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DATE: February 10, 1963

Interim report on Research project: An Investigation to Determine Therapeutic Effectiveness of LSD-25 and Psilocybin on Hospitalized Severely Emotionally Disturbed Children.

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Period of Report: 4-1-62 to 12-31-62.

(A) Type of patient treated and type of patient showing most positive response:

We have given treatment to 12 patients. They have ranged in age from 4 years, 10 months to 12 years, 11 months. The average age is 9 years, 10 months. All patients are severely emotionally disturbed and are considered variants of childhood schizophrenia and infantile autism. Nine Children are considered to be childhood schizophrenics, one case of symbiotic, infantile psychosis and one case of manic-depressive psychosis. The Period of time from which the illness has been dated varies from birth to 5 years with the average being 2 years. Thus, the length of time the children have been ill varies from 1 year, 4 months to 12 years, 11 months, with an average of 7 years, 6 months.

We have found that the patients who have responded best to the treatment are those who:

have speech;

are more schizophrenic than autistic;

older (10 to 12 yrs.);

exhibit more blatant psychotic symptomatology e.g., those patients respond better who are more actively psychotic in terms of (a) hallucinating, (b) having emotional outbursts, (c) extreme negativism; (d) aggressive acting out; (e) self destructive; (f) rage reactions; as opposed to those patients who are withdrawn, encapsulated and indulge in stereotyped, perseverative behavior.

(B) Dosage

The accompanying charts show the dosages used for each patient. As of 12-31-62, a total of 58 treatment sessions were done. The number of sessions per patient ranged from one to eleven. The dosage and combination of drugs were as follows:

(a) LSD used alone (36 sessions)

Dosage range from 50 gamma to 400 gamma with the usual dosage 200 to 300 gamma.

(b) Psilocybin used alone (11 sessions)

Dosage range from 10 mg. to 20 mg. with the usual dosage 14-16 mg.

(c) LSD and Psilocybin used together (11 sessions)

Dosage range from 100 gamma LSD plus 10 mg. Psilocybin to 300 gamma LSD plus 10 mg. Psilocybin. Usual dosage 10 mg. Psilocybin plus 200 gamma LSD.

(d) Librium and Methedrine were used as pre-treatment medication in 10 sessions with the dosage being 5 mg. Methedrine plus 10 mg. Librium.

As we gained more experience with the drug and with each patient's response, we were able to estimate more accurately, the necessary dosage for an effective therapeutic experience. In addition, some patients seem to be able to work effectively with Psilocybin alone and for some patients it does not seem to be effective in breaking the psychotic defense structure. As a general rule, we are now using considerable larger dosages than we did when we started. It is our feeling at this time that it is generally most advantageous to use the following dosage for this type of patient:

(a) Pre-treatment medication of 10 mg. Librium; (b) 20-30 minutes later, 10 to 15 mg. of Psilocybin; (c) 20 minutes later, 250-300 gamma LSD. This medication regime has proved most successful to date. (It might be mentioned parenthetically, that each child is given three grains of dilantin the night before the treatment as we have had two experiences with seizures developing during treatment).

It will be noted from the accompanying medication charts that we have tried giving additional amounts of the drug during the session itself. This "boosting" has been done: (a) when the patient seemed to be caught up in a problem area which he could not break through; (b) when the patient kept defending himself from new experiences; (c) when the patient increased his defensive, stereotyped behavior and the psychotic controls became intensified. Our experience with boosting has not been encouraging, although on occasion, it has been effective and at this time we have not given up the practice. It should be noted that when we have boosted, we have done so with relatively small amounts, e.g., ranging from 25 gamma to 100 gamma. Most likely this is an insufficient amount.

(C) Frequency of treatment:

It soon became apparent that more frequent treatments were needed than we were able to give with the patient load we were carrying. With treating 12 children, the usual time interval between sessions was one month although we did give some patients more frequent sessions. We observed that the longer the time interval between sessions the more difficult it was for the patient to give up his defense structure and more resistance was exhibited in the initial phase of the treatment. We felt that the best time interval was about 14 days.

