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Humphry Osmond: The Psychedelic Psychiatrist

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To deepen our understanding, not simply of great madnesses but of the nature of mind itself, we must use our instruments as coolly and boldly as those who force their aircraft through other invisible barriers. Disaster may overtake the most skilled. Today and in the past, for much lesser prizes, men have taken much greater risks.

Humphry Osmond.

In 1948 a young doctor surveying the state of psychiatry decided that the existing treatments had nothing to offer. A new approach was needed. If schizophrenia was primarily a disorder of perception, then drugs that altered perception (known as hallucinogens) were the solution[1]. The psychiatrist was Humphry Osmond who, over the next decade, was to do the largest LSD trials in the world and give them the name that become a cultural signifier: psychedelic.

No ordinary psychiatrist, Osmond would not only consider radical means to achieve change, but had a remarkable capacity to produce results, traversing the most controversial terrain in psychiatry after World War 11. While his work was considered by many in the profession as dangerous, he remained within the mainstream of psychiatry and continued to produce important work on the doctor-patient relationship over a long and productive career.

Humphry Fortescue Osmond, born 1 July 1917, came from an English middle-class background, and always dressed conservatively. He did not intend to go into psychiatry but neither theatre writing, banking or architecture lasted. Influenced by Hector Cameron, physician and historian of medicine, he qualified at Guy's Hospital Medical School, where he edited the hospital magazine and was friendly with Gilbert Ryle (but unaware that Ludwig Wittgenstein worked there as a hospital porter). After joining the Royal Navy in 1942, he was encouraged by Desmond Curran to study psychiatry and became a registrar at St George's Hospital.

1940s psychiatry was in a state of stasis. Psychoanalysis was impractical for disturbed patients.[2] Electroconvulsive therapy, insulin coma therapy and sleep treatment were widely used, but did not offer effective help for the most severe psychiatric illness, schizophrenia. Psychoanalysis, the dominant paradigm, had nothing to offer treatment of psychosis. If the solution lay in chemicals, which ones? The existing drugs, ranging from the barbiturates to sedatives, were only symptomatic, and often risky at that. But, away from psychiatry, there was study of another group of chemicals known to produce vivid changes in human perception: the hallucinogens.

The use of such drugs, derived from plants by indigenous people in religious ceremonies, often facilitated by shamans, was well known. Mescal buttons or *peyote* (*Lophophorus Williamsii*) were known to produce intense hallucinations and altered states of consciousness. Albert Hofmann synthesised LSD-25 in 1938, discovering its hallucinogenic properties in 1943[3]. After World War 11, research took off; more than 100 articles on LSD had appeared in medical journals by 1951. By 1961, there were more than 1000 articles in English, Japanese, German, Polish, Danish, Dutch, French, Italian, Spanish, Portuguese, Hungarian, Russian, Swedish, Slovene and Bulgarian journals.

Osmond, despite his antithesis to psychoanalysis, picked up on Jung's belief that schizophrenia is primarily a disorder of perception. The intense perceptual changes induced by drugs such as mescaline would not only provide a means to create the disorder in the laboratory[4] – the so-called

model psychosis – but meet another requirement. Osmond believed that workers need to understand their patients in order to be able to help their symptoms. Taking mescaline was a revelation to Osmond. He wrote "Schizophrenics are lonely because they cannot let their fellows know what is happening to them and so lose the thread of social support. LSD-25, used as a psychotomimetic, allows us to study these problems of communication from the inside and learn how to devise better methods of helping the sick."

