LSD (lysergic acid diethylamide) is an odorless, tasteless chemical simple enough to be manufactured by anyone with a modest knowledge of chemistry. Very small amounts (100 mcgm or less) will produce a significant effect in a human being (300 such doses would equal in weight the aspirin in the ordinary 5-grain tablet). These facts about LSD would render it practically impossible to enforce a prohibition of its use. The drug induces vivid hallucinations, and varying moods. The subject's perception of ordinary reality is grossly distorted, and his judgment is seriously affected; if not protected from harm to himself or others, serious accidents could happen — and have happened. The drug effect wears off after several hours. The experience may be remembered as having been very pleasant or very unpleasant. The user may feel he has derived some great psychic good; but sometimes a psychosis, lasting several weeks or longer, has been precipitated. This may not be directly due to the drug itself, but merely indicate a pre-psychotic tendency in the subject. The repeated use of the drug does not lead to physiological addiction, nor are there withdrawal symptoms when the drug is stopped.

The reasons advocated for its use may be summarized under these headings: 1. For scientific investigational purposes; 2. as a temporary euphoriant; 3. as a mystic or religious experience, bringing one into a closer union with God, or "with all of life;" 4. as a means of gaining rapid self-understanding. The latter two reasons are what I would understand by the claim that the drug "expands consciousness."

*Use for scientific or medical purposes:* Any competent scientist who wished to study this chemical would, of course, meet with no objection from me, if he took the usual precautions necessary for human experimentation. However, if I were a research worker, I would not wish to embark on an LSD research project right at the present time, for the present public furor would be bad for objectivity. As a clinician, I consider the drug still investigational; and I would not give it to a patient of mine, even at his request. The risk seems greater than the reported long-term benefits.

*Use as a temporary euphoriant:* No one seriously advocates use of this drug, as far as I know, simply to feel good while the drug is still in the system. Yet I am sure I will comment, as a clinical psychiatrist, about the current LSD fad. Although I have had no personal experience with this drug or its users, I can offer from other clinical experience a theoretical consideration of the reasons being advanced for its use.
that is what leads many young people to try it — simply for “kicks,” as alcohol and even more dangerous drugs are tried. With alcohol, Society tries to protect the individual and the social group from dangers consequent to its use. Right now, with LSD, Society might try to do the same; but I suppose rules to prohibit or control its use will fail. Nevertheless, I think the fad will pass. Since it is not addicting, it does not carry within itself a physiological compulsion to continue its use; and as a simple euphoriant, for “kicks,” nothing I have read about it leads me to think it will replace alcohol.

Use for mystic or religious purposes: Many cultures have used other hallucinogens (such as certain mushrooms) for mystic experience. Some LSD users claim a feeling of unity with all of life, a closeness to God, a deeper awareness of all of reality, a liberation from anxiety about the future, a release of an inner capacity to love oneself and others. This subjective experience is said to be impressive, so overwhelming, that it leads to a significant lasting change in personality. Naturally, as a man with religious convictions of my own, I would compare such claims by LSD users with the personality-changing “visitations from God” other quite ordinary people claim to have had. But, as a psychiatrist I see, every day, some hallucinated person, and must, in all seriousness, decide whether the hallucination is a valid religious experience, or is evidence of “possession by the demon” of schizophrenia, or delirium, or organic brain disease. My test of sickness or health is the total effect of the experience on the present behavior and future life of the person. I will scoff at no man’s relationship with his Deity, no matter how unusual, or mystic, or miraculous it may appear to him, if only he is more “full of grace” after the experience than before. If he is not, I suspect that he has seen, not God, but only the disorganized fragments of his past experience. I have not yet heard of a devotee of LSD who would qualify to be the modern prophet of God for me.

Use to gain psychological insight and self-understanding: Let me preface my remarks about this aspect of LSD by a brief review of conventional efforts we psychiatrists use to help patients gain self-understanding. It is well known that our methods are painfully slow. There is a “resistance” to insight because certain memories or hopes have had sufficient anxiety connected with them to cause their “repression” — i.e. their disappearance from consciousness. As insight dawns this anxiety must be re-experienced. In conventional psychotherapy, as the anxiety appears, it is partially allayed, through the patient’s feeling of emotional “security” in the person of his therapist. Then, subsequent discussion of the previously unconscious material will permit its gradual integration into the patient’s present life.

