

notes from a **psychedelic** research nurse

LAURA BERG

IN MARCH OF 1993, I began working with the psychedelic study research team at the University of New Mexico (UNM), under the leadership of Dr. Rick Strassman. Rick had recently received National Institute on Drug Abuse (NIDA) funding for 3 years of studies investigating the effects of DMT and psilocybin in experienced hallucinogen users, and funding included a position for a half-time Psychiatric Research Nurse. Was I willing to leave a high-pay high-pressure job paying significantly more to join Rick as research collaborator? Yes, with great enthusiasm! Certainly few other work opportunities would be as challenging, momentous and exciting.

I'd like to provide a few "nursing notes," offering my current perspective on nursing roles of the past; my own preparation for work in this field; characteristics of set and setting within our UNM studies; and plans for the future. In a future issue, I'd like to describe the range of activities and responsibilities associated with my contemporary, day-to-day nursing role, activities which range from volunteer recruitment to intravenous line monitoring, to psychiatric screening and on-going volunteer follow-up.

The Role of Nursing in Psychedelic Studies: A Brief Historical Review

As a psychedelic research nurse beginning my professional journey in the 1990's, I realized I would not find role models or mentors in the contemporary field of nursing. But I did hope to hear the voices of nurses from the "Golden Era" of psychedelic studies, preserved in clinical and research literature from the mid-1950's to early 1970's. As I undertook my "archeological expedition" into the medical and nursing literature, I was surprised that very few traces of the nursing legacy or presence were documented.

Throughout the late 1960's and early 1970's, journals of nursing published sporadic articles on "The Drug Culture" and the effects of hallucinogenic drugs.

*Laura Berg, U. of New Mexico Med. School- Psychiatry
2400 Tucker Ave NE, Albuquerque, NM 87131-0001
laura10@aol.com*

Reflecting the socio-cultural tone of the times, these articles were almost exclusively authored by male physicians and pharmacists. In my search, I was able to find only two RNs who wrote first-person accounts of their clinical experience working with late-60's psychedelic "trippers": Margaret Sankot (1968), Head Nurse of the Haight-Ashbury Clinic, co-authoring with the Clinic Director, a physician, and Kathryn Dansky (1970), a nurse who worked in the "Medi-Rock"

project at a 1960's rock festival. (Authorship of the second article was under the pen name of "Mrs. Dansky" and the RN designation was omitted.)

While clinical writing related to psychedelic nursing is relatively meager throughout the '60's, writing by nurses about their experiences during the thousands of hours of intensive psychedelic research is virtually non-existent. No nurses, to the best of my knowledge, served as co-authors on published research papers, and no narrative or

journal notes by nurses working in psychedelic studies are available.

Since few nursing sources exist, those who describe the roles of "Golden Era" research nurses were physician investigators. References are scattered and fragmented, most often discussed in conference proceedings rather than in published papers. Passages do indicate that nurses had significant roles as sitters, guides, facilitators or "presences" in a wide range of psychedelic studies. Studies were both naturalistic and

*Nurses had
significant roles
as sitters, guides,
facilitators or
"presences"*

controlled, involving administration of a wide range of psychedelics and drug dosages to schizophrenic, depressed, alcoholic, anxious, "neurotic," and terminally ill patients, as well as to "normals," artists, and the countless graduate student study subjects. Although these RNs remain nameless, many served as dedicated "flight nurses."

The bedside care and one-to-one constancy for experimental psychedelic subjects was not infrequently delegated to nursing staff. MDs described the work as "time consuming and tiring," "exhausting" and "too time-constraining." Physician researchers frequently maintained clinical and administrative responsibilities for other patients and wards, with psychedelic research projects and sessions taking place as secondary or competing endeavors. References indicate that physicians were not continuously present during psychedelic sessions or experiments, but nurses usually were. RNs present in this capacity were undoubtedly exhausted as well, yet practiced, over time, the art and skill of "being there" throughout the treatment.

UNGER DESCRIBES SPRING GROVE research guidelines in which "the psychiatrist or at least a nurse should stay with the patient throughout the (LSD) intoxication." (Unger, 1969). In other LSD study protocols with schizophrenics at the New York State Psychiatric Institute, "someone, usually a nurse or attendant is always in attendance, taking notes. The physician is there at the beginning for about 3/4 of an hour," ...and check(s) in on the patient at 15 to 20 minute intervals." (Malitz, 1960) In Danish studies with psilocybin and LSD, the physician researcher would "sometimes pay a control visit to the patient before the (psychedelic) treatment is over," but "more often the nurse and patient would be alone for the 4 to 5 hours of the experience..." Perhaps the most extraordinary aspect of this study was the expectation that "the nurse and psychiatrist would constantly communicate over the phone during the treatment." (Geert-Jorgensen, 1968).