(D) New treatment program as of 1-1-63

Beginning 1-1-63, a new treatment regimen was established. The five patients felt to have shown the most positive response to the drug (Patients # 1,2,5,7, & 10) were chosen for more intensive treatment. (Patient #6 has shown such positive response to the treatment that she is now attending public school during the day and lives at the hospital the rest of the time. She was not included for the intensive work because she did not require it and it would interfere with her school work). In addition, another patient was added to this group, not because he showed such good improvement to the treatment, but because he has been one of the most drug resistant subjects ever encountered in the investigators' experience. As we are able to do three treatment sessions per week, each of these 6 patients will have a treatment every two weeks. The patient will have the same staff members work with him for each session (at present, we have 3 male and 3 female therapists). With this program each patient will have a consistent treatment schedule, and a more intensive treatment schedule. This will also allow us to explore more fully dosage requirements for each patient.

(E) Rationale and effective treatment technique:

The working hypothesis of this study is that the psychosis is a massive defensive structure in the service of protecting and defending the patient against his feeling and effectual states. The experiences that have produced such painful and frightening affect have been repressed and the feelings produced by such traumas have been denied. Consequently, the individual has built a massive control system wherein all experience is denied and he exists in an isolated, unfeeling condition which renders him helpless and incapacitated. The psychedelic drugs have the potential of breaking this psychotic control which then allows the individual to re-experience his trauma and to again experience his feelings. This phenomena has been amply proven with our work with these severely disturbed children, wherein they return to traumatic experiences and re-live and re-experience them. By working through these painful episodes the patient is then able to rid himself of the horror of them, to reevaluate their significance and be freed of the psychic effects of their repression. This process has been repeatedly observed in our psychotic children. The transcendental experience, often described in the literature, has occurred with 4 of our children. It might be added that we were very surprised to see this experience occur in such disturbed and young children.

The treatment approach used is that described by Blewitt and Chwelos in their book "Handbook for the Therapeutic use of LSD-25". This is the technique developed by the Saskatchewan Group on Schizophrenia and adopted by other workers (e.g. MacLean, MacDonald, Byrne, & Hubbard, Quart. J. Stud. Alcoh., 1961; Sherwood, Stolaroff & Harman, U. Neuropsychiatric., 1961; Chwelos, Blewett, Smith & Hoffer, Quart. J. Stud. Alcoh., 1959). Very briefly, this technique involves the use of a minimum of two therapists (one female and one male) for a period of 7 to 10 hours in which a variety of stimuli (music, flowers, pictures, food, etc.) are employed for therapeutic purposes. Only those individuals who have had thorough acquaintance with the phenomena of the drug through personal experience are adequate as therapists in the sessions.

We have had to employ additional techniques as we have gained experience with our children. Primarily, we are much more active with them than with the normal neurotic or disturbed adult. We are much more active in bringing in material to the patient that we know he has trouble in dealing with. We are much more active in interpretation to the patient in terms of what he is doing and the operation of his defensive system. We are much more active in playing the role of his father, mother and other important figures in his life. We feel that the therapist must be much more active in the treatment than that described in the work of the Saskatchewan group. We have also learned that it is important to abort the defensive maneuvers of the patient. For example, if the patient tried to rid himself of mounting tension and anxiety by motor activity, we abort this unproductive release of anxiety and do not allow its expression. We will hold the patient very firmly and not let him move. If he tries to handle anxiety by repeating questions to give him his "reality contact" we refuse to talk to him. If he tries to handle anxiety by compulsive movements and activities, we again restrain the patient. In this way, the anxiety and tension builds so that its eruption is to a new level of awareness or consciousness.

(F) Patients Progress Report

Patient #1. Female. Age 11 years, 3 months (11 sessions)

This patient is considerably improved. When treatment began she was in a complete bed camisole restraint because she was so self destructive that she would fatally harm herself. She was incontinent and would not eat. She indulges in perseverative and stereotyped behavior and seldom spoke. Extreme range reactions were common. She was a very difficult management problem. At this time the patient is never in restraint and has not been in restraint for several months. She goes about the ward and yard and is seldom self-destructive. She eats well and takes care of her toilet needs. She can carry on a conversation when she wants to. She has been recently making home visits and now attends hospital school in the mornings.

