

The Implications of Psychedelic Drug Research for Integration and Sealing Over as Recovery Styles from Acute Psychosis

JOHN C. RHEAD, PH.D. *

INTRODUCTION

A recent paper by Levy, McGlashan and Carpenter (1975) presents excellent descriptions and theoretical explanations of integration and sealing-over as recovery styles from acute psychosis. Their observations and conclusions can be supported, extended, and somewhat integrated, by data emerging from research on the use of psychedelic drugs such as LSD as adjuncts to psychotherapy.

Earlier research with LSD resulted in a great deal of controversy about the appropriate nomenclature to be used with compounds of this type. The term "psychotomimetic" was suggested, since it seemed that frequently the experiences triggered by such compounds mimicked in some substantial way the mental processes and experiences accompanying psychotic episodes. It was hoped that by administering such drugs to normal volunteers, and to sophisticated professionals in the psychiatric and psychological professions, important new insights with regard to the mechanisms underlying psychotic processes would emerge. Although this hope has been fulfilled to some extent, the insights produced have not been as easily implemented as it had been expected they might. General similarities and differences between psychedelic drug-induced states and psychotic states have been delineated by Mogar (1968).

Other names were suggested to describe the category of drugs that included LSD, psilocybin,

mescaline, and similar compounds. The term "psychedelic," meaning "mind-manifesting," has become the most commonly accepted term in use today. Although research based on a psychotomimetic model has virtually ceased, there has been some continuation of research into the potential therapeutic utilization of these compounds. It is within this context of therapeutic application that the term "psychedelic" is most commonly used, and it is from this area of research that a number of important insights pertaining to the question of integration vs. sealing-over as recovery styles have emerged.

Levy, McGlashan and Carpenter (1975) conceptualized a continuum of styles of response from acute psychosis. This continuum ranges from integration to sealing-over. They give the following description of sealing-over:

Sealing-over describes a process by which psychotic experiences and symptoms are isolated from non-psychotic mental events and then made unavailable by both conscious suppression and repression. Impenetrance to influence is both its intrapsychic and intrapersonal characteristic. Individuals who successfully seal-over are disinclined to discuss the thoughts and feelings they experienced while actively psychotic, often appear to lack awareness of the details of their psychotic episode, and fail to place their psychotic experiences into personal context. Such individ-

*Taylor Manor Hospital, Ellicott City, Maryland 21043.