There are few further references which recount the specific skills, training or therapeutic interaction styles offered by nurses in past psychedelic studies. In the above New York protocols, there was an "overall supervisor who is trained, but the nurses themselves have varied...levels of investment and training." (Malitz, 1960). Characteristics of training or investment are not

described. In the Danish study cited above, "the nurse who was to be in charge of them is instructed to approach the patients in a motherly, consoling and reassuring way during the psychedelic treatment." Whether or not "constant communication by phone" interfered with consoling and reassuring maternal contact is not addressed!

in SANDISON'S STUDIES in the late 1950's in England, RNs on all 4 psychiatric wards were "trained in the use of LSD therapy." As Sandison describes, "Their role is a difficult one, and it has taken much time to indoctrinate them. We encourage them to take an active part in the treatment situation. Here we may differ from others, in that we also encourage the nurses, to a limited extent, to handle some of the patient's material when the physician is not there." Responding to a seemingly incensed colleague, Sandison goes on to clarify that nurses did not "have enough training to interpret patient's material," but they were able to "support their ventilation" (Sandison, 1960). While the term "indoctrination" of nurses seems archaic, Sandison stands out as one of the few physicians to support and encourage an active therapeutic role for RNs in his psychedelic investigations.

*physicians
were not
continuously present
during psychedelic sessions
or experiments, but
nurses usually were*

One final reference overtly highlights the pervasive and restrictive stereotypes enacted by predominantly female nurses and male physicians in the '50's and '60's. "If (the physician) does not have the patience or inclination to be with (the patient) during the 5 or 6 hours of the psychedelic treatment, then (he should) get a nice gentle, kind and preferably good-looking nurse to remain with them.... There are large numbers of such pleasant and capable young women and their presence (does) a great deal of good even if nothing else is done" (Osmond, 1969). Many difficult interpersonal and political issues percolate in this citation. As a present-day nurse, what can I extract that is of value? Perhaps that kindness, gentleness and "simple presence" - the traditional female talents - may have been more important to psychedelic sessions and positive outcomes than previously suggested.

I will continue my historical review, searching for the stories, documents and voices of women and nurses

Laura Berg



who preceded me in this realm of research. And I hope to add my part to the archives of the present era, sharing my perspectives and insights from "the bedside" (and wider regions) of current psychedelic studies. Complete resources from earlier eras are not easily accessible, and if MAPS readers have further material to share, I'd appreciate the opportunity to review it. Perhaps there are MAPS members who are past psychedelic research nurses, study subjects or research collaborators, who would be willing to speak more fully about the role of nurses in their studies?

There and Back Again: The Flight Nurse

While attending my baccalaureate nursing program in the early 1980's, I had wistfully imagined working at Spring Grove Hospital of the Maryland Psychiatric Research Center, where compassionate and fully-sanctioned research on the therapeutic use of psychedelics had taken place until the early 1970's. However, by the time I was in school, the door to that realm of research seemed firmly and unequivocally shut. Nursing work in psychedelic research seemed to be a daydream and a fantasy, so I moved forward to work in more accessible and "reality-based" spheres of nursing.

I APPLIED MYSELF in a variety of nursing fields, including oncology and HIV nursing, substance abuse and acute psychiatry, teaching and administration. Over the years, I also participated in several Grof Holotropic Breathwork and Elisabeth Kübler-Ross Center workshops, and served as an emotional support volunteer for persons with HIV. I later returned to school and received a Masters in Psychiatric-Mental Health Nursing, completing my clinical and academic work in Atlanta, and conducting my master's thesis in New Mexico. My thesis examined the coping resources of 47 individuals across a range of symptom levels with HIV.

Before beginning nursing school at age 27, I had worked as a waitress, apple-picker, rock-and-roll singer, and nursing assistant. Along the way, I also lived in an "alternative" community for 5 years - "New Age" before that term had ever been coined. I found myself leaving that focus on "ascension" for a path of more "immanence." My search and practice has been ongoing, and I have explored a range of paths and perspectives. All have been valuable.

I provide this mini-autobiography because I perceive that all of my experiences, from apple-picking

to HIV nursing, support my present professional work. Masters and Houston encourage psychedelic guides to be "widely divergent" in interests, skills and experience. As a support person and nurse for many psychedelic voyagers, I recognize my responsibility to be as authentic, well-rounded, and experienced as I can be. Friends and study volunteers have nicknamed me "the flight nurse," and I gratefully accept that designation!

