Comments given at the Los Angeles County Mental Health Department's Conference on Problems of Disaffiliated Youth, on September 18, 1967.

# Drugs and Psychological Sequelae - Problems and Interventive Measures

Gary Fisher, Ph.D.

School of Public Health

University of California, Los Angeles

DR. DEIGH: In planning this conference, we had thought that we would have a general description of who are the people who talk with us, and Dr. Brickman was to follow, if you will see the program, Mr. Russell to give us his impressions of some of the psychological dynamics that are involved. However, Dr. Fisher has been asked to go to the conference on the 25th, second session. Dr. Brickman has graciously given up his time for Dr. Fisher to hold forth. Dr. Fisher is currently on the faculty at the UCLA School of Public Health in the special mental health education program. Before that he was a Senior Clinical Psychologist at the California Department of Mental Hygiene and also in the California Department of Corrections. During '65 and '66, he was in Hawaii, Field Assessment Office, worked for the Peace Corps program, consultant for the Children's Health Services in the Hawaii Department of Health. Dr. Fisher will talk to us now about-- I should have mentioned that the second conference, the focus of that was to be held on what are some of the problems brought forth by the hippies, or what are the problems that maybe the Establishment has when the hippies come to them for help, and what, maybe, we could do about it. Dr. Fisher will talk now about what happens, in his view and from his experience about hippies who have taken LSD. Dr. Fisher.

DR. FISHER: Thank you, Maurie. It shows how loose and unstructured Dr. Deigh is when he can fit me into a time other than my own slot. He's been liberated. It's intriguing to go on from the

questions that have been raised. I'm going to give a couple of examples. I didn't intend to start here, but I don't want to leave your question. When it comes to talking about intervention techniques, this is a very tricky question as you realize, especially from Stan's comments in terms of a value system. There are some marvelous examples in the literature of the Establishment's interventive techniques with people who are involved in transcental phenomena, if you want to call it this. One was a report from a physician. A woman had been neurotic for many, many years, and had been in psychiatric treatment, and had not changed much, and then had taken LSD outside the bounds of medicine. Some friend apparently had turned her on. She had a very successful experience, and was able to drop the neurotic, stifling game that she had been playing, and started to relate very genuinely towards her family, her children, and her neighbors. She would comment that things were very beautiful; that she was living in paradise, that her children were all godlike, and she was, too. This really disturbed her husband no end, and he took her to see a psychiatrist, and the psychiatrist listened to this and diagnosed her as having a grandiose state, and proceeded to give her electric shock treatments. After a number of treatments, she was back to being bitchy, neurotic, unhappy--her old self--and he published, saying this is how you get rid of these untoward symptoms from LSD. This sounds like fiction, but it's published. Another good example of the understanding that some people have of LSD

is in another article I read in a medical journal that LSD certainly didn't help his patient. It kept them up all night. What he was doing, he was giving it to them at bedtime, and then they were wandering around the ward all night, and his comment was: "It doesn't work." What he had in mind, I'm not quite sure, as he didn't state, but he did conclude that "it doesn't work." Before all the laws were passed about these drugs, it used to be acceptable to ask people who had had the journey, but since they have all these laws now, you can't ask this question, because it's indiscreet. But it's very difficult to know how to talk about things unless you know something about the experience of the persons to whom you are talking, and I'm glad that Stan talked about the psychedelic experience as much as he did to give those of you some idea of the experience who had not had the experience. I'd like to tell you a bit about my background in working in this area so you'll be able to judge what I say in terms of my experience and the applicability of this experience with reference to the kinds of people you will be having contacts with. I first got into this area through contacts with the Saskatchewan Group on Schizophrenia under Hoffer and Osmond. In Saskatchewan they were studying the etiology of schizophrenia, and when LSD came along, it was thought to be psychotomimetic, that is a "psychosis producing" phenomenon, so schizophrenia was going to be understood by inducing the phenomenon chemically, understanding the process, treating it and then applying this knowledge to the phenomenon when it naturally occurrs. And they were doing very well at producing psychosis