Needing a more encouraging environment to continue his work, Osmond made a surprising choice: remote Weyburn in the Canadian prairies, the centre of a unique experiment in social activism[5]. The Saskatchewan Co-Operative Commonwealth Federation (CCF) under Premier Tommy Douglas had a radical socialist agenda, the only such administration at provincial or state level in North America in its time.[6] Douglas, concerned about health services[7], believed the answer was to attract high-class researchers to make it a centre of excellence.[8]

Osmond arrived in October 1951 at the "bleak institution" of Weyburn Mental Hospital, the last 19th century psychiatric hospital in Canada. [9] A "Roman candle of ideas", he turned the hospital upside down developing psychiatric services and a research programme. [10] Attendants became psychiatric nurses to assist the ward staff. He put authority with the ward nurses, rather than in the hands of doctors who occasionally showed up to do ward rounds and sign medication charts. Psychologist Ted Ayllon established the first hospital operant conditioning ward.[11] Families were welcomed to the hospital, patients encouraged to spend time in the community and music and art therapies were introduced. What had been a foreboding custodial institution became an enlightened place with an atmosphere of optimism. These changes made it possible for patients to leave the hospital to live in the community.

By 1957, Weyburn Hospital was recognised by the American Psychiatric Association as the most improved hospital of its type in North America. Between 1963 and 1966, inpatient numbers dropped from 1519 to 421 – the sharpest hospital population decline in Britain and North America.

Osmond believed that asylum design cultivated feelings of alienation and obedience, a situation in which the patient had very little power. He learned from psychotic patients that many hospital features made their symptoms worse, eg., long empty corridors, cramped rectangular spaces and certain colours. Concerned about the poor design of mental institutions, in 1953 Osmond engaged architect Kiyoshi Izumi to design a new psychiatric hospital.[12] He persuaded Izimi to take LSD so that he understand how the patients would react to the structure[13]. Izumi designed a circular building that avoided long corridors with small intimate enclosures for the patients to use and the staff offices in a small wing extending off the side[14]. Osmond's interest in the impact of architecture on human behaviour stimulated the rise of socio-architecture (later known as environmental psychology). While not completed for many years, the hospital was regarded as so innovative it was recognised by the WHO[15].

To help understand their patients, a number of doctors and nurses at the hospital took LSD. Most of them found their experience deeply moving, providing them with moments of insight that was difficult to describe. In London such an idea would be received with disdain, if not outrage; in the progressive environment in Saskatchewan, this was not only accepted, but attracted psychiatric workers.

Osmond and Abraham Hoffer developed the Adrenochrome hypothesis that schizophrenia resulted from stress, causing the secretion of adrenaline. [16] [17] That adrenochrome caused hallucinations confirmed their belief that schizophrenia arose from a biochemical defect. The result was the largest trials of hallucinogens in the Western world using LSD (which was cheaper and required lower doses). [18]

The polymath Aldous Huxley, interested in mystical experiences and utopian lifestyles, contacted Osmond to ask if he could bring him some mescaline the next time he passed through Los Angeles? Osmond, unsurprisingly, "did not relish the possibility, however remote, of being the man who drove Aldous Huxley mad." However, the two men met in May 1953[19]. At Huxley's Hollywood home, Osmond handed mescaline in a glass of water to Huxley, who went into a trance state after a hour, experiencing hallucinations. Huxley became an immediate convert; Osmond was just relieved that the experiment went well. In *The Doors of Perception (*1954)*[20]*, Huxley wrote that religious experiences and madness could be chemically induced. The two men stayed in touch until Huxley's death in 1964 when he famously took LSD.

In 1956, Huxley sent Osmond a rhyme: "To make this trivial world sublime, take half a gram of phanerothyme." (Thymos means soul in Greek). Osmond, characteristically responded: "To fathom Hell or soar angelic, just take a pinch of psychedelic."

Thus arose the iconic name that became a cultural signifier for an age. It had Greek roots, meaning "mind-manifesting." Osmond publically unveiled the term at the New York Academy of Sciences meeting in 1957.[21] Strictly speaking, it was semantically incorrect – it should have been *psychodelic* [22] – but semantically it was outstanding compared to alternatives like psychephoric, psycheplastic, psychezymic, psycherhexic, fantasticants, entheogens and psychelytic. While it became imbedded in the cultural lexicon, the scientific use of psychedelic was limited; it was being replaced by hallucinogenic, a term Osmond himself used.

Osmond and Hoffer tried LSD on alcoholism. Osmond thought that producing an artificial delirium might frighten the alcoholic into giving up. As a test, LSD was given to a male and a female alcoholic. The male patient stopped drinking and remained sober for at least six months. The female patient continued drinking after the experiment but stopped during the follow-up period. This 50% cure rate turned out to be remarkably close to the results they obtained with a far bigger cohort over the next six years.