Patient #2. Male. Age 10 years, 10 months (9 sessions)

This patient is much improved. When treatment began, this boy lived in a world of bugs i.e., he would only look at, touch and deal with small insects. His entire waking period revolved around bugs. He did not like people to touch him and he was very isolated. At this time he has given up preoccupation with bugs and no longer spends his time with them. He is more sociable and likes to watch TV. He attends hospital school in the mornings. He has developed good relationships with the LSD Treatment Staff and has been taken out over night with them and has done remarkably well at these times. During the past two months the patient has had a physical growth spurt.

Patient #3. Male. Age 10 years (8 sessions)

This boy is very encapsulated. He is seldom in contact with reality. He repeats stereotyped phrases and indulges in perseverative posturing. The only improvement noticed is that he now relates to people in the sense that he will look at their faces and make some statements occasionally whereas previous to treatment he only looked up peoples' coat sleeves. This boy is very drug resistant and has taken as much as 400 gamma LSD to break his defensive psychotic structure. We have noticed little change in him although he has less outbursts of anger than previously. However the parents say that since his treatment began they have noticed remarkable changes and are very pleased with his progress. He now has home visits and stays over night on his visits, the parents relating they are able to keep him because of his improvement.

Patient #4. Female. Age 7 years (1 session)

This is a non-verbal severely autistic child. This patient had only one session and during the third hour of that session became nauseated, vomited and became slightly cyanotic. In the fourth hour a right side focal seizure occurred followed by a number of grand mal seizures. A few days following the session the patient was much more responsive, friendly and playful than ever before. This behavior lasted some two weeks which was followed by her usual autistic behavior. She has not been given further LSD because of the seizures. An EEG revealed generalized paroxysmal dysrhythmia during arousal periods.

Patient #5. Male. Age 9 years, 6 months (6 sessions)

This little boy has made very good improvement. Before treatment, he was withdrawn and isolated and did not relate at all. When frustrated or thwarted, he would have outbursts of anger, usually directed towards smaller patients. He resembled a catatonic with periods of excited catatonic rage reactions. This boy is now quite friendly and responsive to the LSD staff; he wants to be near them and to relate to them. Rage reactions have virtually disappeared. He no longer gets huddled up in a corner but is more about the ward and does relate – especially towards one boy.

He goes to hospital school during the mornings now. The parents have made repeated comments about the remarkable changes in this boy. They are very pleased with his progress since treatment. He is now taken home during every weekend.

Patient #6. Female. Age 12 years, 11 months (3 sessions)

This patient is much improved. This girl had previously been a difficult management problem in that she was very demanding and very explosive. She had rage reactions and was very destructive. She was untidy and constantly stealing and trying to steal food from other patients. She is obese. She is now quite friendly and quite

cooperative. She attends public school during the day and lives at the hospital during the night. She has made good improvement in school work and has done well.

Patient #7. Female Age 12 years, 6 months (5 sessions)

This girl has made good improvement. The patient was quite withdrawn and isolated. She carried a transistor radio and listened to it during the complete day. She was irritable when bothered by other patients (she is quite blind, suffering from retro-lental fibroplasia). When she did talk the verbalizations were profuse and completely schizophrenic. She took the part of the various people and changed her voice to the various characters she was playing. Her symptomatology was blatantly schizophrenic. This patient is now much more in contact with reality and recently has shown an intense desire to communicate and relate to people. She will be seen trying to carry on a conversation with a severely withdrawn child. She no longer wants her radio and stated that she doesn't need it any longer. She also attends hospital school on half-day sessions. She no longer demonstrates the confused and blatant symptomatology and now can carry on a fairly decent conversation.

Patient #8. Female. Age 7 years (5 sessions)

This patient showed minimal improvement while on the LSD treatment program. This patient has remained quite anxious and withdrawn. She walks around inspecting parts of her anatomy and frequently looking at herself in the mirror. She remains very compulsive about her clothes. When she was receiving psychedelic therapy she displayed a desire to relate to members of the staff and frequently attempted to lead them to the session room. She often appeared less anxious and compulsive for a day or so after a session. Prior to treatment she indulged in teasing aggressive attacks on other patients. She also seemed to have a large masochistic component as she enjoyed punishment. After a few sessions this behavior ceased but since she has been off the treatment program she now is back to this sadistic-masochistic behavior..