with LSD as it's not very difficult to produce a psychotic episode using these drugs, especially if the workers and the person are prepared to become psychotic, because when he starts experiencing new kinds of phenomena, he will label these as psychotic, and sure enough, that's what he will become. That will be the reality of it to him, and he will become fearful and apprehensive, and as you are well aware in our culture, being psychotic is a very dreaded experience. It's a real horror in our culture. One of the people in the Saskatchewan Group always defined psychosis as "something I don't know about." It was his definition of psychosis. It's the unknown. The kind of setting they had was in a hospital setting, men in white coats injecting chemicals into one's muscles, and waiting there apprehensively, waiting for reactions, in a sterile room, to take notes about the about-to-occur psychosis. Leary's famous words "set and setting" reject the tremendous importance of both the motivation or set the individual has and the setting or conditions under which he has the experience and these conditions very much include the people who are with him, and especially the states of consciousness of those people. And then Hubbard came along, and said, "Well, it's not hard to produce psychoses. Our society does it all the time. How about learning to produce something other than psychoses?" And this is where the word "psychedelic" was introduced. It was coined, I think, by Osmond, meaning "mind manifesting." Hubbard then taught some of these workers how to use this chemical in a positive, productive, psychotherapeutic way. I was working with psychotic children at the time, with not very much success, and I wanted to learn about the possibilities of this drug with this population as the Canadian workers

were having such success with another recalcitrant group, the chronic alcoholic. Today, I believe in Saskatchewan they use LSD with alcoholics as part of their total program. I did some work in this area with alcoholics and helped get treatment programs started. Then, of course, other people became interested, and as Stan referred to Tim Leary's first trips out here, there were a lot of professional and middle-class, upper middle-class people very much involved, and I came to know many of these people. These were people very much within the Establishment. It's interesting how many of them came to LSD. They came to it through all kinds of other explorations, mostly religiously oriented, such as Zen, Christian Science, Vedanta, and so forth. These were people, many of them, who had typically come up through the culture, fully embraced it, had made their money, had achieved what most people in our society think they are trying to achieve, and found to their chagrin, they were empty, unfulfilled and frustrated. It wasn't full of Nirvana as they thought it was going to be, and that was rather a blow to the ego, so they had to start searching somewhere else. So, many of the people that I worked with a long time ago were these kinds of people who already were searching and introspective, but who had never taken to the psychotherapy model because they didn't fit with the people who were offering psychotherapy. Typically in our culture, the psychotherapist only knows how to talk to certain kinds of people, people who have certain kinds of problems and who have certain kinds of conflicts,

and these are traditionally related to intrapsychic and interpersonal kinds of conflicts, rather than existential, so if they would go to psychotherapists, these psychotherapists would throw up their hands and say they hadn't even met those problems yet, much less solved them, so how could they help them. Well, the more enlightened ones would give that answer! Psychotherapy, I think, is typically where one person is trying to aid someone else to play the game he is playing, because generally, he plays it a little better, that is, he is functioning a little better than the fellow who comes in for psychotherapy. These kinds of people didn't fit that model, didn't fit that role, so they were kind of lost. The other kind of population that I have worked with are people on the other extreme who are completely outside the Establishment, character disorders, asocial, anti-social and dyssocial--the kind of person whose drug usage is part of a total reaction to the culture, and it is a part of their character structure. These people are seen in prisons, and I did some work in the prison, and their psychedelic drug usage is part of their theme, and is combined with heroin, amphetamine, barbituates, glue, and what-have-you. So I've had people who have used their kinds of materials from various diverse backgrounds. One must view a person's drug usage in terms of the total Gestalt--the person's life, what he is doing, what he is daily experiencing, his whole history, where he's come from, where he is, what he is living, and where he is trying to go. Now the kinds of problems people have in these various groups with respect to drug experience are quite different. These factors I have must mentioned are so vitally important in terms of how they view these drugs. I know

