

LSD and the Psychedelic Syndrome

David E. Smith, M.D., A.A.C.T.

Medical Director

Haight-Ashbury Medical Clinic

and

Assistant Clinical Professor of Toxicology

San Francisco Medical Center

San Francisco, California

I. INTRODUCTION

“What do Vietnam, the Flying Nun, detergent and marijuana have in common . . . Magic for one thing, and each in its own way illustrates an American return to a primitive faith in the black arts . . . The alchemists of the present day are the members of the drug cult. With LSD, or something else exotic from the chemical retort, they believe this leaden old world can be turned into instant gold. They talk about it in terms of ‘expanding consciousness’ or ‘turning on’ as though their minds were light bulbs, but what they are really talking about is acquiring a love of life that will give them the strength to go on.”

The above quote is from the *San Francisco Chronicle* and is an example of a sudden awareness by the general public and its media that the regular use of LSD in a psychedelic environment is producing some very real alterations in the psychological and social fabric of America’s “younger generation.”

LSD is one of the most powerful psychoactive drugs known to man and its ingestion produces profound alterations in an individual’s subjective environment with marked changes in perception, cognitive functioning, and ideational processes [1].

At the present time, we are quite familiar with the acute adverse reaction

to LSD—the “bad trip.” We are aware of the subacute adverse reaction: that is the situation when an individual takes LSD one or more times, and without further ingesting the substance has what is called a “flashback phenomenon,” or the recurrence of the emotional and psychological aspects of the LSD experience.

We are aware of the long-term psychotic reaction, where individuals with prepsychotic personalities take the substance and this precipitates a long-term psychological disorder, usually a depressive reaction or a schizophrenic process. LSD has been described as a trigger in these psychotic reactions, but it is becoming quite apparent that the chronic use of LSD, whether the individual has a bad trip or not, can produce profound alterations in the user's psychological functioning and life style, particularly if the individual lives in a “psychedelic community” or “psychedelic information environment.”

As the widespread social or nonmedical use of LSD is a phenomenon occurring only within the last five years, the medical community has only begun to understand and properly describe this chronic LSD syndrome. My objective in this presentation then is to define the characteristics of this chronic LSD state and hopefully classify its characteristics in such a way as to define a new psychiatric entity, *the Psychedelic Syndrome*.

II. FREQUENCY DATA AND LABORATORY STUDIES

The Haight-Ashbury Medical Clinic serves as the general medical facility to the “hippie” community of San Francisco. In one-year's operation the clinic has had 30,000 doctor-patient visits. As determined by an in-depth epidemiological study [2] of this population, under the direction of Dr. Frederick H. Meyers at the University of California Medical Center, it was determined that approximately 85% of this population had experience with LSD while virtually 100% had experience with marijuana. It was also determined that a certain segment of this population defined sociologically as the “committed hippie,” used marijuana primarily as a social agent and LSD as primarily a religious agent shunning the *regular* use of other psychoactive chemicals.

In-depth psychiatric studies of 21 chronic LSD users were done at the University of California Medical Center's Langley-Porter Neuropsychiatric Institute under the direction of Blacker et al. [3]. Blacker's subjects were paid volunteers, not psychiatric patients at the Institute, and had ingested LSD an average of 65 times. Each subject had agreed to come to the Institute for a day of interviews and tests. Drug, social, and psycho-

logical histories were obtained in intensive interview sessions and cognitive, perceptual, and EEG tests were performed. No subject ingested LSD within 48 hours of the test session.

Blacker's group found no EEG evidence of classically defined organic "brain damage" in these chronic LSD users. However, he did find some interesting alterations. First, there was an increase in the number of visual responses, although in a test sensitive to intellectual disorganization in schizophrenia, the "auditory two-tone evolved potential" (a measure of disorganization based on auditory responses), the group showed no abnormality. However, on visual "evoked potential procedures" they gave evidence of being uniquely sensitive to low intensity stimulation and in contrast to non-LSD using groups, there was no relationship between their evoked response to visual stimuli and their subjective response to the intensity of tactile stimuli. As described by Blacker, "They seem to modulate and organize their sensory input in a different fashion."

These alterations were not consistent with the psychiatric disease "schizophrenia," primarily, because the individuals had intact and intense interpersonal relationships. The clinical picture of unusual beliefs with intact cognitive abilities is more suggestive of individuals classically defined as eccentric.

III. ATTITUDINAL AND BEHAVIORAL CHARACTERISTICS OF THE PSYCHEDELIC SYNDROME

In working with a population of chronic LSD users, particularly those involved with the "psychedelic syndrome," one is continually impressed by their belief in magic and their intense study of metaphysical subjects.

