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# High dose shock therapy with LSD and mescaline: the experiments of a French doctor on two homosexual adolescents in the 1960s

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Zoë Dubus is a post-doctoral researcher in history of medicine at the College of Arts and Science, Department of History, USASK, Canada. She obtained a Banting funding from the SSHRC for this research, which aims to rediscover the pioneering work of three women therapists who proposed new ways of practicing LSD-assisted psychotherapy in the 1950s-1970s, before being invisibilized. Author of numerous publications, her work aims to understand the relationship between doctors and psychotropic drugs, conceived alternatively as innovative medicines or as toxic substances.

**Keywords:** LSD ; mescaline ; France ; shock therapy ; homosexuality ; conversion therapy ; post war psychiatry ; history of medicine ; adolescents

## Shock therapy with LSD and mescaline: the experiments of a French doctor on two homosexual adolescents in the 1960s

Before the widespread use of neuroleptics in the 1960s, shock therapy was the psychiatric therapeutic model after the Second World War. The notion of shock emerged in medicine at the end of the 19<sup>th</sup> century. It consisted in disturbing the patient to a varying degree of violence in hopes of triggering a therapeutic reaction. Constance Pascal was the first female psychiatrist who earned the most prestigious degree in France in this field; she also introduced this notion in psychiatry in 1926. In the 1930s, the drugs available to treat the mentally ill were so inefficient that many techniques were developed, such as electroconvulsive therapy, pneumo-shock, lobotomy, insulin coma therapy and deep sleep therapy. These aimed at dismantling the mental structures of the subjects in order to rebuild them in a non-pathological way with the help of psychiatrists. LSD arrived in this therapeutic context in the 1950s. It was then classified as a ‘psychomimetic’ and considered to enable model psychosis. In such a type of treatment, LSD is used with the underlying intention to trigger a shock: the substance would create a deep psychedelic experience, an ‘ego dissolution’ that allows a reconstruction leading to changes in personality. LSD and mescaline were indeed perfectly fitting into the way shock therapies were conceived: doctors could inject them at very high doses without warning the patients about the expected effects, then they would leave them alone or observe them from a distance. Left alone this way, patients quite often panicked, became agitated or, on the opposite, prostrated. After a while, doctors would stop the experiment by injecting neuroleptics. Psychotherapeutic follow-up was not systematic and psychiatrists usually concluded that these substances had mediocre beneficial effects.

At the end of the 1950s in England, Canada and the United States, another model was developed which was poles apart from these practices: psychedelics-assisted therapy that takes into account what would later be called ‘set and setting’. In such therapy, shock is seen as the psychological experience itself, and the medical team must support and guide the patient in the

best way possible. It is thus remarkable to note that as early as 1950, Johnson and Busch insisted on the essential difference between electroshocks or insulin therapy on the one hand and LSD on the other hand: since the subject was not confused, they actively and consciously participated (Busch & Johnson, 1950), that is to say in a voluntary way. In contrast, in France the shock model aimed at breaking down the subjects' resistance against their own will remained deeply rooted. Some described it as a 'violation of personality' (Baruk, 1950). Indeed, Jean Delay was especially attached to this model (Shorter & Healy, 2007, p. 70); he was the most famous French psychiatrist at this time and set the tone for all psychiatric practices in the country. While therapists abroad developed a new therapeutic paradigm from these substances, the French school continued to hold violent sessions without regard to patients' subjectivity.

French doctors were actually not very interested in studies on psychedelics, even though their country pioneered research on psilocybin. There, studies on LSD remained largely experimental and relied on the concept of model psychosis: scientists triggered psychological effects before recording the brain activity in order to better understand its mechanism of action (Benda & Orsini, 1959). French researchers were very involved in research on neuroleptics. In hopes of finding a medication for psychosis, they also administered LSD to 'healthy' subjects before giving them other psychotropic agents to observe changes in effects (Borenstein et al., 1965). The study I will present here is therefore quite original in the French context as it is a therapeutic trial.

In 1962, one of the major French reviews on psychiatry published a presentation of mescaline and LSD use for treatment-resistant patients institutionalized in a psychiatric hospital (Lanter et al., 1962). The introduction stated that the patients who received mescaline and LSD were 'delinquent sex perverts'. After a first case study on a pedophile, I was stunned to find out two observations on young men, still adolescents: their diagnostic only mentioned 'homosexuality'. As such, medicine then considered Michel, 15 years old, and Bernard, 18 years old, as mentally ill people who could be 'cured'. In addition, since they were minors, the French law provided for locking them away in psychiatric facilities to force them to undergo conversion therapies. Back then, adolescents found guilty of what was called 'indecent acts' were commonly convicted by courts to be institutionalized that way (Yvorel, 2011). However, French historiography remains particularly silent about these practices; the history of conversion therapies in France remains therefore an unknown or even taboo topic in psychiatry.