this conference is supposed to be about disaffiliated youth, and I suppose that the major problem that you all would have is with people who are taking drugs who would be in this group, but I'm going to make some comment about people who are using drugs, who are what we might call the "plainclothes hippies." These people often have lots of problems and may have more problems than do the hippies on Sunset Strip, because these are "marginal men" very often. These are people who are in the Establishment, have been in the Establishment, and somehow were exposed to the drug experience, and then have the problem of what to do about it. Stan has already referred to these kinds of problems. The hippies usually have much less of a structure to break with; their identity is less solidified--they haven't defined themselves in as much detail. Certainly they come from a structure in terms of coming from our culture, having parents with value systems, and so forth, but because they are the age they are, we tie this up with the adolescent problems of identity and forces of change too, and much of the solution to the problem that is currently attempted to be invoked has to do with, "Well, it's just a thing that these young people are going through." But many people, certainly Dr. Brickman and Stan, as they have stated today, do not see it this way, but see it as an authentic revolution, and I'm not convinced yet about the long-term social meaning of a lot of what is happening in the hippie world. There are so many diametrically opposed phenomena currently happening in the culture that it is very unclear about any outcome. Returning to my comments about people who have difficulty with the sequelae of the drug experience, many of the people that are having a good deal of the difficulty are people who are in the Establishment, who haven't "dropped out," but who have had the

experience and do see much more clearly their functioning in the culture and evaluate their functioning quite differently than they did before. Many of these are conventional people, and they are still within the system, and very often one of the resolutions is to try to work within the system by playing almost two games at once, attempting to maintain their inner restructured state of consciousness and value system and the role they have to present to the Establishment in order to be accepted, to be effective. And that often is a trying game. I guess if you are truly liberated, it's not difficult at all! Any conflict that you have about it certainly minimizes the energy you'd have to have in order to play this game. Part of the whole problem is connected up with the whole concept of deviancy, I think, for in our society, deviants are not accepted--deviancy is a very dirty word. Anyone who doesn't fit a societal model is somehow suspect, is open to rejection, and any member of a group that identifies itself as a deviant group is very much in confliect with the current value system. So I think that the hippies certainly belong to this group--that they're deviant, and I think one of the reasons why the Establishment has such a difficult time having any tolerance toward this group is that this group has thrown over the strivings and aspirations that the Establishment hold--the upward social mobility, the status striving, the investment in material goods, which our culture is just imbued with. The hippies have thrown this over as being worthless. I think this is tremendously threatening to the Establishment, and I think this is one of the reasons why the Establishment

finds it so difficult to tolerate this kind of deviancy, because it questions and threatens their own game and the identity which they are trying to achieve. Morality is another thing that you get into with the hippies--the comment that they are immoral, that they are promiscuous, harks right back to the problem we have in the Establishment related to what is socially acceptable sexuality. When hippies are promiscuous, this is very threatening to the Establishment. When they're dirty, this is threatening as everyone knows that cleanliness is next to godliness. In terms of interventive techniques, most of us probably have a lot more sympathy for the guy in the Establishment who is struggling with the results of his experience than they are with the person who is outside of the Establishment in terms of our sympathy, our identity with him. But I don't know about the truth of that statement either because some of us may be even more threatened by the guy who we do identify with who is "dropping out" --than by the guy, let's say the criminal who is espousing a socially unacceptable value system. We don't even have to pay heed to him because we don't have to take cognizance that he has any worth because he is so different from the way we are. I'll tell you a funny story: I do consulting work in a prison--I got a referral one day from one of the prison staff counselors referring to me this inmate because, literally, he was happy, and this was the complaint. It took a while, really, to get her to conceive of this clearly enough so that she could state it as such. But this is what was bugging her. The inmate was happy, and he was smiling, and he was very free with the counselor. He would talk to her about all kinds

