

LSD, VIOLENCE AND RADICAL RELIGIOUS BELIEFS

DAVID E. SMITH, M.D.¹

Newspaper accounts of "Jesus Freaks" in the House of Pergamos (a commune in Berkeley), psychedelic religious cults, "mystical murders" in Los Angeles, "LSD ritual murders" in Fort Bragg, North Carolina, and tabloid serialization of the black arts have both alarmed and acquainted the general public with the rising trend toward radical religion in contemporary American society.

The drug induced psychedelic experience has been implicated as a major factor in the development of such radical religious beliefs and has been described as causative in much of the violence.

Blacker (1) and Smith (2) have described LSD-related longterm personality changes with the emergence of a dramatic orientation to mysticism, but have suggested a trend toward non-violence as one of the dominant characteristics.

The purpose of this paper is to briefly describe the relationship between LSD and radical religions with the hope of shedding some light on the apparent paradox between psychedelic induced violence and the avowed hippie ethic of non-violence.

LSD TOXICITY

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 (3).

1. Medical Director, Haight-Ashbury Clinic and Assistant Clinical Professor of Toxicology, U. C. Medical Center, San Francisco, California.

At the present time, we are quite familiar with the acute adverse reaction to LSD—"bad trip." We are aware of the subacute adverse reaction: the situation when an individual takes LSD one or more times, and without further ingestion of 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 which 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." This profound personality change has been described by Smith (2) as the "Psychedelic Syndrome."

CLINICAL DATA AND LABORATORY STUDIES

The Haight-Ashbury Medical Clinic serves as the general medical facility to the "hippie" community of San Francisco. In 3 years of operation the clinic has had 50,000 doctor-patient visits. As determined by Shick (et al.) (4) and (5), 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.) (1). 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 psychological histories were obtained in intensive interview sessions and cognitive, perceptual, and EEG tests were administered. No subject had 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 inter-personal relationships. The clinical picture of unusual beliefs with intact cognitive abilities is more suggestive of individuals classically defined as eccentric.

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. 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 who apparently held conventional beliefs.

In addition, he found that they tended to be above average in intelligence, but were non-athletic 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."

TREATMENT OF THE PSYCHEDELIC SYNDROME

The late Bertrand Russell (6), 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 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.

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 alter their stereotypes of "hip-piness" as 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 (7), 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. Aggression provides such a powerful motivating force that it often 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."

DISCUSSION

There is no question then, that LSD can facilitate the development of radical religious beliefs. In general it produces an inhibition of aggression and an orientation toward non-violence. How then, can one explain the ritual murders seen on occasion in the psychedelic sub-culture, the most widely publicized of which involved the "Charlie Manson Commune."

Research by Smith and Rose (8) indicated that Charlie, the communal cult leader had a long history of psychological and social problems with a well-defined delusional system prior to his involvement with LSD and could be classified as "an ambulatory schizophrenic." The girls in the commune, however, more closely resembled

those immersed in the "Psychedelic Syndrome" and came to believe that "Charlie was God" and whatever he said was to be accepted by faith as correct and not to be questioned.

When the victims involved in the crime now popularly referred to as the "Sharon Tate Murders" accidentally became involved in Charlie's paranoid delusional system, he ordered their death. His disciples carried out this order without question for "God is always right."

Blind obedience to an absolute ruler then, can lead to destructive, inhuman violence whether at Sharon Tate's home in Los Angeles or Song My in Vietnam (where drugs may have also been involved). Religious faith breeds such blind obedience and much violence has been accepted and rationalized because "God was on our side."

In those cases where LSD has facilitated religious faith and blind obedience, the drug must be implicated in any subsequent violence. Although by far, most individuals who become involved with psychedelic chemicals tend toward non-violence.

REFERENCES

1. Blacker, K. H., Jones, R. T., Stone, G. C. & Pfefferbaum, D. "Chronic Users of LSD: The Acidheads." *Amer. J. Psychiat.* Vol. 125: 341-351. (September, 1968). (L7.C6)
2. Smith, D. E. "LSD and the Psychedelic Syndrome." *Clin. Toxicol.* Vol. 2: 69-73. (March, 1969). (L7.S2)
3. Smith, D. E. "Lysergic Acid Diethylamide: An Historical Perspective." *J. Psychedelic Drugs*. Vol. 1: 1-5. (Summer, 1967). (L7.D61)
4. Shick, J. F. E., Smith, D. E. & Myers, F. H. "Use of Marijuana in the Haight-Ashbury." *J. Psychedelic Drugs*. Vol. 2: 49-66. (Fall, 1968). (C7.E5)
5. Shick, J. F. E., Smith, D. E. & Myers, F. H. "Use of Amphetamine in the Haight-Ashbury Subculture." *J. Psychedelic Drugs*. Vol. 2: 139-171. (1969). (A5.E8)
6. *Time*. (8 July, 1968): 39.
7. Lorenz, K. *On Aggression*. (New York: Harcourt, 1966).
8. Smith, D. E. & Rose, A. J. "The Group Marriage Commune: A Case Study." *J. Psychedelic Drugs*. Vol. 3. (1970).