

THE PSYCHODYNAMICS OF THE 'BAD TRIP'

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The term "bad trip," although its origins cannot be precisely pinpointed, graphically conveys its meaning. The term refers to a reaction to a variety of drugs, most frequently an acute devastating sense of anxiety in response to lysergic acid (LSD). The "bad trip" is not rarely experienced as an immediate or *ex post facto* response to marijuana. The acute alarming nature of the subjective perceptions and the feelings of overwhelming panic experienced during a "bad trip" alone endow the reaction with a psychological significance. This is especially so since a "bad trip" can be precipitated many months after a "bad trip" evoked by drugs; the second occurring "spontaneously" and being in almost every way indistinguishable from the first one.

So that the reader may have a better idea of how the experience is perceived, I present the following illustrations:

Case 1: The patient is a young woman, a talented musician and singer, who has been employing affect-altering drugs for several years. These include the barbiturates, marijuana, hashish, amphetamines and lysergic acid. She had one "bad trip" which so frightened her that she determined to renounce the use of all drugs and seek psychiatric assistance. The major impact of the "bad trip" was her feeling of abandoned loneliness, of being suddenly in the midst of a void where human contact was distant, unattainable and longed for. She endured the fearful experience of sensing her body altering its shape and definition. Her entire perception seemed to her to have become blurred and indistinct. She felt herself to be living in a "never-never land" and had, at the time, a conviction that her world would be this way forever. Some six or seven months after this horrifying, threatening experience, and having given up the use of all drugs, she was walking one afternoon in a wide-open area of the college she attended when suddenly and inexplicably she was seized with an intense feeling of emptiness, loneliness, and isolation. Particularly distressing and alarming was the feeling that she no longer knew her own identity. She could have given her name but she

felt herself at this moment to be a non-person; human in form but without roots in reality or emotional attachments to anyone. A curious, hardly desirable floating feeling engulfed her and everything about her, the buildings in the distance, the ground on which she walked, appeared distant, strange and isolated from her personal grasp and knowledge. A rising sense of panic inundated her and she felt convinced that she was "going out of my mind." She began to run, discovering in doing so that the muscular activity somehow re-established somewhat her sense of reality. She ran up to a young man who happened to be in the vicinity. She felt compelled by an inner demand to touch him, to feel body contact with another human. She announced to him that she was afraid she was going out of her mind and begged him to talk to her. He was understandably interested in finding out who she was and what had happened to evoke her obvious distress. She put aside his questions and demanded instead that he tell her about his classes, about his girl friend and "about anything at all just so he kept talking." How long he accommodated her is uncertain but she thought in retrospect that it might have been as long as an hour. However long it was, after a time she calmed down. The delayed "bad trip" thus ebbed away under these circumstances. She subsequently viewed this experience with dread anticipatory apprehension. She apprehended the memory of it as though it were some kind of a mysterious apparition.

Case 2: The second patient is an eighteen-year-old high school student. He has been smoking "pot" for about a year, and he likes to get "stoned" with his friends. He had a "bad trip" in relationship to smoking the drug, after which he gave up his custom. He does not recall very well what this was like. Practically devoid of content he vividly recalls his memory of a horrifying feeling of expanding emptiness and of being "dropped into an abyss" and being bereft of all human relatedness. He was terribly frightened by this experience, after which he finally agreed that he had reason to seek understanding from a psychiatrist. A number of months after this drug-induced "bad trip" he traveled by train to a city several hundreds of miles away. He arrived there late at night, tired and unable to contact friends who were to have met him. He found himself in a large vaulted, almost deserted train station and was unhappy about his plight. He recalls not the content of his mind but whatever his thoughts they were

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interrupted by the ringing of a pay phone which remained unanswered for a considerable period of time. He felt rising anger that no one answered it, yet he had no thought of doing so himself. Someone seems to have finally done so and the cessation of the repetitive phone bell was related, in his mind, to what followed. He suddenly felt isolated, alone, and totally abandoned. A feeling of unreality descended upon him. It was as though he did not recognize anything about himself despite the fact there was nothing he could not correctly identify. He knew where he was but in a clouded way. He was fearful that he was in imminent danger and might "lose myself as a person." In turn he imagined that other people in the station were looking critically at him. Only moments before these same people had no particular significance for him. He felt horribly "lonely" and, as on the occasion of the drug-induced "bad trip," experienced a feeling of being dropped into "an abyss." An intense impulse to run to some other person and touch and be touched by him in turn alarmed him. He controlled this impulse, recognizing despite the intensity of his feelings the inappropriateness of such behavior. Instead he found a relief, a lessening of his panic, by pacing around the station. He was unable to estimate how long he did so. After a time the "bad trip" ebbed away to remain a never-to-be-forgotten "nightmare."

In both cases we observe the replay of a "bad trip" some considerable period of time after a preceding drug-induced one. The drug taker's first bad trip occurs under the influence of affect-altering drugs. His account of this is not always very informative because of the obtundation of the senses accompanying the pharmacological effects of the drug. The recurrence of a "bad trip" in a state of clear consciousness where there has been no obtundation of the senses by some pharmacological substance brings the "bad trip" into much more precise descriptive focus. Generally speaking there occurs an evolving sense of isolation, loneliness, fear of loss of the self, intense helplessness and inadequacy, and an intense desire for bodily contact with another human. Muscular activity has the effect of partially restoring the sense of reality.

