BRIEF COMMUNICATION

THE FIRST TRIP: LIFE CRISIS AND THE FIRST EXPERIENCE WITH HALLUCINOGENIC DRUGS

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In this paper, it is suggested that the first use of hallucinogenic drugs often occurs during a life crisis which requires a more autonomous level of functioning. On the one hand, the person wishes to be more self-sufficient; on the other, he wishes to regress to a more dependent state. By taking the drug, he unconsciously hopes it will resolve this dilemma by making him unable to cope without making him feel ashamed of his incapacity. Three case histories are presented to illustrate this type of response.

Drug use may also be due to the opposite wish—to become more powerful and able to cope with a crisis. Such unconscious coping mechanisms may often determine the first use of drugs and may also explain why many people are only occasional users. Habitual drug use may occur if concomitant feelings of depression and alienation are relieved, or if pleasure or insight are experienced. Since the psychodynamic determinants of drug use vary for different groups and individuals, it is probably useful and necessary to delineate them in greater detail so as to gain a better understanding of a multicausal phenomenon.

In recent years, there has been an ever increasing interest in the cultural and social significance of widespread use of hallucinogenic drugs. Most psychiatric studies have either shared this focus or have dealt with the psychopharmacology of these drugs. Relatively little has been written about their idiosyncratic and symbolic significance to the individual user.

Most patients who come to psychiatric attention are habitual users who have been hospitalized because of toxic or functional psychoses following drug ingestion (2, 3, 5, 10, 12). The number of permanently schizophrenic or borderline psychotic patients is often disproportionately high (3, 5, 10). For these reasons, conclusions drawn from such studies are probably not applicable to the majority of drug users.

It is increasingly common for patients to be in psychotherapy when they have their first experience with a particular drug. In such circumstances, the therapist is intimately familiar with factors in the past and current life situation which have contributed to the patient's decision to use drugs at a particular time. Therefore, he can delineate more clearly the individual factors which determine this decision and can formulate some hypotheses concerning the psychodynamics of the first "trip".[2] It is my impression that, in certain cases, the person takes drugs during a critical life situation because he is afraid he will fail to meet its new and frightening demands. The patient unconsciously hopes the drug will

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[2] The word "trip" denotes not only the LSD (lysergic acid diethylamide) experience but also the subjective response to smoking cannabis.

make him unable to cope with the situation, so that he will be permitted to regress to a more immature and dependent level of functioning without feeling guilty, irresponsible or inadequate. The following case histories illustrate this mechanism.

CASE HISTORY

CASE 1

A 19-year-old girl was admitted to the psychiatric ward after ingesting 50 aspirins because she felt abandoned by and angry with her boyfriend, who had gone on a holiday without her. She had never taken hallucinogenic drugs of any kind.

The patient spent 3 months in the hospital and left unwillingly. It had become evident that the fear of being abandoned was a major psychodynamic factor in the character structure of this girl, who had been given up for adoption by her real mother when she was 9 months old. She had a childhood memory of repeatedly asking her adoptive parents, "Do you love me?" This theme recurred during psychotherapy in her constant need for reassurance that the therapist cared about her.

Six months later, and 2 days before the therapist was to leave on vacation, the patient took LSD for the first time. She experienced colored visual hallucinations and had episodes of panic during the drug experience but did not become psychotic. On the following morning she phoned the therapist, informed her that she had taken LSD, and stated that she was still "tripping." When seen a few hours later, she showed no signs of being under the influence of the drug, but she was given oral chlorpromazine as a precautionary measure. During 2 subsequent years of psychotherapy, this patient never again took LSD.

Comment. It is evident that this patient reacted to the threat of another abandonment by taking LSD. Her unconscious wish seems to have been twofold: either the drug would make her euphoric, and alleviate her ungratified dependency feelings, or it would make her ill enough to seek help and eventual hospitalization from the doctor. In this way, she could at once fulfill her dependency needs and take revenge on the therapist, who was abandoning her as had her boyfriend and her real mother.

CASE 2[3]

A 24-year-old man consulted in the psychiatric outpatient department because he constantly feared that his penis was too small. He had had few successful sexual experiences, was often impotent or had premature ejaculation, but had had no homosexual experiences or conscious fears of homosexuality. The patient had many obsessional fears and doubts, but his thought processes were not psychotic.

He was seen in psychotherapy twice weekly for 10 months. During this period he became engaged. Three months prior to the wedding, the patient became increasingly anxious about his sexual potency, about his ability to support a wife, about moving out of his parents' home and about losing his therapist, who was moving to another hospital. He expressed fears of going crazy and of losing control.

At this point, the patient smoked marijuana for the first time. He first felt uninhibited and elated; but, after a while, he began to think that other people were saying that he was a homosexual. He felt childish and foolish and thought he might be going crazy.

