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Free Papers

VAN DER HORST, L.: The way of working with "model" psychoses. Adv. Psychosom. Med. vol. 1, pp. 206–209 (Karger, Basel/New York 1960).

The Way of Working with "Model" Psychoses

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Experimental psychiatry plays nowadays an important role in the investigation of the study of psychoses and neuroses. There exists a close co-operation with psycho-pharmacology. We know that we can produce artificial psychoses with illusions, hyperactivity and even delusions. And in this way we examine whether psychotropic drugs may cure these so-called model psychoses. The same holds for the psychoneurotic and the so-called vegetative syndromes.

To gain insight into the relation between personality and the specific forms of behaviour, we studied the possibility of evoking model psychoses by administering LSD. But the general knowledge we obtained in this way is not an adequate basis to differentiate the specificity of psychosomatics.

In our anthropological work we should attempt to discover specific and verifiable rules. The first question is, whether specific forms of behaviour tend to fall in certain general categories according to their anthropological type.

A survey of the possibilities shows that one of the most important data is the grading of neuroticism and psychoticism, that is the possibility of obtaining psychotic reaction. Here we may find a way for verifiable findings.

And so we started to examine the changes of activity during LSD psychosis, ascertained by PAVLOVIAN methods and we created a test-battery to these questions: the two-factor personality inventory test, the picture recognition, and the worries test to render the grading of neuroticism in order susceptible to discussion and we researched the expressive movement, the tapping, the autokinetic effect and the level aspiration (BOURDON), the conditioning, to get discussible factors of anthropological types under anthropometric aspects.

Secondly we examined whether the experimentally evoked model psychosis is to be regarded as an entity or as a reactive syndrome in accordance with the morphological constitutional type.

Up till now we know that there is a great difference in psychotic behaviour and nervous activity following LSD impact. All our examined persons became disequalibrated or disturbed. But there were qualitative varieties in feelings and emotions, differences in agressive expressions and frustration tolerance. If we try to bring these differences in psychometrical data, we get into difficulties.

In the same way the psychosomatic needs exact data; basing itself on somatological phenomena and distinctions—as they are used in the anthropometries—we in our work seek to detect correlated psychological phenomena and distinctions.

Although these investigations are in full swing, I should like to accentuate that we do not expect much from distinctions derived from characterology, psychiatry and psycho-analysis.

The whole team is organised by DR. VAN REE and we work with a group of 8 men. One of the main topics of our teamwork is the concept of constitution, the questions of constitution and neurosis and also of constitution and psychosomatics. One of us had worked many years ago on constitution and mental illness. Another of our group (DR. VAN REE) noticed that different persons showed different forms of psychosis after taking lysergic acid. This was a rough experience, but it opened the possibility of gaining insight into the relations between personality and the specific forms of behaviour by administering LSD 25. However, the general knowledge, obtained in this way, is not an adequate basis to differentiate the specificity in psychosomatics. So we needed a more comprehensive framework.

We know that the functional disturbances in the psychosomatic field depend not only on the specificity of the administered chemical substance, but also on constitutional factors. Laymen and general practitioners know that there is a close correlation between the bodily

structure and the behaviour in illness and health. Well known investigators accentuate the necessity of studying the physical anthropometrical data in connection with the possibility and the way in which the same impact may produce different somatic and psychical symptoms.

Then the question arises whether the model psychosis is to be regarded as an entity—and if so—which psychosis it might be. But as the main topic we put as the central question, whether it would be possible to produce the form of reaction by testing the person before giving him LSD 25.

In the same way as anthropometry furnishes the material, sorted according to sex, race, age and constitutional type, in our team we studied grading of neuroticism, introversion-extroversion, the degree and nature of symptoms under LSD25, which correlate with the evaluation of psychotic reactions.

We used objective tests *before*, *during* and *after* the LSD impact. The research concerns also physical attributes. E.E.G., handwriting pressure, body swing are used as well as the above mentioned two-factor personality inventory test, the worries test e.o. Moreover we used projective tests in order to find a hypothesis that could give us a lead.

In literature we can read many data built upon unverified hypothesis. In the work of our team there is also more unsolved than positive results. No wonder when you realise with how many side-problems we were overwhelmed.

Not only what is the influence of LSD on performance and behaviour, but also what are the individual differences in the change of performance under LSD?

Furthermore in which way is there a co-ordination between neurophysiological results and psychical data?

Further if there is a possibility of predicting individual differences.

Does it depend from social situation, specific constellation of constitution whether the tested person will suffer from a model psychosis or mere neurovegetative disturbances?

Can we predict, whether he will become psychotic or not?

Is there a schizophrenia-like illness under the model psychosis?

Is it possible to cure the artificial psychoneurosis with drugs as tranquillizers?

And last but not least are we allowed to make experiments like this?

You will agree that the necessity for teamwork was felt more then

ever. Only a part of what we are doing can be brought, but additions can be made to the discussion at the end of the morning. I hope that the discussion will bring us further into this interesting subject.

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VAN REE, F.: Prediction of syndromes under LSD-25. Adv. Psychosom. Med. vol. 1, pp. 209–212 (Karger, Basel/New York 1960).

Prediction of Syndromes under LSD-25

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LSD is lysergic acid diaethylamide. This substance is since 1943 known as a drug able to induce psychoses. Notwithstanding the fact that there are many clinical arguments which indicate there are many individual differences in reaction patterns after the intake of LSD, only very few studies are known which make this fact their subject. Our investigations are especially directed to these individual differences. During some experiments we did in 1957, we came to the supposition that the form of psychoses someone gets, depends for a great deal on the dimensions introversion-extroversion in the sense of JUNG, and operationally defined by EYSENCK. To investigate this we applied an extensive testbattery, which we used two weeks before and during the experimental psychoses. We gave the male subjects 150 γ and the female subjects 100 γ by mouth. The ages of our subjects varied between 25 and 50 years. With only a few exceptions our volunteers were professional people. There were three women and 18 men. There were two main problems on which we directed our attention.

In the first place the individual differences in the degree of disturbance, and in the second place the individual differences in the form of reaction. All our 21 subjects showed disturbances but only 12 of them became really psychotic. If the subjects during the whole experiment remained able to realise that their disturbances were