Giving alcoholic patients a single intense therapy session culminating with a megadose of LSD, most subjects had an intense transformation which gave them new insight into their condition after which they were able to stop drinking without difficulty. Between 1954 and 1960, Osmond and Hoffer treated about 2000 alcoholics. They reported that 40% to 45% of the alcoholics did not return to drinking after a year. These were unprecedented rates of recovery.

The LSD treatment, which many patients described as spiritual, attracted interest from Alcoholics Anonymous, whose 12-step program includes the recognition of a higher power. Bill Wilson ("Bill W"), the co-founder of Alcoholics Anonymous, took LSD a few times, agreed that it could help many alcoholics and supported the research programme. [23] That Wilson was so impressed is significant. The AA philosophy was otherwise strictly opposed to the use of medication in the treatment of alcoholism.[24]

A conservative medical profession regarded the use of LSD with deep suspicion.[25] The Toronto-based Addiction Research Foundation[26] failed to replicate the Saskatchewan results. Osmond, in turn, challenged the use of controls in trials of that nature as unsound[27], stating that preoccupation with research controls could retard the progress of medical developments.[28]

A 1955 LSD trial on twenty-four alcoholics provided a rebuttal[29]. Six reduced their drinking, found jobs, and reconnected with friends and family; another six swore off alcohol altogether[30]. None of the volunteers reported being traumatized or distressed by their experience; most said they had gained a new understanding of themselves. However, many doctors refused to accept these findings.

After 1960, the radical Saskatchewan experiment was over, the CCF was voted out in 1964 and many academics and clinicians moved on[31]. Leaving Canada in 1961, Osmond wrote of his work:

> *The research is making really encouraging progress. [Ten years ago] it seemed wholly improbable that our idea would last more than a year or so. It is now becoming the centre of more and more attention and gradually confirmation is seeping in. I could not have done it alone... I'm not sure what the social implications will be of a measurable, visible, biochemical schizophrenia but it is, I think, (and one can always be a bit premature) very close round the corner.* [32]

His optimism, however, was not warranted. Adverse publicity arising from psychedelic promoters like Timothy Leary and a world-wide reaction to the excesses of the sixties led authorities to clamp down on its use. All hallucinogen research came to a halt.

Osmond became a professor at the University of Alabama. It would be a mistake to believe that his work after this was marginal or unimportant. With sociologist Miriam Siegler, he showed how the doctor-patient relationship could shape not only the medical encounter, but the patient's response to their condition. They looked at different models of psychiatric illness. Meyerian psychobiology had left a vacuum in American psychiatry into which psychoanalysis surged with questionable benefits for seriously ill patients. The conceptual confusion in fashionable family theories of madness (such as that of Gregory Bateson's theory of the double bind) was critically dissected. The family interaction

model, they pointed out, was an unrivalled licence for psychiatrists, resentful at their inability to help the schizophrenic, to blame the parents. Appalling self-righteousness created an atmosphere akin to the Spanish Inquisition. One of the faults of the well intended community model to return patients to society (especially after their symptoms had remitted with antipsychotic drugs) was that the community was not as welcoming of this as had been hoped. Anti-psychiatrists like Szasz and Laing were given short shrift. While the former dealt with the psychoses by refusing to admit that they existed, the latter wanted to enjoy them, a romantic or psychedelic model that did not accord with reality.