of things. He would talk with the other inmates about all kinds of things, and he was very hip--I think he was an "old pothead." So he was very turned one, and he wasn't at all bothered by being in prison and all the confines of it. He didn't play the game, the "convict-free man" game. He just didn't play it, and this upset her so much that he became a psychiatric referral. Like our gal who had ECT; well, I didn't recommend ECT for him. But this gives you a good feel for the kinds of problems that we Establishment people have in working with people like hippies when we have so little rapport and understanding and tolerance and acceptance of them, as we typically do. When you talk to people, the hippies, about services that are offered by the Establishment, you really get a good idea of how prevalent this treatment is, how they are affected, how they are treated when they go to a facility, such as a health department of a county hospital emergency room, and so forth, just how people do respond to them in a very negative, hostile, unaccepting way. And this is one reason why one of the groups, the Diggers Creative Society and some of their affiliates, are trying to establish clinics and so forth independent of theEstablishment's, simply because of the reaction that they get from the Establishment's facilities.

Now, when we talk about interventive techniques in terms of drugs, and I would refer back to Stan's comments about the hypersensitivity and suggestibility of a person who is under drugs, this becomes extremely important if one is going to be at all effective in achieving any kind of results. In working with people who are in an expanded state of consciousness

I would initially say that you have to treat them as though you have a very precious jewel that's very delicate, because the psychological state that a person is in when they are under the effects of these drugs is a state which is very open to external emotional effects. A person can be terribly vulnerable to his surroundings. Typically, we talk about the initial phase which can last a couple of hours until the height of the experience, which often comes in the third or fourth hour but it could be eight hours. It varies. In terms of immediate effects, the state can last from only a few hours up to perhaps three or four days. Then the long-term effects are quite a different matter for many people have no effect in terms of any difference in personality functioning, mental well-being or ill-being--just nothing--whereas other people report a whole new world has opened up to them and that the experience has profoundly changed their life.

I would like to say something about interventive techniques in these time sequences. I think, first of all, that one has to examine quite closely how you feel about the person you are working with, because what you really have to offer him is yourself because this is what he can utilize in this state that he's in, and if he's on a bummer, if he's confused, if he's lost, if he's frightened, if he's disorganized, and he doesn't know what's happening, then what he needs is a guru, he needs a guide, a helper and a companion. He needs another human being. If we study Eastern philosophy, we become very cognizant of the importance of the guru and the guide, because when a person's structure is broken, when all his preconceived beliefs are shattered, and the basic assumptions about himself, his fellow-man, the

nature of the universe, when all that is gone, what have you got, unless there is a spontaneous fulfillment? Unless there's a sponaneous "knowing" that follows this lack of structure, then the person is in a state of no-thing, a nothingness, and what he needs is some radar beam that can bring him in to a state of being--of fullness. The vocabulary here becomes difficult. But I'm always reminded of the Eastern philosophers, and especially the Tibetan Buddhism, and the kind of techniques that these people utilize, the kind of techniques that we really have to learn if we're going to behave and work effectively with people who are in this state of expanded consciousness. Perhaps I should just emphasize that in this state, there is a breaking of old established structure. The structure I am referring to would include such things as belief systems, attitudes, and what I like to think of as basic assumptions--basic assumptions that typically one does not know about, but these are the basis of all of your behavior and what you do throughout life--basic assumptions relating to who you think you are, what you think you are, and who is that fellow sitting across the table from you, and what's he all about, and everyone else in the world, and what is the whole nature of the universe about us. Well, we all have basic assumptions about these. I think this is what gets us through a day, but I think very often we don't even know what they are. Well, when those vanish, when they disappear, when they disintegrate, when the superficiality and transience of the system is seen, then what occurs when one releases everything, that is, the ego and all its accountrements is a spontaneous state of "knowing." I don't know what other word to use except that one--just "knowing." But if one

