DOES IT TAKE AN ACID HEAD TO

In a tenement in New York's East Village, the hippies and flower children lie draped on chairs and sprawled over the floor. If some are on LSD trips, it is difficult to discern. The herbal scent of marijuana is strong in the room. One fashionably bearded and dirty young hippie speaks out: "I can't trip out because I sense a bad voyage, and my shrink's over there in the corner on a trip of his own." A pretty girl, looking like Eliza Doolittle before Professor Higgins encouraged her to bathe, kindly interprets: "He thinks LSD will have a bad effect on him this time. His psychiatrist is also on a trip and will be unavailable to help him."

The "psychiatrist" in the corner is not a physician at all. He is another hippie, a college dropout. If the love generation was having some fun with the squares in the room, all was not flower children mockery.

Some psychiatrists and behavioral therapists have been taking LSD because they believe that they will have a greater understanding of what the victims of LSD-induced psychoses go through. Sharing this view is Dr. Victor Gioscia, associate professor of sociology and philosophy at New York's Adelphi University and a consultant for the Joint Commission on the Mental Health of Children. He told a meeting of the American Orthopsychiatric Association in Chicago this week that his study of LSD users and their therapists in New York, San Francisco, and London indicates that acid heads more easily accept a therapist who has taken LSD.

A Route to Empathy

The concept that it takes one to treat one is unorthodox and highly controversial, but Dr. Gioscia feels that a therapist who has not taken LSD faces a number of problems in trying to treat hippies. They regard him as ignorant, square, mercenary, and puritanical. And the therapist feels limited in his ability to empathize with the hippies and their LSD experiences.

The therapist who has taken LSD "will know how to talk his patient down," says the New York sociologist. But a therapist who has not experienced an LSD trip usually does not know that "a patient in a bad trip can be talked down," and so he resorts to medication, which can create other problems because the drugs given may produce adverse effects in a patient who has taken a hallucinogen.

Many therapists surveyed by Dr. Gioscia said that they would like to try LSD but that legal considerations prevented them. "Some therapists thought they would eventually try it."

If some therapists are becoming part of the acid scene in order to help patients, the psychiatrists interviewed by MWN strongly oppose the practice.

TREAT ONE? *Sociologist sees value in trying LSD, but physicians disagree*

"You don't let a rattlesnake bite you to find out if you're immune," says Dr. Jules H. Masserman, professor of neurology and psychiatry at Northwestern University, who was one of the first psychiatrists to study the possible use of LSD in treating mental disorders.

"Taking LSD can only make the therapist more wary of the dangers inherent in the drug," Dr. Masserman stresses. "There is an easier, safer, and in my opinion more practical way for the therapist to learn. There is sufficient literature, patient analysis, and other opportunities available to the psychiatrist to learn the ins and outs of drug usage without endangering his own mental and physical state. To say that a psychiatrist who spends years acquiring the knowledge to treat mental ills should join the hippies is out-and-out lunacy."

Another psychiatrist who feels strongly that a doctor's place is not in his patient's shoes is Dr. Daniel X. Freedman, chairman of the department of psychiatry at the University of Chicago. "Medical schools spend years trying to teach the fledgling therapist the dangers of overidentification. One of the biggest problems is training the psychiatry student to develop not only empathy but objectivity. Taking the drug with the intent of getting closer to the patient's viewpoint defeats all the schooling and can often result in two patients for the price of one."

Therapists Take a Trip

A Detroit psychotherapist who admits that he has taken LSD agrees. "It was a frightening experience, and I found it absolutely no help in dealing with my patient's experiences. His reactions were entirely different from mine."

And a psychiatrist in San Francisco who went on a trip says: "I took LSD to experience it. I had what the hippies call a good trip. But I did not learn anything that would help me understand what happens to a patient on a bad trip. Now, when one of my patients is having a bad trip, I don't try to bring him down with chemicals—but not because I believe they cannot help. I prefer letting the patient know that I am with him and will help him over the rough spots."

It is generally agreed that each patient responds differently to drugs. "Our physical and mental make-up is such that no two people will experience the same effects," says Northwestern's Dr. Masserman. "Similarly, treatment of a bad trip depends on the individual."

Because the effects of LSD are unpredictable, most psychiatrists, like Dr. Masserman, insist that they need to know more about the drug. "But in order to understand the patient's separateness, we must maintain our own separateness." ■