The UNM Studies: Setting

Set and setting are essential components influencing the psychedelic drug experience. Our studies take place in the Clinical Research Center (CRC) of the University of New Mexico Hospital, one of 78 such research centers funded by the NIH. Facilities include administrative services, an in-patient nursing unit, an out-patient clinic, an on-site laboratory, kitchen, computer center, research equipment, and an experienced research nursing staff.

We conduct the studies in a standard hospital room at the UNM Hospital, although more "homey" furniture and artwork has been gradually added over the last few months. The room is at the end of busy nursing unit, where other research protocols, including high-dose cancer chemotherapy, are conducted. Because of the clinical hospital setting, the IVs, blood drawing or temperature monitoring, some potential volunteers choose not to participate.

Nearly all that do participate have found the setting to be safe and comfortable. Volunteers are prepared to undergo an experience that may feel like dying, and the hospital setting can be a more reassuring place to have that experience. The volunteer is then free to "go out" as far as possible, leaving Rick and I to monitor basic survival functions and "bring them back home," if needed. Most volunteers say that the external setting becomes uniquely superfluous during peak effects of DMT. Volunteers wear eyeshades, and are encouraged to keep these on until the drug effect has waned. Disorientation can occur when one tries to get one's bearing by looking around in a highly altered state, and eyeshades keep attention within; we feel that the most valuable experience will be accessed internally rather than in the external environment. Our most recurrent problem in the hospital setting has been noise pollution, from the occasional vacuum cleaner or jet sounds that intrude into DMT sessions.

It is very clear that attributes of human language also function as an aspect of set and setting in research studies. Some of our volunteers have been adamant

Masters and Houston

encourage

psychedelic guides

to be

"widely divergent"

in interests, skills

and experiences

that DMT and other hallucinogens be spoken of as "medicines" rather than drugs. The term "drug" has connotations of somnolence and decreased states of awareness, and perhaps even of addiction. "Medicine" is a term that appears more neutral or positive in approach. Although it is a word commonly under the aegis of modern medicine, it also hearkens back to Native American traditions, in the context of "medicine men," "medicine circles," or "good medicine."

In REFERRING TO DMT, Rick and I most frequently use the terms "psychedelic" or "hallucinogen." For relatively naive audiences, the term "psychedelic" is still associated with the upheaval and intemperance of the 1960's; few are aware of etymological root of the term as originated by Osmond, signifying "mind-manifesting." In contrast, the term "psychedelic" seems to be more descriptive and comprehensive, encompassing the wider range phenomena that accompany (or distinguish themselves) from hallucinations, per se.

We have also chosen to use the term "volunteer" to refer to our research participants, since the term "research subject" connotes images of cold sterile laboratories and passive bodies being "subject to" strange experiments. While some might agree that our studies do involve "strange experiments," our volunteers are truly active rather than passive participants. Volunteers are collaborators and co-investigators; they are "expedition scouts" who take the journey into terra incognita and return to share in mapmaking. And qualities of human warmth and spirit do infuse research setting, however "sterile" it may seem at times.

The UNM Studies: Set

Set is commonly associated with the psychological preparation undertaken by the person and the state in which they enter the psychedelic encounter. Set may include cognitive, behavioral, and affective components, and can also be strongly influenced by the attitude, attributes and styles of the research team or guide(s). With most other psychedelic substances, the individual and guide are often able to prepare and plan for the locus of the session, which may be to address specific therapeutic issues, heighten psychodynamic transference, or to impel "transcendent" states. The internal "mind-manifesting" experience can also be modified by the use of music or other environmental cues, and the altered state arises and dissipates much

more slowly.

In contrast, UNM study volunteers receiving DMT at the 0.4 mg/kg level have rarely been able to "program" or focus their experiences once they begin. The intensity and speed of the higher doses of intravenous DMT seem to "rip away the ego, the body, and the mind." Once psychedelic effects begin, they are not subject to conscious control, nor altered by input from the research team. During onset (the "rush"), several volunteers have felt that they were actually physically

dying, and many others have wondered if they were "over-dosed" by the research team.

As one volunteer summarizes, "DMT has its own agenda." In the "DMT hyperspace" experience, volunteers have been eaten by insects, crushed by reptilian entities, challenged by spear-wielding African warrior goddesses, cast adrift in a sterile and mechanical universe, and subjected to experiments by alien life forms. (Only rarely do these resemble Rick or me!) Other volunteers have merged into Clear Light, journeyed to the Tree of Life, visited with multi-dimensional circus clowns, or received healing energies and feelings of hope and renewal.

Some have had an amazing range of experiences, from blissful to monstrous.