For example, in Haight-Ashbury, *astrology* is a major force in many people's lives and it is common for an individual to alter an entire week's activities (including work at the H-A Clinic) because his "sign is bad" for that week. Recently, several individuals left Haight-Ashbury because "the world was going to end" following its fragmentation by a passing meteorite. Mental telepathy and ESP are commonly practiced, and one individual at the Haight-Ashbury Clinic, for example, was convinced that he could "put the evil eye" on people who offended him. All of these magical concepts are characteristic of primitive religion and yet, as indicated by demographic studies, a majority of these young people were Caucasian and from middle class homes with little background in such mystical concepts. Blacker's research confirmed this characteristic of the chronic LSD user and supported the fact that prior to taking the drug they were middle class youths apparently holding conventional beliefs.

In addition, he found that they tended to be above average in intelligence, but were nonathletic individuals who fared poorly in competition. They tended to be passive, frustrated, angry at their own parents and personal life situations, and used LSD and the "psychedelic community" to handle their own aggression. "Love" became the answer for their own "hate."

IV. TREATMENT OF THE PSYCHEDELIC SYNDROME

Bertrand Russell, in a recent interview [4], came caustically to the defense of atheism in countering rumors that he had "got religion" at the age of 96. He stated, "There is a lie factory at work on behalf of the afterlife. My views on religion remain those which I acquired at age 16. I consider all forms of religion not only false, but harmful."

Despite Russell's critique, conversion to a religious belief system is a psychological process which an individual defends quite rigorously and the *hippies* "afflicted" with the "psychedelic syndrome" are to themselves, for example, no different than *straights* "afflicted" with Roman Catholicism.

As a result, a hippie with the "psychedelic syndrome" in a psychedelic community does not feel himself to be mentally ill, and what is more important, he is not considered to be sick by the fellow members of his community. Therefore, "the psychedelic syndrome" can be considered a mental aberration only in terms of the standards established by the dominant culture. As long as the individual remains in the "hippie subculture," and can both survive and adequately handle his internal conflicts, treatment of any kind is virtually impossible.

Classical psychotherapy or psychochemotherapy can be utilized effectively only if the individual develops severe anxiety-producing conflicts. Such conflicts are usually precipitated by his attempt to re-enter straight society, and this re-entry attempt is most often prompted by parental, marital, or monetary pressure.

V. THE CONSEQUENCES OF THE PSYCHEDELIC SYNDROME TO THE DOMINANT AMERICAN CULTURE

What are the social consequences of several thousand young people regularly taking LSD, involving themselves with the psychedelic subculture, and potentially developing the "psychedelic syndrome?" Certainly, we are only in a position to speculate at the present time. However, it is quite important for the adult community in the dominant culture to be aware of the

"psychedelic syndrome," primarily to shatter their stereotypes that "hippi-ness" is a fad, a passing phase similar to their adolescent rebellion of "swallowing goldfish." "Going straight" will be most difficult for these young people once their magical belief system is well established.

Blacker, in his speculations, referred to Lorenz [5], who in his analysis of intraspecies aggression feels that derivatives of man's aggressive instinct play a crucial role in the organization of man's social behavior. It provides such a powerful motivating force that often it interferes with social function. However, the elimination of individual aggression would undermine everything associated with ambition, ranking order, and countless other equally indispensable behavior patterns. As stated by Blacker, "if LSD can alter aggressive derivatives, it would follow that the drug could, depending on dosage, frequency, and type of individual, be used as a powerful therapeutic agent or as a solvent dissolving biological bonds necessary for human social organization."

In the final analysis, however, contemporary American society must bear a significant portion of the burden of blame for the development of the "psychedelic syndrome." The dominant attitudes of violence, competition, racism, and exploitation in virtually every aspect of American life have produced intolerable conflicts in many intellectual, passive, noncompetitive youth and the only solution the individual can accept is to "turn on, tune in, and drop out" into the antienvironment which may or may not resolve his own hate and disgust for "straight" society.

REFERENCES

- [1] D. E. Smith, Lysergic Acid Diethylamide: An Historical Perspective. *J. of Psyche. Drugs*, 1, 1-7 (1967).
- [2] F. Shick, D. E. Smith, and F. Meyers, Marijuana Practices in the Haight-Ashbury Subculture, *J. Psychedelic Drugs*, 2, Issue 1 (1969).
- [3] K. H. Blacker, R. T. Jones, G. C. Stone, and D. Pfefferbaum, Chronic Users of LSD: The Acidheads, presented at the 1968 American Psychiatric Association, with publication in process.
- [4] Time Magazine, July 8, 1968, p. 39.
- [5] K. Lorenz, *On Aggression*, Harcourt, New York, 1966, p. 278.