does not release himself from everything, this does not occur and people get caught up in the breaking of structure. When they are losing their identity, when they are frightened by this, when things start dropping off and they want to hold on to them, because they do not want to die--they neither want an ego death nor a physical death. A common problem is the equating of the two as one defines being alive by experiencing sensations from his physical self and people will often talk about an ego death by fixating on bodily sensations to ensure that one is still "alive"--again the business of how one defines oneself. A good example of what we're talking about was a psychiatrist, an analyst, (and oh, my, he's been through the whole business, you know, and what structure he had) who was having LSD for the first time and he finally got to the point where everything he thought he knew was absolutely disappearing in front of his eyes, and he was just groping around the walls, having an inverse ecstatic experience, when he finally grabbed a washbasin, and said, with all the fervor in his being, "This is a washbasin." And he looked at the washbasin and in utter amazement whispered, "An elephant?" Well, how do you help a guy whose lost washbasin has just turned into an elephant? First of all, I think all you have to offer a person is yourself and what you are, and I think this is the first step. When we were training people to work with psychotic children, we always insisted that they have the drug experience a number of times before they could work with the children. There is a precedence in this in other areas--certainly psychoanalysis. The person who got approved as the analyst had to go through an analysis. John Rosen's work with psychotic people is

another example--he always has co-workers with him who had been psychotic themselves, and who knew what the experience was. Rosen felt that no one else would be able to understand, relate, to pick up what the individual was experiencing unless he had had a similar non-normal experience. I am not saying that only those who have had psychedelic drugs qualify to work with those who are taking them, because there are always people who are "turned on" who have never had these drugs, who are excellent gurus. But in the by-and-large, most of us having completed the L.A. school system and so forth, are not "there," and so we can be so much more effective if we know something about what might be happening to the person we are working with. In working with shizophrenics, by the way--I'm throwing this in as an aside--one of the things we found most effective was for the therapist to take the LSD and not the patient, because a shizophrenic is in a non-normative state of consciousness already--often with more flexibility than we have. What he needs is someone to come and be with him somehow, and try to get some kind of negotiation going on about this "reality" business. And so, typically we found that if the therapist took the drug and then just sat with the schizophrenic, then there could be some kind of communication established--it was not the usual one-way street of the schizophrenic having to come to the therapist's world but with drugs, the therapist could go to the schizophrenic's world. We also found, of course, that it was very helpful if the psychotic had made a deep commitment to a structured psychosis --if I can use that phrase--it was very helpful to also break up his structure a little bit, to facilitate the communication by giving him LSD as well, and typically quite high dosages with these kinds of people who had kind of consolidated their schizophrenia or their psychosis. There is an interesting

paper that's published, Bowers, M. B., Jr., & Freedman, D. X. "Psychedelic Experiences in Acute Psychoses." Archives of General Psychiatry, 1966, 15, 240-248, on psychedelic aspects of acute psychoses, and I would recommend your looking at that because what these people are picking up are some of the naturally occurring mind-manifesting aspects of the results of breaking of structure, which then, unfortunately, goes into schizophrenia because of anumber of problems, one of which is that the person doesn't have anyone to communicate with about what is happening, that he is very often taken into a medical setting where he is labeled psychotic, and he says, "My God, that's what I am," and with that fact fear takes over and isolates him and he has a good chance of becoming psychotic. The "psychotic" episode does not have to materialize if the initial phases are handled appropriately. I have had experience in working with people who come in to a hospital in the early stages of acute "psychosis," and you can abort the "psychotic" process by using treatment techniques developed with psychedelic material--that is, they can have a psychedelic experience other than a psychotomimetric one! Is my time up? I can talk for hours, as you can gather. One of the things, I think, in terms of treatment is being open to the people by giving them a protected kind of setting away from the sterility of hospitals and the traditional objective medical approach, but being with them and giving them of your time and using props--flowers, nice paintings, beautiful music and the commitment that you will be with them while they are struggling with their difficulties, and you are there for them--not that you are going to impose yourself on them--and I would under-

line this very much, that you do not impose you and your value system on them. But the lack of imposition of one individual on another so that he can assume responsibility for his consciousness, which he needs desparately to do, but he needs people who will allow him to assume this responsibility in order for him to achieve this.