Michel, then placed in a home for youth, was caught during sexual intercourse with a classmate. Bernard occasionally prostituted himself. These two adolescents consequently belonged to the category of the 'perverted homosexual', who has 'little or no other anomaly, lives without internal troubles, "comfortably settled in their vice". They suffer from it only if external (social) complications happen.' (Vinchon & Nacht, 1930, p. 677) As historian Guillaume Périssol shows about the case of Lucien C., 17 years old, arrested in 1946 for homosexual prostitution, these young people were doubly perverted in the eyes of the medical establishment: first due to their homosexuality, secondly because they accepted and displayed their desire (Périssol, 2008, p. 111) unlike 'neurotic homosexuals' who suffered from their 'sexual deviance'. Michel and Bernard were therefore tried by a court and sent in 1960 to Rouffach psychiatric hospital, in the East of France, where a young doctor, Roland Lanter, was interested in new treatments for these types of patients described as 'difficult'. Lanter hence adopted the shock therapies of these times, especially aversion therapy and deep sleep therapy.

It is in this hospital that the highest LSD and mescaline doses were administered in France. The attitude of the healthcare personnel was distant and was not intended to reassure patients. In fact, the team stated to adopt an 'aseptic' attitude with them. The authors note that for all patients, 'Two behavior modes are usual: stupor and agitation.' They sometimes tear their sheets or pajamas, they cling onto the examiner, they ask them for support. During one session, Michel is very anxious and begs the medical team to answer him: has the doctor killed him? Is he still alive? He regularly and strongly opposes to this violent treatment, he gets angry and shouts, 'what is this violence for?' He unsuccessfully asks for help. His doctor shows no empathy for what he is going through, since he notes that Michel is 'querulous', that is to say he would have a 'pathological tendency to claim, usually observed in hypochondriac patients'. Consequently, Roland Lanter does not believe his patient is actually deeply anxious and considers that he complains without a valid reason.

Even though Bernard is more withdrawn, he states that he has terrifying visions. The observation on him includes the term 'stuporous', which means that he undergoes an 'emotional shock that deprives someone from their physical and intellectual means'. In addition, his frequent mutism during sessions can be understood as a defense mechanism. Bernard experiences very intense and agonizing psychological effects which he cannot make sense of. In response, he tries to find refuge in silence while waiting for the effects to fade away. In the eyes of the observers, though, this attitude is understood as a blockage, a weak reaction to the substance. Consequently, doses are increased in the following sessions.

In total, Michel underwent 8 mescaline sessions in 46 days, once every 6 days, with doses ranging from 200 to 1200 milligrams. As a reminder, recreative doses usually range from 300 to 500 milligrams. In 1959, French psychiatrists recommended not to exceed 500 milligrams while administering mescaline in a therapeutic framework (Sutter & Pélicier, 1959, p. 172); the maximum dose is therefore almost tripled. Bernard underwent 7 mescaline sessions in 34 days, once every 5 days. He arrived at the institution after Michel and he immediately got a very high dose, from 800 to 1400 milligrams. Then, Bernard went through 16 LSD sessions in 4 months with doses ranging from 100 to 800 micrograms. Both substances were administered through injection. LSD was provided on demand by Sandoz.

At the end of the treatment, the young men's resistance was broken. As Michel's doctors reported, he used to be 'disrespectful' and 'temperamental' and he angrily opposed to his treatment; he progressively adopted an attitude aiming at meeting doctors' expectations so he could get out of the institution. According to the legal standards of these times, it was justified to lock away these two young men in a psychiatric hospital since they supposedly threatened society. The aim was to prevent them from perverting other adolescents and disturbing public order. A patient had to be deemed cured from homosexuality by the medical team to leave the institution. Therefore, Michel and Bernard had to convince them. The two young men henceforth denied having homosexual desires. However, the doctors were not fooled by the idea of a long-lasting recovery; it seemed so questionable in their case that they would rather talk about 'remission'. They also remained very condescending: the doctor described Michel's ambition to write theater plays as 'narcissistic conceit'. Both young men were released a few months after their forced institutionalization. However, Michel remained in epistolary contact with Dr. Lanter and wrote to him that he almost 'relapsed' but then he felt a 'certain fear while remembering the memories of several years of trouble'. For fear of being institutionalized again and treated forcefully, Michel was therefore repressing his desires, but 'certainly not because

of the moral aspect' as he wrote himself. There is no information about the follow-up of Bernard.

For now I have not been authorized to directly consult this hospital's archives, so I do not know if these two cases were isolated or if Dr. Lanter administered LSD and mescaline shock treatment to other homosexual people. According to medical literature, though, these cases are fortunately isolated. Nevertheless, the medical team treated 69 alcoholic patients with the same approach of LSD therapeutic shocks; the doctor in charge of these patients referred to his practice as 'treatment with anxiety' (Weil, 1965). Both the psychomimetic hypothesis about the action of LSD and its understanding within shock therapy had a lasting impact on research on this substance, especially in France. These two concepts shared by the entire French scientific community allowed the promotion of the implementation of some practices and fostered a certain type of research while indeed excluding other types of studies, notably those that developed the set and setting and thus renewed the vision of caring for patients.

Only in 1982 did French legislators repeal the law allowing the institutionalization of homosexual minors in psychiatric hospitals. The repeal contains the phrase 'unnatural acts' in its title: it still shows the large-scale homophobia present in French society. For that matter, as I write these words, conversion therapies are still allowed in France for homosexual people.

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