Patient #9. Female. Age 4 years, 10 months (2 sessions)

This patient has shown no improvement. Patient's behavior did not appear to change after two psychedelic treatments. She spends most of her time by herself, moving about actively but not having much to do with other patients aside from occasional bursts of aggression either in defense or attack. She continues to speak only very few words, and to carry a pillowcase with her at all times. This patient was not continued in the treatment chiefly because she cannot communicate well enough.

Patient #10. Female. Age 8-years, 9-months (3 sessions).

This patient has shown some improvement. This patient, after three sessions seems to be less negativistic and demanding and no longer eats inedibles. Her behavior is in general more moderate and she has established since treatment a chum-relationship with another patient who is also in the LSD program. A prolonged illness, pneumonia, interrupted her treatment for three months which may have prevented further changes in her behavior..

Patient #11. Male. Age 11-years, 11-months (3 sessions).

This is a very infantile patient who is quite withdrawn and encapsulated and does not relate to other patients. He does have some relationship with the LSD treatment staff but this is always in terms of some demands. His aggressive outbursts and his temper tantrums have been modified to some extent but there is generally little change in him. This boy is considered to have a symbiotic psychosis rather than having a regressive psychotic process.

Patient #12. Female. Age 11-years, 9-months (2 sessions)

This is a patient who is quite withdrawn but whose behavior is cyclical. She is considered to have a manic-depressive cyclical psychosis and at times she becomes very aggressive and very hostile. During sessions she responded quite well to the drug but she was not considered a good candidate for the program because of the diagnosis of manic-depressive. She seemed to be able to relate better after treatment but was not able to sustain this. She is going to be considered for a drug more specific to psychotic depression.

SESSION RECORDS

PATIENT #1 AGE 11 yrs 3 mos SEX Female WEIGHT 84

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 3 yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
4/21	1	-	200 LSD				200 LSD
4/27	2	6	16 Psilo				16 Psilo
5/9	3	12	100 LSD	75 100 LSD			200 LSD
6/2	4	23	16 Psilo				16 Psilo
7/2	5	30	200 LSD				200 LSD
8/24	6	53	16 Psilo				16 Psilo
9/19	7	25	100LSD 10 Psilo				100 LSD 10 Psilo
10/4	8	15	20 Psilo				20 Psilo
10/8	9	4	50 LSD				50 LSD
11/26	10	49	10 Libr	35 10 Psilo 200 LSD			10 Libr 200 LSD 10 Psilo
12/17	11	21	10 Psilo	38 200 LSD			10 Psilo 200 LSD

PATIENT #2 AGE 10 yrs 10 mos SEX Male WEIGHT 70

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 2 yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
5/17	1	-	200 LSD				200 LSD
6/13	2	28	16 Psilo				16 Psilo
7/19	3	32	16 Psilo				16 Psilo
8/16	4	29	100 LSD 10 Psilo				100 LSD 10 Psilo
9/26	5	40	150 LSD				150 LSD
10/24	6	28	200 LSD	100 25 LSD	38 25 LSD	40 25 LSD	275 LSD
11/7	7	14	10 Libr 5 Meth	25 10 Psilo	20 300 LSD		10 Libr 5 Meth 10 Psilo 300 LSD
11/28	8	21	10 Libr 5 Meth	25 10 Psilo	20 300 LSD		10 Libr 5 Meth 10 Psilo 300 LSD
12/12	9	14	10 Libr 5 Meth	25 10 Psilo	15 300 LSD		10 Libr 5 Meth 10 Psilo 300 LSD

PATIENT #3 AGE 10 yrs SEX Male WEIGHT 60

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 2 yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
6/8	1	-	16 Psilo				16 Psilo
6/27	2	19	200 LSD				200 LSD
8/2	3	36	200 LSD				200 LSD
9/18	4	47	16Psilo				16 Psilo
9/28	5	10	200 LSD				200 LSD
10/17	6	19	300 LSD				300 LSD
11/5	7	19	300 LSD				300 LSD
12/5	8	30	400 LSD				400 LSD

