



5-1-1993

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Recommended Citation

Krupitsky, E. M., Paley, A. I., Berkaliev, T. N., Ivanov, V. B., Dubrovina, O. O., Kozhnazarova, D. A., Dunaevsky, I. V., Rzhankova, E. B., & Grinenko, A. Y. (1993). Krupitsky, E. M., Paley, A. I., Berkaliev, T. N., Ivanov, V. B., Dubrovina, O. O., Kozhansarova, D. A., ... Grinenko, A. Y. (1993). Ketamine-assisted psychedelic therapy. *International Journal of Transpersonal Studies*, 12(2), 56–59.. *International Journal of Transpersonal Studies*, 12 (2). Retrieved from <http://digitalcommons.ciis.edu/ijts-transpersonalstudies/vol12/iss2/9>



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Ketamine-Assisted Psychedelic Therapy

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Editors Note: This is an edited version of a much longer paper prepared by Dr Krupitsky and his colleagues. This paper in its entirety could not be included in the Journal because of space limitations. However it can be obtained by writing to the editor.

(The paper contains the description of the ketamine psychedelic therapy method developed by the authors. The clinico-psychological studies carried out have shown that ketamine psychedelic therapy is an efficient approach to alcoholism treatment and may be successfully used in treatment for some types of drug addiction and neurotic disorders. From the standpoint of various psychotherapeutic paradigms (transpersonal, psychodynamic, behavioral), possible underlying mechanisms of ketamine psychedelic therapy are discussed.)

The craving for alcohol is considered to be a pathological desire to alter one's consciousness. This pathological craving is psychologically similar to the desire to achieve other chemically-induced altered states.

Transpersonal psychology becomes highly relevant when we consider alcohol problems from this viewpoint, i.e., alcohol and drugs ingestion may be seen as a wish for transcendence and for wholeness. See, for example Grof (1990).

We believe that psychedelic therapy may represent a most efficient approach to the treatment of chemical dependencies. This therapy utilises so-called psychedelic drugs which induce hallucinations and profound mystical and transcendental transpersonal experiences. Such experiences appear to contribute to the cathartic process - to stable positive psychological changes, to personal growth and important insights into existential problems (Krupitsky and Grinenko, 1992).

The history of psychedelic therapy for alcoholism dates to the 1960s, but research was interrupted because the use of most psychedelic drugs (e.g., LSD, mescaline, psilocybin) was forbidden. However, ketamine-containing anesthetics were known, at this time, to induce bright hallucinations and profound psychedelic experiences. These properties of ketamine were the basis of our alcoholism

psychedelic psychotherapy: the Affective Contra-Attribution (ACA) (Krupitsky et al 1990; Krupitsky, 1992; Krupitsky et al, 1992). Three main stages in the ACA procedure can be distinguished and these have been described in detail elsewhere.

In the first, preparatory, stage of the ACA procedure patients undergo one to three sessions of psychotherapy. Patients come to learn that alcohol problems are related to deep-seated personality problems and are often the consequence of these personality disturbances. The second stage is a ketamine-assisted psychedelic session. The patient is injected with aethimizol, followed by one of bemegride and ketamine-containing anesthetic in subanesthetical doses. Negative emotional experiences are enhanced. The drugs also enhance functional cortical activity (tone). Appropriately dramatic background music supports psychotherapeutic influences. Positive notions, e.g., sobriety, are emphasised, and the alternative 'alcoholic fate' are both stressed. The ACA procedure is conducted by two physicians, a psychotherapist, and an anesthesiologist.

In the third stage of the procedure, four or five patients participate in a long session of group psychotherapy.

Ketamine psychedelic therapy (KPT) was given to 86 male alcoholic patients aged 25 to 49 years; none of the patients had been able to control alcohol consumption. Catamnestic data showed that abstinence for more than one year was observed in 60 people. In a control group of 100 patients treated by conventional methods only 24 patients were sober for more than a year.

A series of studies has supported the notion that ketamine-assisted psychotherapy is beneficial in a number of respects. In a further study we found that profound transpersonal, religious, and mystical experiences were apparently induced by ketamine and that the spiritual development of patients was thereby promoted. Our Assessment Scale of Spirituality Changes was used to demonstrate this. Results showed that there was a considerable growth of spirituality in alcoholics which is comparable to the change in spiritual development observed in healthy volunteers after a special course in meditation. Spirituality growth is known to be an important factor in the sobriety of alcoholic patients following remission.

We wish to suggest that KPT represents not only a transpersonally oriented method of psychedelic therapy, but may also be regarded as a product of combining the psychodynamic and hypno-suggestive therapeutic approaches. Other clinical observations have provided evidence that KPT may also be used in the treatment of drug dependence - as well as alcohol dependence. We also wish to put forward the suggestion that KPT can be successfully used to treat neurotic disorders. Research showed that KPT was most efficient in treating neurotic depression but less efficient for the treatment of obsessive-compulsive and phobic neuroses. Hysterical neurosis was the most resistant to psychedelic therapy.

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