I would like to make one additional short comment about the possibility of using the "indigenous non-professional" in working with the hippie population who are indulging in psychedelic drug usage. The use of such people, of course, is well established and is the basis for Alcoholics Anonymous, Gamblers Anonymous, and in the treatment of narcotic addiction. Groups such as Synanon have had outstanding success, whereas the Establishment's treatment of narcotic addiction has been spectacularly unsuccessful. So there is nothing new in suggesting that those who have had a problem in a particular area would have skills and insights to help those who have similar problems. However, a very major difference inusing the indigenous non-professional in the psychedelic drug problem is that there are a great number of hippies who would advocate the use of psychedelics whereas those people who are working in Synanon, Alcoholics Anonymous, and Gamblers Anonymous are not recommending the use of heroin, alcohol or gambling. That is, those people are trying to stop the individual from his indulgence, whereas it would be difficult to recruit hippies who would attempt to stop others from using psychedelics. As an aside, though, we do see some people in the psychedelic scene who are now recommending the cessation of drug usage and substituting that of meditative techniques. I think the Beatles have recently gone on record to this effect. However, I am directing my remarks to the use of people in the hippie scene who perhaps have greater skill and

knowledge about how to help an individual who is having unfortunate sequelae to a drug experience and using these people within the facilities of the Establishment to help effect psychological adjustment of those concerned. That is, I am suggesting there be some dialogue between the Establishment, who are treating the unfortunate sequelae of drug abuse, with those people in the hippie scene who perhaps have had vast experience and good knowledge about how to aid those people in bad psychological condition from drug abuse. This would necessitate the Establishment making contact and endeavoring to bring these people into their clinics, hospitals, etc. to become a part of the "treatment team" and to help educate the people in the Establishment.

There does appear, however, to be an ethical question involved here in that is the Establishment then condoning the use of psychedelic drugs by bringing in people who represent the advocacy of such use into Establishment's facilities. I suppose that one could take the stand that the Establishment is not condoning such use, but are simply working in the most effective way with the problem since the problem does exist, that is, that they are trying to effectively treat individuals who have had unfortunate consequences of drug abuse, assuming that the drug abuse is going to continue whether or not the consequences are going to be treated effectively. Perhaps an analysis is the treatment of VD. If VD is contracted illegally, should the Establishment provide treatment in that the Establishment is then condoning illegal sexual activity. I suppose the same argument can be used for utilizing indigenous non-professionals in the treatment of unfortunate psychological sequelae from illegal drug use.

DR. DEIGH: You made it very clear that the most important thing to do is not to impose yourself, to be cognizant of the state that he's in, and to make use of that fact. Now we still have some time for a couple of questions. Dr. Kalmansohn?

DR. KALMANSOHN: I wonder if I could make a few observations or comments. I've often been impressed by what I think is a guilt by association technique that we all use. That is--a certain drug is known to have been taken, and therefore by simplistic thinking, we think that whatever actions or observations we notice are directly the results of the drug, whether it be good or bad, and that little attempt is made to sort out what parts of what we observe are due to other factors, or whether it might have happened during a certain time interval, or perhaps the drug did facilitate the reaction, or perhaps it had nothing to do with it whatsoever. Secondly, I don't think we can ignore the power of suggestion, and this kind of fits in with what I was saying before. I don't think anybody will dispute the placebo effect--you know you can give somebody an inert chemical substance, and depending on the personality and circumstances, and who is giving it, erythema, nausea, vomiting, itching, or whatever, may be observed; that the importance of the setting, the mentor, the teacher--what this person is anticipating may be of much more importance than what I do or give him. My next comment is about identity crisis. I think that all of us have had the experience of knowing people, who, at times of crises, that is at the times when every bit of structure they ever had is in solution, so to speak, that the introduction of almost anything, no matter what its nature, will create a different crystallization on a different plane. I

also wonder about the long-term aspects of this drug usage. I think we have seen this at UCLA Student Health Service. I have seen students come into the university who have had what they call a "free bonus trip." This is as much as six months after the ingestion of acid, and they will have a recrudescence of symptoms, or whatever you want to call it--a similar experience--and I wonder if this new reality is not just another artificiality--if the state of well-being which they experience is not just as transient and as useless to them as any other state of well-being which might have occurred through any other experience.

