

# What Counts as Evidence of Psychiatric Healing: The Case of Psychedelic Therapy

Deanna Tomasin McCormick

PDF copy of slides and script available at:

[dtmccormick.com/research/conference-materials](http://dtmccormick.com/research/conference-materials)

# 1. Why study this history?

- Psychedelic therapy emerged before Evidence-Based Medicine (EBM)
- But when the EBM paradigm began to develop, it was an early target
- This historical case demonstrates the divergence in attitudes toward what kind of treatment results, in what context and with what method of practice, could be taken as evidence of treatment efficacy that occurred with the advent of EBM

## 2. RHM and EBM: Negotiating Relations

- Teston (2017):
  - multiple possible attunements toward potential forms of evidence, but any method ultimately "sensitizes scientists and medical practitioners to the suasive ness of some evidences, while concomitantly silencing other forms of evidence" (66)
- Graham (2015):
  - jurisdictional stasis: "who decides what data are legitimate?" (105-106)

## 2. RHM and EBM: Negotiating Relations

- Derkatch (2015):
  - "How practitioners and patients work on, with, and against one another in clinical settings can importantly shape health outcomes. Even incidental forms of interaction in the clinic, such as small talk, eye contact, and touching, can affect whether and how patients respond to care" (107)

## 2. RHM and EBM: Negotiating Relations

- Derkatch (2015):
  - These forms of treatment "do not fit easily in an evidence-based framework because they are difficult to investigate through biomedicine's gold-standard methodology, the randomized controlled trial (RCT). RCTs aim to isolate interventions from their contexts of delivery through randomization, double-blinding, and placebo controls, but many interventions are embedded within those contexts and so are difficult to isolate and test" (107)

### 3. Personal Influence and Psychedelic Therapy

- Abram Hoffer and Humphry Osmond, Saskatchewan 1953
- Original idea was to help alcoholics recover by giving them a drug that would simulate *delirium tremens* (make them scared to keep drinking)
- But early subjects found the experience pleasant and spiritual (not discomfiting)
- The researchers pivoted and made this spiritual experience central to the therapy

## 4. Emergence of the RCT

- 1962 Kefauver Harris Amendment to the Federal Food, Drug, and Cosmetic Act
- Passed in response to the Thalidomide scare of the early 1960s
- Gave FDA more regulatory power over the marketing and research of pharmaceutical drugs
- Drug companies must supply "well-controlled" evidence of efficacy

# 5. The Placebo Problem

- The body may be healed for the "wrong reasons" (Stengers 2018)
  - Extra attention from clinicians
  - Altered presentation of symptoms
  - The patient believes they will benefit, so they do
- Randomization may still leave discrepancies between groups
- Difficult to keep studies "blind" so that neither patients nor clinicians know who received what treatment
  - How do you find a placebo that could pass as LSD?

# 6. Sobering Controls, Disciplinary Rarefaction

- Van Dusen et al (1967):
  - "Without the control group our actual follow-up results would have been impressive to most of us" since the treatment group did improve, but not more than the control group (303)
  - "The study has impressed us with the importance of controls and accurate base-line measures on which to evaluate treatment results. Without them, treatment is judged on impressions and opinion" (303)
- Graham (2015):
  - Disciplinary rarefaction: solidifying the boundary between legitimate and illegitimate claims
  - "Evidence" vs. "Opinion"

## 7. The Spring Grove Research Team

- Albert A. Kurland
- Sanford Unger
- John W. Schaffer
- Charles Savage
- Walter N. Pahnke
- Stanislav Grof
- J. E. Olsson
- Sidney Wolf
- Robert Leihy
- O. Lee McCabe

# 7. The Spring Grove Research Team

- Kurland et al (1967b)
  - Therapist is "responsible for guiding, shaping, and programming the course of the session, remaining flexibly attuned to the patient's progress, giving reassurance, aborting anxiety or other turbulent or disruptive episodes, and mobilizing and integrating affective responses and dynamic material as the patient's experiences unfold" (1206)
  - Goal is to help the patient experience "a major reorientation" within their life, a reconsideration of their values and sense of worth, in a sense inspired by more mainstream approaches to treating alcoholism, such as AA (1203)

## 7. The Spring Grove Research Team

- Kurland et al (1971):
  - High-dose treatment group demonstrated greater improvement at six months post-treatment compared to the low-dose treatment group, but not at twelve or eighteen months (90-91)
  - Active placebo was a little too active: "the fact that the low-dose group did as well as it did probably reflects the intensive preparation therapy and LSD session which they received. Many of our 50 mcg sessions involved considerable abreaction and catharsis of psychodynamically charged material" (92)

## 8. The Mendota Research Team

- Arnold M. Ludwig
- Jerome Levine
- Louis H. Stark
- Robert Lazar

## 8. The Mendota Research Team

- Ludwig et al (1970)
  - awarded the APA's Hofheimer Prize for achievement in research
  - "If we are to decide whether this drug will become an integral part of our standard therapeutic armamentarium, then we must demand proof and not opinion that it works. This proof will only be forthcoming through an impartial arbiter (sic), known as scientific method, which makes no compromise with bias, regardless of its source" (24-25)
  - They conclude that "the promise of these dramatic procedures, when subjected to strict research scrutiny," is "only a mirage" (243)

# 9. Treatment Process vs. Treatment Outcome

- Unsigned Spring Grove MS (1971):
  - "It is clear that the authors understand the goal and technique of psychedelic therapy" but have "attenuate[d] the psychedelic therapy until it has no relationship to the original" (3)
  - "They have used science to bolster a moral position: LSD is Evil, therefore it must be ineffective" (4)
  - Despite referring to their therapy as "psychedelic," the Mendota team did not actually focus their therapeutic technique toward facilitating a spiritual experience

# 9. Treatment Process vs. Treatment Outcome

- Revised unpublished MS (Pahnke et al, 1971):
  - The Mendota trial "almost seems designed to test a concept of the magical, curative properties of LSD with the least amount of psychotherapy consistent with safe administration of the drug" (5)
- Ludwig et al (1970):
  - Focus of the study is "more toward evaluation of treatment outcomes than treatment processes. To us it seemed that the priorities would have been in error to study the mechanisms of a treatment which had not yet been demonstrated to be efficacious" (8)

# 10. Resolution of Jurisdictional Stasis

- Visotsky (1971):
  - "I believe the study must be read in terms of its design and in terms of the careful attention to the variables in studying methodological and conceptual treatment issues" (597)
- Scott (1971):
  - The Mendota study "may have utilized a very large and expensive hammer to shatter a nut which any squirrel would immediately recognize as empty.... However, the study certainly stands as a methodological paradigm; it was a lovely hammer" (570)

# 10. Resolution of Jurisdictional Stasis

- What kind of evidence will count as proof of psychiatric healing?
  - Evidence that relies on the impersonal administration of a drug or placebo will count
  - Evidence that relies on the personal influence of the therapist will not