As a "psycho-pharmacological" protocol, our DMT sessions are not specifically designed to "treat" or be therapeutic in nature. However, the DMT experience frequently brings up or intensifies the volunteers' significant personal issues and associated emotions. While the more subtle or unconscious elements of "set" may influence the DMT experience, Rick and I find few patterns, and are far from synthesizing any theories in this regard. At this time, we remain neutral, avoiding intellectual analysis, offering "simple presence" at the bedside. We believe that the ability to be empathic, consistent, and warm, while at the same time remaining free from over-involvement or intrusiveness, is fundamental to the success of our work. To the greatest extent possible, we remain unbiased, open, and supportive. We encourage a set of relaxation, acceptance, and surrender in all phases of the study - preparation, DMT session, and integration - echoing the wisdom and advice of many intrepid UNM DMT study volunteers: "Expect the unexpected." "Go with it." "Catch the wave, don't fight it." "Don't try to control." And, most succinctly, "Don't forget, you'll be back soon." ➡

*Volunteers
are collaborators
and co-investigators;
they are "expedition scouts"
who take the journey
into terra incognita
and return
to share in
mapmaking*

Research Models and Paradigms: Toward the Future

As contemporary researchers, Rick and I must have an understanding and acceptance of non-Western philosophies and alternate paradigms of experience, yet also operate coherently and professionally within the forms of traditional scientific and medical research design. By doing so, we hope to lay a foundation for future clinical research which may be more explicitly therapeutic in nature.

in THE COURSE of rigorous scientific structure - IVs and neuroendocrine markers, flexible rectal probes, double-blinded, placebo-controlled and randomized experiments - the experiences of humor, insight and amazement still occur. And these do occur for the research team as well as the study participants! (More about flexible rectal probes in my next MAPS article...)

We anticipate beginning our NIDA-funded studies with psilocybin later this summer, while continuing our ongoing research with DMT. As we begin the work with psilocybin, Rick's and my role as psychedelic guides will be heightened and refined. At the present time, we anticipate following the approach developed during our DMT work, which supports a primarily inner-directed experience. As sessions will be significantly longer and include expanded onset and "re-entry" phases, we will offer volunteers the opportunity to listen to music and to explore a range of art media. Communication and exchange with experienced guides is most welcome!

Human psychedelic studies offer a profound, unusual and exciting research milieu, one in which the distinct yet synchronous pathways of brain neurochemistry and human consciousness meet in a (literally!) extraordinary way. As researchers elucidate the processes of these two intertwining psychedelic phenomena - microcosmic neurochemistry and macrocosmic human experience - they undertake an appropriate and timely endeavor.

Through our work at UNM, it is my hope that financial and regulatory support for human psychedelic studies will be significantly expanded. I anticipate that successful studies will include the full and dynamic participation of many nursing collaborators and many women co-investigators, and I look forward to the work to come. ■

References

- Dansky, K.H. (1970) "Medi-rock: A bridge between two cultures" *ALUMNAE MAG* JOHNS HOPKINS HOSP SCH NURS: 65-68.
- Geert-Jorgensen, E. (1968) "Further observations regarding hallucinogenic treatment." *ACTA PSYCHIATR SCAND SUPPL*; 203: 195-200.
- Malitz, S. (1960) (Panel discussion participant) "Communication processes under LSD" *THE USE OF LSD IN PSYCHOTHERAPY*: Transactions of a conference on d-Lysergic Acid Diethylamide (LSD-25) April 22, 23, and 24, 1959, Princeton NJ (H. Abramson, ed.) Josiah Macy Jr. Foundation, Madison Printing Co, Inc. Madison NJ: 201-240.
- Osmond, H. (1969) "Alcoholism: a personal view of psychedelic treatment." *PSYCHEDELIC DRUGS: Proceedings of a Hahnemann Medical College and Hospital Symposium* (RE Hicks & PJ Fink, eds.) Grune & Stratton, NY: 217-225.
- Sandison, R. (1960) "The nature of the psychological response to LSD" *THE USE OF LSD IN PSYCHOTHERAPY* (op cit): 81-145.
- Sankot, M. & Smith, D.E. (1968) "Drug Problems in the Haight Ashbury". *AMER JRL NURS* 68; 8:1686-1689.
- Unger, S. (1969) (Panel discussion participant) "The Clinical use of psychedelic drugs" *PSYCHEDELIC DRUGS* (op cit): 234-243.

Psychedelic Illuminations
Magazine and Information Network

Stay on top of the latest news, trends, research, legal issues, compounds & practices.
Stay Illuminated!

For subscriptions (4 issues) to Psychedelic Illuminations Magazine, send \$27 to:
PO Box 3186
Fullerton, CA 92634

For display and classified ad information please call 714.733.1252