DR. DEIGH: These questions--Dr. Fisher--maybe he can answer them. Do you want to specify some of the questions? For instance, what happens about the transient--it's kind of transcendental kind of state, I believe you said. What happens after several months? Does this thing pass away, or is it a permanent effect?

DR. KALMANSOHN: Is this a new reality? Is this a new artificiality? Which we are advancing by simplistic thinking of it as a new reality? And to what degree are all these things that we are talking about--the interventive techniques; the suggestion; the identity crisis, and all these other things part of what we see? These are just observations and comments. I haven't resolved anything, but I've often thought about these things.

MR. RUSSELL: I'd like to make a comment on that, unless you--

DR. FISHER: No, no. One association I have to your comment--but I'm going to let you answer the question, as Alan Watts one day--he was

on a panel, and people were talking about the dangers of drug usage, and Alan said, "Well, if you really want to try something really dangerous, enter a Zen monastery."

MR. RUSSELL: That is essentially what I was going to say. All we're talking about is consciousness, and consciousness is extremely transitory, and subject, of course, to everything that comes into our awareness. Your question sounded something like, "If we went to Disneyland and had a good time--was that real?" That sort of thing.

DR. BRICKMAN: I think there are several comments I could make about Dr. Kalmansohn's comments. They were really observations rather than questions, one of which is, I think, the clinician makes a profound error if he insists upon imposing the medical model on this type of experience excessively on the basis of the fact that certain, if not many--perhaps even most of those who have taken the drug and take it with some frequency have psychological problems of various sorts. I think it's important to point out that those who undergo this experience regard it to a large extent as a profoundly authentic experience and a view of reality which is in every way as valid as the view of reality that they had before, and perhaps even more so. And I think it's almost impossible to understand the depth of this conviction unless one has either had the experience with the drug, or, as Stan has indicated, has undergone some significant, deep emotional experience in which one's identity, not in the psychological sense, but rather in the metapsychological or metaphysical sense, comes into question. It's almost like you can't communicate unless you have been there in some way.

May I just respond for a minute. We make observations in primitive societies, or rather, pre-literate societies, that the abreactive state, at times of religious conversion, may be very comparable to the abreactive state in psychoanalysis when a moment of great insight arrives, and I wonder if they don't also correspond to domestic examples of religious conversion in other exalted states perhaps similar to those of the drugs, and I wonder if these aren't along the continuum of certain kinds of plastic and transient times when major behavior systems are subject to change. I think, really, if you want to take it back into organized plans, you can take it back to a behavioral model, and correlate it with some of the neurological evidence that suggests that under certain kinds of stimulation, perhaps chemically and perhaps behaviorally, you can do significant behavioral change.

MR. RUSSELL: I wouldn't argue with that at all. How could you?

MR. TORRIBIO: Is there anything in the literature at this point in time in terms of subsequent reactions, such as Dr. Kalmansohn mentioned, weeks, months later? You mentioned a period of time here, but can you take that continuum out further in terms of

DR. KALMANSOHN: I'm not too sure, because, as I prefaced my remarks, I don't know what part we see is due to the drugs. I'm not too sure. I haven't resolved it. I have seen this. They call it a bonus trip.

