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The Influence of Ketamine Psychotherapy (KPT) Induced Psychological Changes on Alcoholism Treatment Outcomes

A Follow-Up Study

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I N OUR previous study of underlying psychological mechanisms of ketamine psychotherapy (KPT) (Krupitsky & Burakov, 1996) 30 alcoholic inpatients (age 40.1, ± 1.8) were treated with KPT at the end of their 1.5 month treatment at the Leningrad Regional Center for Alcoholism and Drug Addiction Therapy. All 30 patients were assessed before the ketamine session and in the days after it with the Questionnaire of Terminal Life Values (QTLV) (Rokeach, 1973; Senin, 1991) and the Locus of Control Scale (LCS) (Phares, 1976; Bazhin et al., 1993). Ten of the 30 alcoholic patients treated with KPT were assessed with regular (verbal) and color (nonverbal) repertory grids (Kelly matrixes) (Fransella & Bannister, 1977) to assess the subtle changes in self-concept as affected by KPT. Additionally, 10 other alcoholic patients (age 41.1, ± 2.4) were studied before and after KPT with the Purpose-in-Life Test (PLT) based on Frankl's concept of human beings' aspiration for the meaning of life (Crumbaugh, 1968; Leontiev, 1992). All psychological tests and scales that we used were specially adapted for use in Russia.

Our study indicated that ketamine-assisted psychedelic therapy of alcoholic patients induced a positive transformation of nonverbalized (mostly unconscious) self-concept according to the color repertory grids data, an increase of the internalization of locus of control in personality according to the LCS, positive changes of life

values and purposes according to the QTLV, and important insights into the meaning of life according to the PLT (Krupitsky & Burakov, 1996; Krupitsky & Grinenko, 1997a,b).

To answer the question of whether the positive psychological changes mentioned above contributed to sobriety after KPT, we collected follow-up information on 38 out of the 40 alcoholic patients studied with different psychological tests (2 patients were excluded because they did not fill out the tests properly) and then carried out a correlational statistical analysis between the follow-up data and psychological tests data (LCS, QTLV, and PLT).

According to the follow-up data, abstinence of more than one year was observed in 21 out of 38 patients (55.26%), abstinence between 6 and 12 months in 3 patients (7.9%), between 3 and 6 months in 8 patients (21.05%), and less than 3 months in 6 patients (15.79%). These follow-up data correspond well with the data of our previous studies carried out in the 1980s which showed that 65.8% of KPT treated alcoholic patients were totally abstinent for more than one year (Krupitsky & Grinenko, 1997a,b).

The correlational analysis revealed a number of correlations between the psychological tests indices and the follow-up data. In particular, the more internal the locus of control in the personality after KPT according to the LCS, the longer the remission time (period of abstinence)

observed ($r = 0.35, p < 0.05$). This means that the more responsible patients became for their lives after KPT and the more sure they were in their ability to control and manage different situations in their lives, the longer they were able to stay abstinent.

The length of the period of abstinence in KPT treated patients was positively correlated with such indices of QTLV after KPT as Active Social Contacts ($r = 0.38, p < 0.05$), Self-Perfection ($r = 0.37, p < 0.05$), Spiritual Contentment ($r = 0.38, p < 0.05$), and also with the Index of the Importance of Life Values Actualization in the Area of Family Life ($r = 0.41, p < 0.01$). These results mean that positive changes in life values caused by KPT in alcoholic patients favored a sober lifestyle.

There were no statistically significant correlations found between the length of the abstinence and the PLT data, which is probably due to the small number of patients ($N = 10$) studied with PLT.

There also were no correlations found between the length of the abstinence and indices of all psychological tests before KPT. This means that only psychological changes induced by KPT (but not initial psychological characteristics of the patients) favored a sober lifestyle and a stable remission.

Thus, it is possible to conclude that KPT-induced psychological changes in alcoholic patients contribute much to abstinence following the KPT.

Notes

For communications about this report, contact Evgeny M. Krupitsky.

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