Attempts have been made in the past to force a more rapid release of unconscious material — “expansion of consciousness,” if you would like to use that term. Hypnosis and “truth serum” (intravenous drugs like pentothal and benzedrine derivatives) can stimulate an awareness of previously unconscious material. However, when the material is released suddenly, the associated anxiety may be overwhelming. The patient may develop more serious symptoms than the ones he had; or, (as if in protection of his rationality), the material may be promptly “forgotten” (re-repressed) again. True,
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the doctor, now having more clues to the unconscious material, may be better able to direct the future psychotherapy; but *useful* self-understanding still progresses at the slow rate, limited by the patient's ability to handle his anxiety, bit by bit, as he integrates what he learns about himself into his present life. Periodically hypnosis and similar techniques acquire great popularity; and then enthusiasm wanes as the shortcut proves disappointing to the latest generation of therapists.

Some years ago, at the Ford Hospital, we had a theory that a drug delirium could be therapeutic in seriously ill psychoneurotic patients. Delirium is of course an actively hallucinated state, not too different than the hallucinations induced by LSD. We gave our series of patients large doses of sodium amytal, inducing narcosis for about ten days; the drug was then stopped and a delirium lasting several days ensued. Some 60% of our patients were generally better. However, the treatment was unpleasant, and complications occurred; and we gave it up because later treatment methods have a better efficacy-safety ratio. Even in those patients who did gain improvement, it is not now clear, in retrospect, that the hallucinations during the delirium were responsible for the improvement. Furthermore, the material in the hallucinations was so disorganized that it was seldom useful in later psychotherapy. Also, there is no evidence that the hallucinations which alcoholics have (in delirium tremens) are beneficial to the personality organization.

Of course, LSD "expansion of consciousness" may be in no way like the bringing of material into consciousness by hypnosis or pentothal; and LSD hallucinations may be in no way like those occurring in a sodium amytal or alcohol delirium. But from my experience with these common phenomena, I feel that for the LSD subject to gain *useful* self-understanding, two criteria must be met: 1. The hallucinations must be sufficiently coherent, sufficiently related to past or present reality, so that the material can be intelligently and realistically used to modify present behavior; and 2. the anxiety with which it was originally associated, and which (according to all previous psychiatric experience) must be re-experienced as it returns to consciousness, must be somehow allayed.

I gather that the first criterion — coherence — is frequently, but not always, met. The LSD visions are apparently remembered not as just a meaningless "dream," but as material relevant to, and important for, one's future life. If so, the possibility exists that consciousness could make good use of the material, providing that there is not so much anxiety present that re-repression must occur.

The second criterion — the relief of anxiety — is also claimed; but here there are some questions. The occurrence of the occasional post-LSD psychosis or seriously disturbed mental state is strong evidence that, in these cases at least, anxiety has *not* been allayed, and the subject has been overwhelmed by it. In the opposite case, when the LSD "trip" has been a pleasant one, and no anxiety is experienced, it appears that — at least during the acute phase — normal fear has also been banished. The subject may look from the third floor window to the ground, and feel no phobia of height;
but he may also feel no fear from the idea that he could step down to the ground. He is in danger of his life right then. Now, if the long-term personality-changing effect of the drug were to be similar, that neurotic anxiety and normal fear were both lost, concerning the new material in consciousness, equally dangerous and undesirable results would occur. The subject may lose his compulsiveness, his anxiety, about being always exactly on time, but also may lose the concern (fear) which would be normal if he were never on time for work. If so, he would have traded a pre-LSD state of unrealistic feeling of insecurity for equally unrealistic feelings of security. This is no gain.

Our modern tranquilizers quiet anxiety somewhat, and leave the logical processes and realistic emotional response relatively unaffected; but they do not stimulate recall of the anxiety-tinged events of the past, nor awareness of the unconscious sources of anxiety in the present. We might say that the tranquilizers quiet anxiety, but without understanding. If LSD, or some other drug, could stimulate understanding, and temper anxiety at the same time, it would be a great advance. But if it releases too much anxiety suddenly, as it sometimes seems to do, the results may be very bad; and if it quieted all anxiety, I do not think the new material could be used sensibly in the real world where danger does, in fact, exist. If LSD brought new understanding, along with just the right amount of anxiety, all our previous experience indicates the material will be re-repressed again, in the usual case, unless skilled professional guidance is available to help the subject use the knowledge and handle the anxiety.

In short, I consider the drug should be used only by experienced behavioral scientists, for research purposes. For if used, as it is being used now, we might say, with apologies to Hamlet: "...to sleep...perchance to dream! Ay, there's the rub. For in that sleep of (drugs), that undiscovered bourne from whence (some) travelers return, who knows what dreams may come?"