DR. FISHER: This reminds me of friends who gave their dog some acid,--it was a big dog, a very noisy animal.. It was very obnoxious. I don't like it. When it turned on, Grofe's Grand Canyon Suite was playing, and the thing spread out and listened to this for about 45 minutes or

something. Well, now, whenever they play "Grand Canyon Suite," the dog comes bounding in from wherever he is and lies down and listens to the music. So he gets a free trip. There are certainly all kinds of spontaneous states, transcendental states that do occur. This is very, very typical. This, of course, is not limited to people who have had psychedelic drugs. They happen to most people, I would suspect--as Stan earlier stated. I've talked to many people who report a complete re-living of the "mind manifesting" experience. Now, these spontaneous transcendental states occur under a few circumstances that I have been able to identify. One is during a crisis where there is a great deal of anxiety, a great deal of turmoil, and a great deal of stress, and then the structure and the problem breaks, and he's just "there." And the other circumstances are just the opposite, at the opposite end of the continuum. If he has had a period of time, say, two or three days when he has been outdoors alone or with very congenial people where he is getting progressively more and more relaxed, over a period of three or four days, after having been imprisoned in the city, then this state will also happen. He will move out into these expanded states. The other example which happens all the time, of course, is called "contact high," and this is being around anyone who has taken some material, and you just pick it up immediately. Unfortunately, if they're on a "bummer," you pick that up, too, but if they are on a nice one, you pick that up, too. Of course, this isn't all that mysterious. As we all know it's much more pleasant to be around pleasant people than around nasty ones.

AUDIENCE QUESTION: Since we are youth-oriented here, and one of our major contacts in the community organization has to do with the youth who keep coming up, we have the right to choose. We have the right

to choose, regardless of what this is. I'd like to hear a little reaction on the bringing in to this so-called acceptance of philosophy-- do you want all of them brought in, or do you want to exclude some? Which would you exclude? How would you exclude them? Do you see what I mean there?

MR. RUSSELL: Well, I have nothing to say about who takes the substances and who doesn't. We just know that there are a lot of them who are, and it's one of those processes of self-selection. It, fortunately or unfortunately, has the effect of a stone being tossed into a pond. If one person takes this, and he discovers a fact that has been true all along, which is he is God, and he begins to radiate the God-light, and he begins to act godlike, and this is communicated to those around him, then naturally their curiosity is whetted, and they want to find out for themselves. There's a sort of a spreading effect. But there's nobody standing there saying, "You can't come in," or "You're not the right size or shape or age, or anything." It's like prohibition. That's really what it is. It's sort of a mass undercurrent of experimentation in an effort to become happier. That's really all that they're interested in seeing more of themselves, and this appears to be a way of doing it. Does that answer your question, Mr. Elliot?

MR. ELLIOT: Well, it's this promulgation of the ecstatic state. I was just wondering how all-inclusive it is.

DR. BRICKMAN: Well, I think what you're asking is: To what extent is our active proselytizing active missionary activity on the part of the liberated, and I think--

MR. RUSSELL: Well, there is a state that everyone goes through. This is a state particularly with people whom we are referring to as squares

or straight people or whatever it is, which is they take this, and they say, "Holy smoke, you mean this has been here all the time. My God, I've got to tell Mable about it." And they run home, and they try to turn on the world. That is an initial stage which everyone goes through, which passes very quickly.

DR. FISHER: If you're lucky.

DR. BRICKMAN: Might take a month or two.

DR. DEIGH: Thank you very much, Dr. Brickman, Mr. Russell, Dr. Fisher. We have coffee without LSD. We'll meet at 20 minutes of.

(Coffee break)

DR. DEIGH: Next on our panel of speakers is Dr. Anthony Saidy--is that the correct pronunciation?

DR. SAIDY: Right.

DR. DEIGH: Dr. Saidy is a Public Health Resident for the Los Angeles County Health Department, and was a Peace Corps physician two years before that, and Dr. Saidy, besides being a specialist in some of the things he is going to talk about, is also a specialist in chess. So, for some of you who know something about chess--. He also knows a lot about game-playing. I don't know how he's going to bring that into his discussion, but we will next hear from Dr. Saidy.