Comment. This patient seems to have taken marijuana in the conscious expectation that it would alleviate his tension and anxiety. On an unconscious level, he probably wished to become ill, so that he need not support his wife, nor test his sexual potency, nor lose the comfort of living with his parents and having psychiatric treatment. Both wishes are evident in his feelings during the drug experience.

[3] This patient was treated by Dr. Claude Villeneuve, under the author's supervision.

CASE 3

A 20-year-old student, in her last year of college, came for treatment because she felt she was overly passive and dependent on boyfriends and would become overly depressed whenever a relationship ended. She was also having difficulty in deciding whether to take a year off and travel, go to graduate school right away, or take a job for a year, after she had finished college. The patient had smoked *cannabis* regularly for 3 years but had never taken any other hallucinogenic drug.

On a conscious level, this patient strongly rejected her parents' middle class values; yet, in the course of therapy, she became aware that she also very much wanted their approval and protection. After she had become aware of this conflict, she could more easily disentangle her motivations and autonomously decide her future.

The patient finally decided to go to graduate school immediately after finishing university. A few days after reaching this difficult decision, she took LSD for the first time. During the drug experience, she had some frightening hallucinations, but was able to reassure herself, and did not experience any adverse after-effects.

Comment. The patient herself characterized this incident as her typical response to an impending separation. Although she feels that LSD is potentially harmful, she passively accepted to take it. In retrospect, she realized that she was becoming anxious about leaving home, and was particularly afraid of the responsibility of exercising judgment in drug use, sexual behavior and radical political commitment, when she would no longer have the external restraint of living at home with her parents. She felt she might have been hoping to break down under the effect of LSD, thereby getting out of her commitment to leave home and become truly autonomous and responsible.

DISCUSSION

The appeal of hallucinogenic drugs is usually explained by their power to allay anxiety, give pleasure, alleviate depressive feelings with their euphoriant effect, and/or satisfy oral dependent cravings (2, 5, 10). Some users hope to overcome feelings of emptiness and alienation by experiencing oceanic union with the surrounding environment (2, 6, 12).

Many writers attribute drug use to underlying depression (5, 11, 12). However, the depression they describe seems more similar to the adolescent *Weltschmerz* described by novelists of previous generations (4, 7, 8), than to classical depressive disorder. To use the same term for two such different states is confusing from a nosological point of view and vague from a psychodynamic standpoint. Probably there is a subgroup of habitual drug users who come to psychiatric attention because they are indeed depressed, but they are probably not representative of most young people. Indeed, several college studies indicate that the majority of students use drugs very infrequently (9).

Adam and Lohrenz emphasize that drug use may simply be the most recent method of self-exploration available to youth, and suggest that it serves not only to allay the confusion, curiosity and pain which most young people sometimes experience but also serves to define the limits of one's mind and one's self-mastery (1). This better explains the motivations of young people such as the patients described in this paper, who have neurotic problems but are functioning in most areas of life.

In contrast with these patients are 15 patients studied by Glickman and Blumenfeld (3). All were hospitalized because of psychotic reactions following LSD ingestion. The authors conclude that each of these patients was facing a life crisis and unconsciously expected the drug to make him more powerful and capable of coping with

the situation. Three patients expressed this in their LSD-induced delusions, by saying they were all-powerful and were God.

The patients I have described were also trying to cope with a critical life situation. Although they also hoped for greater potency and effectiveness in meeting the demands of the situation, they did not become psychotic. Rather, their over-riding wish seems to have been to give in to regressive feelings of dependency. Perhaps this implies that they had a stronger ego structure and, therefore, did not resort exclusively to the denial and magical thinking which can precipitate psychosis but were more conscious of having dependent wishes as well as omnipotent fantasies.

In the light of this clinical evidence, it seems possible to identify specific psychodynamic factors which determine the first use of drugs. What is especially striking is the occurrence of a crisis situation, which evokes a conflict between the wish to master the experience and the desire to regress to a more dependent level of functioning. Subsequent and habitual use may be determined by the positive reinforcement derived from a pleasurable drug experience, relief from deep-rooted feelings of depression, alienation or anxiety, or from a new level of awareness. The experience may be repeated because of such secondary gratifications, rather than because of a need to solve an acute conflict.

As with the three patients described in this paper, drug use and experimentation with new drugs probably occur most often at times of life crisis, without becoming an habitual pattern. Perhaps this is because most people gradually evolve to respond to stress in a more mature way. Preventive efforts might, therefore, be more productively directed toward developing methods of identifying those who are at greater risk of becoming habitual users, rather than focusing on "drug abusers" as a homogeneous group. In this context, the first "trip," like so many other "firsts" in life, may have unique and unusual psychodynamic significance.

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