THE TERMINATION OF AN LSD 'FREAK-OUT' THROUGH THE USE OF RELAXATION

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Users of lysergic acid diethylamide (LSD) are subject to an acute psychological experience referred to as a 'freak-out' or a 'bad trip'. Among the characteristics of this freak-out are feelings of fright approaching panic and heightened tension. This case report involves an individual who was in such a state when seen. Although Thorazine is often used to bring about recovery, this had been refused by the *S*. The directions for achieving deep muscle relaxation[1] were used as an alternative mode of treatment. To our knowledge, this is the first time such a procedure has been used for this purpose.*

Background History. The *S* is a 19 year old New Yorker with a slight stammer and a tic, consisting of frequent rolling upward of the eyeballs. He attended a junior college for one semester, then dropped out because "It was too much like high school, I missed the college life, the people were too wrapped up in themselves." He intends to return during the coming school year since he aspires to be a physical education teacher. He has always been athletic, having competed in swimming and diving meets in high school. Besides, he said he "likes kids and wants to develop their minds." The *S*'s father was a vice president of an advertising firm; his mother works as a social worker. They appear to be financially well off. The family includes two older brothers both of whom "finished the college thing".

The subject has been an LSD user for three years, his highest dosage being 3,000 micrograms, his typical dose being 300. He has used the drug on the average once a week, but during the week in question he had taken 'acid' three to four times. He had never experienced a bad trip before, and considers that "Acid is a very beautiful thing."

The Freak-out Experience. During Halloween week, *S* used LSD three to four times. On Wednesday (Halloween night), one girl went on a bad trip; on Friday a second girl experienced one; on Sunday the *S* had his traumatic experience. The total duration of the experience was six hours.

Two factors were important as possible events precipitating the experience: Acid of an undetermined amount was taken by injection, and two of the users were strangers to the *S* and made him uncomfortable. Within ten minutes, the *S* reported feeling strange and a desire to "get out". He left, borrowed a car, and drove apparently randomly. He had visual distortions ("the road moved upward"), but he was aware of the fact that this was an illusion. He found himself at the home of one of the authors (J. B.), stayed for a brief moment, cried, then felt compelled to leave. On the drive back alone, he "screamed, felt sick inside, nauseous, yelled." Upon his return to his place, he began to experience the frightening stage of the trip: "My friends came in and really scared me . faces like a bad dream . ugly." He refused Thorazine, insisting that he wanted to work it out. His dog entered his bedroom causing more panic, "I screamed and threw a pillow." He curled in a corner, "like things were coming towards me." In a lucid moment, he asked for J. B. and was reassured that she would be called. He began to feel suspicious at how long it was taking, and "all of a sudden she appeared, and I froze, and she sat on the bed, and I jumped." He shivered, cried, and remained tense.

The Treatment. J. B. instructed the *S* in the deep muscle relaxation technique, using modified directions for contraction and relaxation of muscle groups. The *S* reported following the directions and feeling somewhat better, "then all of a sudden

*The authors have subsequently replicated this application of desensitization/relaxation training on another LSD case with similar success.

I got tense again." The relaxation directions were started again and "All of a sudden I felt relaxed, I wasn't scared, I knew who she was and what was happening, my head started setting down." Within minutes after the instruction was first started, the *S* was completely clear, calm, and able to converse realistically. He was amnesic for much of his experience which occurred earlier in the evening.

Discussion

There are several possible reasons for the *S*'s recovery. It is possible, although not probable, that the LSD effects had worn off by themselves. The *S* suspected that he had taken two separate doses of the drug; six hours seems too short a period to account for the recovery without the introduction of a tranquilizer. Psychological factors may be a plausible explanation. The *S* sought out J. B. and feels a sense of confidence in her; her presence may have been sufficient to reassure him. Her presence alone, however, must have been different in some way from the presence of the *S*'s other friends (who frightened him rather than relieved him). Finally, it may well be that the relaxation directions were in fact able to counter the panic and muscle tension. This technique is used by behavior therapists[2, 3, 4] as the preliminary phase in the treatment of anxiety and phobic states. Since the freak-out has many of the characteristics of a severe anxiety state or a fear reaction, the relaxation technique could be a very valuable method for the reduction of the tension.

References

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BEHAVIOR MODIFICATION APPROACH TO A SCHOOL-PHOBIA CASE

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Introduction

Recently, a number of case studies[1, 2, 5] have described how parents and significant others can be employed as behavioral engineers (therapists) in the extinction of maladaptive child behaviors by using simple behavior modification principles. In these individualized treatment programs, the range of disorders successfully treated includes compulsive stealing, psychogenic seizures, and "brat syndromes" Generally, the approach taken in these cases has involved the restructuring of intra-familial and environmental response-reinforcement contingencies by devising a program of non-reinforcement for inappropriate behaviors in conjunction with positive reinforcement for coping behaviors.

The following report of the behavioral treatment program in the case of a school-phobic disorder is presented as clinical evidence in support of the above-mentioned parent retraining paradigms. It also provides some possible guidelines for other therapists who are dealing with similar school-avoidant reactions inadvertantly reinforced by parents.