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(Karger, Basel/New York 1960).

Performance on Some Objective Tests under LSD-25

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The chief goal we have in mind with our experiment is: the prediction of individual differences in, firstly, the degree and, secondly, the nature of symptoms under L.S.D.-25.

In his paper DR. VAN REE dealt with the clinical assessment of both degree and nature of symptoms. If we want to predict these symptoms we need a more reliable criterion than is obtainable by clinical assessment. For that reason we applied objective tests. Until now our experiment did not proceed so far that we could assess the nature of symptoms objectively. Therefore I shall confine myself to the degree.

L.S.D. is known as luxating psychotic symptoms. EYSENCK AND BRENGELMANN described objective tests discriminating normals and psychotics. Therefore it seemed reasonable to apply some of these tests. EYSENCK also described some tests discriminating normals and neurotics. We also applied some of them. Not so much to test EYSENCK's theory on the relative independency of neuroticism and psychoticism, but also to study the generality of the influence of L.S.D. on behaviour in the abnormal direction.

18 male subjects have been given 150 μ L.S.D.-25 and 3 female subjects 100 μ . Age range 25-50 years. All subjects were volunteers of high educational level. In table 1 we see the tests applied in pre- as well as during L.S.D. testing.

Static ataxia is known in medical literature as the ROMBERG-test. EYSENCK AND INGHAM described it as discriminating normals and neurotics.

Worries is a pencil and paper test described by EYSENCK as discriminating normals and neurotics.

Picture recognition test is described by BRENGELMANN as discriminating normals from neurotics and psychotics. Subjects have to recognize pictures shown for a very short time.

Tapping is a performance test described by EYSENCK as discriminating normals and psychotics.

Figure reconstruction test is described by BRENGELMANN as discriminating normals and psychotics. Subjects are shown a pattern of geometrical figures for 5 seconds. After these 5 seconds they have to reconstruct the design. There are 12 trials for one design. We applied BRENGELMANN's rotation error score.

In table 1 is given under + the number of subjects with better (more normal) performance under L.S.D. than in their normal state; under — is given the number of subjects with a worse (more abnormal) performance under L.S.D. than in their normal state.

Table 1

	+	—	Correlation with symptoms
Static Ataxia	10	8	+ .09
Worries	11	5	— .12
Pict. Recogn. T.	11	8	+ .12
Tapping	6	11	+ .34
Fig. Reconstr. T.	1	15	+ .72

The results suggest some support for the hypothesis of the independence of neuroticism and psychoticism. The influence of L.S.D. on the performance on neuroticism tests is small as compared with the influence on psychoticism tests. More important for our goal is the decrease in performance of nearly all subjects on the F.R.T.

When we found the performance on the F.R.T. to be very sensitive to the intake of L.S.D., our next step was to relate the individual differences in performance on the F.R.T. with the marked individual differences in the clinical symptoms, which the subjects demonstrated. In the last column in table 1 this relation is expressed in the SPEARMAN rank correlation co-efficient. We correlated the difference of the performances in pre- and during-testing with the order of degree of symptoms under L.S.D. as is described by DR. VAN REE. Here again the F.R.T. gives the most promising results.

When we found an objective criterion for the degree of symptoms under L.S.D., we tried to predict the individual differences. We used the scores of 10 objective tests, administered during pre-testing, as predictors. 3 of them were neuroticism-, 2 psychoticism-, 2 introversion-extraversion-, 2 intelligence-tests and 1 level of aspiration test. Our objective criterion, the performance on the F.R.T. during L.S.D., was by none of the 10 tests predicted beyond chance expectation. Contrary to the *nature* of symptoms we could not predict the *degree* of symptoms by means of objective tests.

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VAN LENNEP, J.E.: Performance on some projective tests under LSD-25. Adv. Psychosom. Med. vol. 1, pp. 209-222. (Karger, Basel/New York 1960).

Performance on Some Projective Tests under LSD-25

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The tests used in Mr. VAN REE's LSD-experiment, included several projective tests: these were the ZULLIGER, which is an abbreviated Rorschach-test; further: drawing-tests, that is to say the Three Tree Test, the Drawing of the Human Figure and the Drawing of a House, and finally the Four Picture Test.

The subjects were tested in their normal state and about a fortnight later, after taking the LSD.

Among the many things we have investigated, we tried to discover criteria for the classification of our subjects on the introversion-extraversion continuum.

The results achieved have not been very satisfactory yet, in my view because the criteria were not sufficiently sharply defined and consequently left too much room for subjective interpretation by the evaluator.

But, as Mr. VAN REE has already told you, the classification in introverts and extraverts and consequently the prediction of the *kind*