PATIENT #4 AGE 7yrs SEX Female WEIGHT 43

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 3 yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
7/5	1	-	100 LSD				100 LSD

PATIENT #5 AGE 9 yrs 1 mo SEX Male WEIGHT 52 ½

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 3 yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
7/14	1	-	100 LSD	90 100 LSD			200 LSD
7/26	2	12	10 Psilo				10 Psilo
10/10	3	74	150 LSD				150 LSD
10/31	4	21	14 Psilo				14 Psilo
11/27	5	27	10 Libr 5 Meth	30 16 Psilo			10 Libr 5 Meth 16 Psilo
12/18	6	21	10 Libr 5 Meth	30 20 Psilo	115 100 LSD		10 Libr 5 Meth 20 Psilo 100 LSD

PATIENT #6 AGE 12 yrs 11 mos SEX Female WEIGHT 120

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE Birth

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
7/16	1	-	100 LSD				100 LSD
8/15	2	30	10 Psilo	10 100 LSD			10 Psilo 100 LSD
10/26	3	71	200 LSD				200 LSD

PATIENT # 7 AGE 12 yrs 6 mos SEX Female WEIGHT 103

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 1 yr

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
7/24	1	-	100 LSD				100 LSD
10/2	2	70	100 LSD				100 LSD
10/16	3	14	200 LSD				200 LSD
11/14	4	28	10 Libr 5 Meth	30 10 Psilo	25 200 LSD		10 Libr 5 Meth 10 Psilo 200 LSD
12/3	5	19	10 Libr 5 Meth	15 200 LSD	75 100 LSD		10 Libr 5 Meth 300 LSD

PATIENT #8 AGE 7 yrs SEX Female WEIGHT 55

DIAGNOSIS Infantile Autism ONSET OF DISTURBANCE 8 mos

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
8/28	1	-	100 LSD				100 LSD
9/11	2	14	100 LSD				100 LSD
10/3	3	22	150 LSD				150 LSD
10/29	4	26	150 LSD	120 50 LSD			200 LSD
12/4	5	35	10 Libr	35 200 LSD			10 Libr 200 LSD

PATIENT #9 AGE 4 yrs 10 mos SEX Female WEIGHT 43½

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 3 ½ yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
8/31	1	-	100 LSD				100 LSD
10/23	2	54	100 LSD	20 25 LSD			125 LSD

PATIENT #10 AGE 8 yrs 9 mos SEX Female WEIGHT 78½

DIAGNOSIS Childhood Schizophrenia ONSET OF DISTURBANCE 5 yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
9/4	1	-	100 LSD				100 LSD
9/25	2	21	200 LSD				200 LSD
10/18	3	23	200 LSD	117 25 LSD			225 LSD

PATIENT #11 AGE 11 yrs 11 mo SEX Male WEIGHT 87

DIAGNOSIS Symbiotic, Infantile Psychosis ONSET OF DISTURBANCE 2½ yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
10/9	1	-	200 LSD				200 LSD
10/30	2	21	275 LSD				275 LSD
12/10	3	40	300 LSD				300 LSD

PATIENT #12 AGE 11 yrs 9 mos SEX Female WEIGHT 86

DIAGNOSIS Manic-Depressive Psychosis ONSET OF DISTURBANCE 2 ½ yrs

DATE	SESS #	DAYS BETW SESS	INITIAL DOSAGE	INT IN MIN AMOUNT	INT IN MIN AMOUNT	INT IN MIN AMOUNT	TOTAL
11/6	1	-	200 LSD	85 100 LSD			300 LSD
11/21	2	15	10 Psilo 10 Libr	34 200 LSD			10 Psilo 10 Libr 200 LSD

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NOTE: This report was typed by Lorenzo Hagerty in 2008 using an original furnished by Gary Fisher. A copy was sent to Dr. Fisher who verified its accuracy and used it during his discussion of this research with Dr. Charles Grob during an interview, which is available on the Web as podcast #156 from the PsychedelicSalon.org. A scan of the original document may be found at [www. MatrixMasters.com/GaryFisher](http://www.MatrixMasters.com/GaryFisher).