

Book reviews

Edited by Allan Beveridge and Femi Oyeboade

**A History of Delusions (podcast)**

Dan Freeman. BBC Radio 4.
November–December 2018.

As an undergraduate, Oliver Sacks' engaging descriptions of agnosia, neglect and savantism in *The Man Who Mistook His Wife for a Hat* left me hungry for more. I whiled away hours in the Psychopathology Library, consuming the first-person accounts of psychosis published monthly in *Schizophrenia Bulletin*. In *A History of Delusions*, Daniel Freeman brings a menagerie of delusions to life. First, he contextualises them with their earliest descriptions, from Revolutionary France or the Bedlam asylum. Then he invites us to listen as he interviews people who once believed that they were dead (Cotard delusion), that their loved ones had been replaced by an imposter (Capgras delusion), that they were being ministrated against (paranoia) or filmed for reality television (*The Truman Show*). My younger self would have adored this programme. It is a wonderful resource for trainees for whom direct clinical experience may not be forthcoming.

However, the series recapitulates some challenges that befall the study of delusions. Delusions are notoriously difficult to define. Freeman disavows that they are 'empty speech acts' without manifest conviction; they are, for him, beliefs. But the terminology shifts throughout: delusions are, variously, 'experiences', 'feelings', 'encoded hopes and wishes'. Such promiscuity hampers a deeper understanding. Furthermore, delusions can be difficult to distinguish from other strongly held beliefs. Freeman and his collaborators claim that delusions represent the extreme end of a continuum from health to illness. This view has been immensely generative with regards to psychological and neurobiological research. However, hearing delusions described as a normal variate might be a disservice to those who continue to experience them. Even if they are continuous, a line must be drawn beyond which they transition from quirk to actionable complaint. Where exactly to draw that line is, sadly, unresolved.

In physics, the observer effect suggests that the act of observing changes what is observed. So, too, in symptom interviews. Some sound like a negotiation between Freeman and his interviewees, homing in on the point being made. Other theorists may well have included interviews that did not fit the prevailing narrative; these surely exist and would have been welcome. But they could well have detracted from the thrust and poise of the podcasts.

The series focuses on the psychology of delusions. But a discussion of two-factor theory, a cognitive neuropsychological account grounded in neurological case studies, is alluded to only briefly. One episode describes the delusions consequent to anti-NMDA receptor autoimmune encephalitis, a clear example of delusions with a known biological, neural cause. Yet we are told 'we have no idea why blocking these receptors gives rise to delusions'. This was a missed opportunity to cover theories that unite brain and mind emanating from outside British clinical psychology. Nevertheless, these bite-sized windows on the most puzzling aspects of human comportment are captivating and will, I am sure, spur others to take on the challenge of explaining delusions.

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THE TRIALS
OF
PSYCHEDELIC
THERAPY
LSD PSYCHOTHERAPY IN AMERICA
MATTHEW ORAM

The Trials of Psychedelic Therapy: LSD Psychotherapy in America

By Matthew Oram*
Johns Hopkins University Press.
2018. 288 pp. £33.30 (hb).
ISBN 9781421426204

Many books in this genre provide the well-trodden paths through popular psychedelic cultural history. The story of Hofmann's bicycle ride and the shenanigans of Leary, Huxley and Kesey are all available in the more generic texts on LSD. But in this new book, Matthew Oram asks the simple question: why, after 25 years of intensive research between 1950 and 1975, did LSD never become licensed? Oram challenges the old narrative that government crackdowns in the 1960s strangled LSD research through politically motivated links to a feared cultural uprising. Rather, he asks, could the reason that the revered LSD never achieved its FDA licence after a quarter of a century of research be simply that it didn't work?

People interested in drug development, ethics boards, approvals committees and the consequence of research-governance directives will enjoy this book. *The Trials of Psychedelic Therapy* shines a fascinating light on a discipline that is neither pure pharmacotherapy nor pure psychotherapy. Oram shows how LSD's unique position between these seemingly disparate fields has been, and still is, its potential undoing when it comes to obtaining formal licensed approval.

The Trials of Psychedelic Therapy unearths evidence to demonstrate that far from being irrationally restrictive, the US government

* This book review was first published with an error in the name of author Matthew Oram. This error has been corrected and a corrigendum published.

was in fact supportive of LSD research between 1950 and 1975, with the FDA and NIMH happily approving numerous trials.

Oram depicts how post-war psychiatry in the USA was dominated by psychoanalysis, which lacked efficacy for severely ill, hospitalised patients. Crude biological techniques, including narcosis, emerged to enhance the psychotherapeutic process. But then, in 1949, LSD entered the USA. In *The Trials of Psychedelic Therapy*, Oram describes how the drug was initially applied as a psychotomimetic, then subsequently as a low-dose (25–100 mcg) psycholytic adjunct to regular psychoanalytic psychotherapy. But it was the emergence of high-dose (>400 mcg) ‘psychedelic therapy’ that immediately demonstrated its clinical efficacy, especially in treatment-resistant disorders such as alcoholism. By the early 1960s LSD was set to become ‘the next big thing’. But then something happened.

The Drug Amendments Act of 1962 introduced the double-blind randomised controlled trial (RCT) that became the gold standard for pharmacology research, and, says Oram, this contributed significantly to the death of psychedelic research. For the next 15 years, despite numerous studies, LSD repeatedly failed to meet the efficacy standards required to gain status as an approved medicine. The FDA and NIMH continued to support research and grant trial approvals right up to the early 1980s, but psychedelic researchers never quite came up with the goods. Meanwhile, the emerging antidepressant and antipsychotic drugs sailed through the RCT approach. But the rigidity of the RCT – designed to weed out confounding factors and demonstrate unequivocally the active effects of a drug – poorly suited proposed psychedelic treatments, with their insistence on set and setting as active components.

So does this mean psychedelics do not work? No. Oram concludes, rightly, that there are hundreds of thousands, perhaps millions, of positive anecdotal cases worldwide. Rather, it seems, other forms of evidence of efficacy must be explored, especially in difficult-to-treat, resistant patients, such as those with addictions or chronic disorders secondary to childhood traumas. Maybe the whole research paradigm needs to change. Maybe the word ‘psychopharmacology’ should be rebranded as ‘psychotherapy-pharmacology’.

The book concludes with a useful section on the current psychedelic renaissance, describing contemporary international studies with psychedelics. It highlights the continued challenges modern researchers face in conforming to the RCT – in particular, satisfying ethics boards about effective blinding when administering compounds with such profoundly felt psychoactive effects.

What this book teaches us is that there remains considerable ignorance of the history of psychedelic research. And, as before, these fascinating chemicals continue to bewilder us. Nevertheless, the potential therapeutic opportunities they promise remain a good enough reason to keep psychedelic research at the forefront of academic psychiatry today.

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