In 1976, came his classic paper: *God and the doctor*.[33] It was vintage Osmond, drawing on sources as far back as Eccliasticus, Homer and Hippocrates, going on to Sydenham, Talcott Parsons and Peter Medawar. Since the beginning of human society, there was a special niche for the sick with individuals designated as shamans, healers or doctors to care for them. Their massive authority over their patients, described as Aesculapian, had three types: sapiential, moral and charismatic. Sapiential authority came from the doctor's knowledge of medicine. As there was no structural way of enforcing this, it depended on their special position. Moral authority, by contrast, arose from the Hippocratic Oath, requiring the doctor to do what was socially right and individually good. This, according to Osmond, was an unbeatable combination not found in any other profession. The charismatic element, the least rational, arose from the continuation of the priestly role and the ultimate unpredictably of death. Just as life and death are always arbitrary, the doctor needed an element that was not rational. An example was Schweninger's treatment of Chancellor Bismarck – a notoriously difficult patient – thought to be facing his last days. Unlike his other doctors, Schweninger refused to be cowed, telling the Chancellor that if he did not want to answer questions, he should see a vet. The results were outstanding, Bismarck became compliant and his health improved dramatically. Improvements in treatment and health had an unexpected by-product. Doctors and nurses had not experienced birth or death outside the hospital, making it difficult for them to communicate with their patients. In order to do so, they needed to learn about "the brutal realities" of disease before the modern age. Great but ill-defined authority needed systematic attention to prevent misuse – a prescient statement in view of the medical scandals that erupt all too frequently nowadays. This required education and better understanding to benefit all, rather than just punish doctors.

CONCLUSION

Osmond's hallucinogen research played a role in bringing about the development of psychopharmacological agents. While most of these drugs were discovered between 1951 and 1960, it required a change of thinking for them to be used. That the hallucinogens were known to produce such pronounced changes in perception and consciousness played a part in their acceptance.

Five decades after Osmond left Weyburn, the psychedelics are back, albeit on a cautious scale, and some, but not all, of Osmond's high hopes will be achieved[34]. Trials are proceeding on conditions including alcoholism, drug addictions, anxiety trials, obsessive-compulsive disorder, post-traumatic stress disorder, psychosomatic disorder, cancer, personality disorders and autism. Of particular interest is Griffiths' 2006 ground-breaking study[35] which confirmed that molecular alterations in the brain underlie mystical experiences[36].

If the exuberant and radical concepts of illness that flourished in the sixties are no longer touted, it is questionable whether psychiatry is in much better shape now and disillusionment abounds. Overuse of drugs (even in the youngest children) for conditions like ADHD or BAD, confusion over diagnoses such as autism, fads for states like PTSD or false memory syndrome, all contribute to a turbulent and bombastic discourse in which fact and certainty is in short supply and those who have the most to contribute are simply drowned out by the sheer volume of noise.

Humphry Osmond may seem to be an unlikely candidate for the role of psychiatric radical, promoter of hallucinogens and creator of a truly Enlightenment treatment philosophy. Unlike Laing or other figures in the anti-psychiatry movement, Osmond was neither consumed nor destroyed by the causes he espoused and remained a respected figure with an academic position. There is no avoiding the huge range of influences on him, including Shakespeare, Carl Jung, ethology and modernism. In every aspect of his work, Osmond was remarkably prescient. His 1957 statement sums up his manifesto:

> *I believe that the psychedelics provide a chance, perhaps only a slender one, for* Homo Faber, *the cunning, ruthless, foolhardy, pleasure-greedy toolmaker to merge into that other creature whose*

> *presence we have so rashly presumed, homo sapiens, the wise, the understanding, the compassionate, in whose fourfold vision art, politics, science, and religion are one. Surely we must seize that chance.*

From an early stage of his career, Osmond embraced new ideas to break the nexus in psychiatry at a time when neither biological or psychoanalytic treatments were shown to have much benefit. He looked to the past to show how the medical model, its imperfections notwithstanding, was still the best hope for doctors and patients. But this could not last unless its practitioners had a clear idea of its limitations as much as its potential. Once this was done, there was no end to its possibilities. And no one better exemplified this than Humphry Osmond, the Enlightenment psychiatrist of the twentieth century.

NOTE:

Some information for the first part of this article is derived from an earlier article on Osmond's career. See: *Humphry Fortescue Osmond (1917-2004), a radical and conventional psychiatrist: The transcendent years* . Robert M Kaplan J Med Biogr published online 21 March 2014

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[20] a title borrowed from a line by poet William Blake. "If the doors of perception were cleansed," Blake wrote, "everything would appear to man as it is, infinite."

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