and in a quiet single room. His bed is made and the stands left tidy. If possible we add a bouquet of flowers because the LSD patient should be surrounded by calm and beauty. He has only coffee for breakfast as nausea and vomiting sometimes occur. They are the only side effects of LSD which we have encountered. The nurse suffers none of the apprehensions of nurses caring for patients who receive electric shock or insulin therapy. There will be no change in vital signs, no seizures, no alarming developments whatsoever. Supplies include an emesis basin, box of tissues, record player, and the patient's choice of records, paper, pencils, and a clipboard. The patient understands that his nurse will note any important things he says or any emotional changes he shows which may be of use to him and his doctor.

These preparations are completed by 8:30 or 9:00 A.M. Then the doctor administers the LSD, a liquid, orally in water. Dosage ranges from 100 to 400 micrograms. After the patient drinks the medicine, doctor and nurse wish him luck. Usually the physician leaves the room until the drug has begun to take effect in about 30-45 minutes. Patient and nurse are off on their adventure. Sometimes they start the music. Sometimes they just chat.

Presently the patient may forget to answer a question or say that he feels "different" or "a bit apprehensive." Time and remark are noted. Whether he lies quietly, sits up, talks ceaselessly, laughs, weeps, tries to disguise his feelings, or is unbelievably honest —whatever happens the nurse records his moods. She answers when he speaks and talks to him if she feels his silence is not constructive. The day goes very rapidly for her, though it can seem endless to the patient, who may have temporarily lost his sense of time. One must rely heavily on intuition, for like the schizophrenic person, a patient under LSD can be extremely reticent or may communicate in a very distorted fashion.

Yet the nurse develops a feeling that this LSD experience is a "good one" or not. When the doctor participates extensively it is easier to judge, because then the nurse can observe and see better the direction the experience is taking. When she emerges for lunch, she invariably is asked, "How is it?" "Is it a good one?" This is the other ward staff's only chance to hear news of the patient because no one enters the room unless so arranged by patient and doctor.

Recently at noon a student came out of an LSD treatment room so tired her knees were buckling.

"I've been concentrating so *hard!* I don't know how I'll live 'til the end of the day!"

At four o'clock she was both weary and exultant. It had been a "good" LSD. Next day her patient said the nurse was "an angel to me all day."

This appreciation is probably one reason we like to "sit." We forget self, we drain our mental reserves, we empathize until we wonder who is having the LSD, the patient or the nurse; we go home dizzy with fatigue but happy, and the next day the patient tells his friends that he couldn't have gone through it without his nurse.

LSD is a direct route to establishing relationships with patients. One comes closer to depths of human understanding and emotion than one has ever been. Once I watched an LSD

patient's basic personality problem iron itself out before my eyes with a magic unknown except in fairy tales. Because of this unique relationship between patient and nurse, we often spend part of the evening discussing the day's events with the patient after LSD has worn off. A nurse who was not present could not be as helpful. I have worked 14 hours at a stretch with an LSD treatment, and felt the time well spent.

It is not surprising that unimaginative thinkers have reservations about LSD. Not only does it lead man's mind into realms of time and space where people have always hesitated to go, but LSD forms ties which must seem "superstitious" to those who have not seen the drug in use.

These ties that we speak of with regard to LSD are fairly well understood by our nursing personnel. We accept the idea that we can "feel" our way through the treatment and that we can "feel" the effect LSD is having on the patient. We agree that a patient must choose his nurse; and that a nurse must be free to sit, or refuse to sit with him. This whole area, like drama, requires intuitive creativity. After several exposures to it, one's sensitivity becomes almost uncanny. Practically any nurse on the ward can anticipate which nurse will want to sit with the next LSD and find that she has guessed correctly. Not uncommonly, a nurse explains that because she just sat with an LSD, she must rebuild her energy before she sits with another. Or she may say, "I'm saving myself for Mrs. Jay. If I sat now, I'd be depleted."

Superstition or another step toward enlightenment? We don't know. We do know that we find our part in LSD therapy rewarding and we gladly work with this latest adjunct to psychiatric therapy. Our graduate nurses describe their position in LSD therapy to be that of "a companion, an anchor, a guide, someone to give the patient reassurance, to focus his attention on his problems, to keep him in touch with reality, to work through his emotional traumas with him and give him understanding."

No nurse implies that her role is merely to observe the patient and take notes. And no one suggests calling the nurse "a believer." Those of us who work closely with this controversial drug never sit down and ask ourselves whether we believe in it or not. If we are going to use it at all, we want to use it skillfully and with the greatest possible benefit to the patient. In that direction all our energy is concentrated.

CONSCIOUSNESS EXPANDERS

Therapeutic Aids or Mind Distorters?

Controversy regarding the use and misuse of drugs is as old as medicine itself. The practicing nurse must know the nature, source, action, dosage, and side effects of any medication which she administers. About investigational drugs, given by physicians for research purposes, she should learn the facts so that she may respond intelligently to the familiar cry, "You're a nurse . . . you should know!"

About that highly disputed group of chemicals, the so-called psychotomimetics, which includes mescaline, psilocybin, and LSD-25 (d-lysergic acid diethylamide), the present medical literature reveals growing indications that these preparations *may* offer hope as *aids* to psychotherapy for guiding behavior in healthier directions. But the literature also emphasizes that if LSD, mescaline, or psilocybin is given without thorough psychiatric and medical preparation of the patient, they may do him great harm.

So-called "mind-expanding" drugs are not new. References to mescal, derived from a species of Mexican mushroom, appear as far back as 1896(1). Peyote, obtained from a Mexican cactus and now classified by the Federal Food, Drug, and Cosmetic Act as "habit-forming," was chewed by many western American Indians in a vision-quest whose purpose was a breakthrough into experiences not available through man's five senses(2). LSD is a laboratory-perfected substance first taken self-experimentally by Albert Hofmann in 1943(3). He described the whole group as aids which "enable the patient to attain self-awareness and gain insight into his disease." (3)

Investigators now generally agree that "subjective effects of mescaline, LSD-25, and psilocybin are similar, equivalent, or indistinguishable."(3) Their effects last from 8 to 12 hours; all three apparently disappear from the brain about when the first psychic phenomena occur, in 30 to 50 minutes; individuals who become tolerant, or resistant, to one drug, are usually resistant to the other two. Precisely how mescaline, LSD, and psilocybin expand consciousness is not known. Probably they share "some common biochemical or physiological mechanism" which initiates events commencing as the drugs leave the brain(3).

What are these mental and emotional changes which have sparked such fire in the public press? Why label LSD "psychotogenic," or "hallucinogenic," and describe its effects as diabolic, divine, even magical?

The gamut of responses which always occurs, regardless of which