The content of the mind at these times does not overtly reveal the underlying psychodynamics of this reaction. The recognition of the regressive nature of the response can hardly be avoided but the regression to a specific fixation point is not obvious. Before a psychodynamic correlation can be established it is necessary to review a psychophysiological event with which, because of the recentness of its discovery, the reader may be unaware.

During the earliest months of infancy the infant

"merges" each time it suckles. One may observe during these times that his eyelids half or completely close and that his eyeballs roam around aimlessly in their sockets. The infant clearly relinquishes what small degree of ego-differentiation he has achieved to this point in his development in favor of "going on a trip." He regresses to a psychological state approximately that at the time of his birth. This "merging" phenomenon repeats itself at nursing times until, at about three months of age, an increasing ego self-awareness recognizes and then responds with anxiety to it. The infant's developing ego brings him into confrontation with a paradox: either he suckles and loses touch with his ego via "merging" or he maintains the functional integrity of his ego by not suckling and suffers the pain of hunger. After a brief period of inner turmoil during which external manifestations are readily observable but generally discounted in ignorance of their significance, the infant finds his solution to the paradox by continuing to suckle as before but by altering the psychological position from which he does so. Henceforth, as he nurses he goes into "raptus." The observable manifestations while suckling are dramatically altered. The baby now stares open-eyed, with widened palpebral fissures, straight to the front, unfocusing, unseeing and unblinking when he nurses. A hand passed through his line of sight does not distract him from the "trip" he has taken from complete contact with his surrounding circumstances. At nine months of age his progressively developing ego perceives and finds threatening the once pleasurable phenomenon of "raptus." The regression of removing one's self from the psychological present is experienced as threatening by an ego increasingly jealous of its integrity. As in the earlier described perception of "merging" the infant is confronted with a dilemma not unlike the one faced at the age of three months. If he suckles he goes into "raptus," relinquishing hard earned and valued definition of relationship with objects. On the other hand, if he does not suckle he must endure the ego-threatening pangs of hunger. Out of this paradox a solution evolves. Ordinarily this is achieved through the attainment of the adult mode of eating and the repression of "raptus." Henceforth the infant maintains his relationship to objects outside himself. He no longer takes a "trip" each time he eats. It is at this period of his life that mothers often complain that their babies have become so easily distractible that their interest in eating a meal is interrupted. In actuality such distractibility is the outward manifestation that the baby has now weaned himself and no longer "goes on a trip" of any kind when he eats.

It seems patently evident that an individual chooses to get "smashed" or "bombed" or "drunk" just because he finds satisfaction in the dissolution and attenuation of his ego. He finds it so because

the alteration of his affective, perceptive and integrative capacities reproduce or replay the psychological circumstances of infantile life which are similarly characterized during the phenomena of "merging" or "raptus." There is, of course, the other side of the coin. The merging or raptus responses are perceived as attractive dangers. They hold promise of great pleasure but they also offer great threats to ego integrity. The "bad trip" seems to correlate quite remarkably with what one can postulate would be the panic response of an infant confronted with the first-time consciousness of the experience of merging or raptus. Unquestionably the infant experiences a "bad trip" which convinces him of the regretful necessity of eschewing forever the merging or raptus responses to which he has been attached and in which he found gratification for such a long period. This would be the ideal solution to the merging paradox. However, the solution is not so neatly accomplished by everyone. Those who retain a lingering urge to return to gratifications of merging and raptus are candidates for a "bad trip" when taking affect-altering drugs.

As far as I have been able to learn, the "bad trip" is evoked by circumstances of personal loneliness. It seems to me that feelings of emptiness kick off or evoke the replay of an earlier "bad trip" (the one which is experienced by each and every one of us as part of the maturation process but which exercises a "total attraction" for the victim). I think it is worthwhile to recognize that genital sexuality *per se* plays no discernible role in this phenomenon. The urge is for bodily contact; the idea being that this will help to re-establish one's identity and sense of being a person. The sex of the person sought makes no more difference than the sex of the infant's feeder. Availability seems to be the guiding factor. It is human contact that is required, reminiscent, of course, of the experience of the infant of being held in the arms of adults.

Having thus identified the origins of the "bad

trip" and described the underlying psychophysiological replay which it represents a further detail attracts our attention and calls for explanation. What about the curious matter of muscular activity and the impression that this will help to establish the boundaries of the self? This particular feature is probably likewise traceable to the person's infantile time of life. One has only to watch an infant nursing at breast or bottle to be aware of the frequency with which his hands clutch and manipulate. Whether at earlobe, bottle, blanket or other object, I believe that this behavior has to be considered part of the infant's effort to partially counter the effect of the merging or raptus to which he regresses while nursing. This muscular activity can probably be considered part of the attempt to discount or nullify the threatening aspects of merging and raptus while at the same time preserving the gratifying components thereof. It is undoubtedly significant that once the adult mode has been achieved, this grasping, kneading, muscular behavior ceases. This cessation can be interpreted as signifying that the behavior loses its ego-preserving function once the infantile mode has been finally renounced.

I have presented the psychodynamics of the "bad trip." It can be understood and recognized as a wordless replay of psychophysiological events occurring at two nodal points of the infant's life, namely, at three and nine months. The event of a "bad trip" in adult life is evidence that the weaning process was not entirely completed by the individual at the expected time during his infancy and that the adult mode was never completely achieved. How far the "bad trip" advances the maturation process, if indeed it does at all, remains unanswered for the moment.

REFERENCE

- Forrer, G. R.: *Weaning and Human Development*; Libra Publishers, Inc., Roslyn Heights, N.Y., 11577. 1969.