Toward a Rational Approach to Psychedelics: The Controversy Over Popular Use From a Clinical Viewpoint

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THE PURPOSE OF THIS PAPER is to discuss the so-called psychedelic agents, the controversy surrounding them, the nature of their effects on human behavior (including some of the complications of their use), and some sociologic and psychologic aspects of their abuse. In view of the great amount of attention given this subject by the lay press recently we wish to put the matter of psychedelic use and abuse into perspective. First of all, the most important mind-altering agent by far, in terms of the amount used and its effect on life and health in this country and in the world, is still ethyl alcohol. Other agents that continue to present major problems because of abuse are barbiturates, amphetamines, opiates, and the minor tranquilizers.

Although attempts to determine the actual prevalence of psychedelic use have not been altogether satisfactory, a number of results appear frequently enough to warrant consideration. Studies of drug use on college campuses indicate a range of 1 per cent to 20 per cent of students are involved, including mostly those who use only marihuana and who experiment only once or twice. Only 14 per cent to 25 per cent of people who claim to have used a potent psychedelic agent report more than occasional use. Statements by psychedelic users about prevalence tend to be exaggerated. In one survey 942 college students were asked whether they had taken a psychedelic and what they thought the prevalence of use by their student group to be. The users made estimates of two to three times the prevalence found in the questionnaire returns. The nonusers estimated the prevalence within 1 per cent of that reported.

The term “psychedelic,” first used in 1957, refers to a poorly defined group of chemical substances. Indeed, it is very difficult to separate the basic pharmacologic properties from the numerous, emotionally charged reports of the user. The controversy between the proponents and the antagonists of psychedelic use has tended to escalate development of extreme viewpoints at the expense of rational appraisal. Legal consequences of drug abuse are debated with the result that the constructive intent of the law is obscured. And the drug oriented focus of the psychedelic controversy provides a dramatic emphasis which clouds a more important issue: the psychology of the user, his “hangups” and his need for professional help.

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One of the most potent of the psychedelics is d-lysergic acid diethylamide (LSD), a chemical which can be synthesized from a fungus called ergot which grows naturally on certain cereal grains, especially rye and wheat. Least potent is mescaline which is derived from the peyote cactus and is about 1/5000 as strong as LSD. Psilocybin and psilocin come from certain varieties of mushroom and are about 1/200 as potent as LSD. All these substances resemble one another in their basic chemical makeup. But other drugs unrelated chemically, are sporadically mentioned for their psychedelic or "mind enlarging" properties. Mariguana is the best known of this latter category and is produced naturally in the resin excreted by the flowery portion of Cannabis, the hemp plant. Some of these substances have been used for centuries; others (including LSD) are products of modern research. This paper refers to all the psychedelics mentioned above. LSD, however, is the best understood of these agents and research with it represents the major source of data for the ensuing discussion.

**The Controversy**

The psychedelics have become a focus and at times even a symbol of current conflicts within our society. Since the user may be involved in social protests which challenge the status quo, these drugs and the experiences they stimulate have emerged as symbols of freedom and the search for identity. In many sectors of the country these groups are comprised of students and other youth. It should be recognized, however, that psychedelics have also been used by adults, including medical and mental health professionals. The enthusiastic acceptance of the psychedelic by some of today's youth has followed the initial use and leadership of professionals and other adults.

Nevertheless, at the risk of oversimplification, there has emerged today a controversy over these substances with proponents often among young people and antagonists among the older generations. The reaction of the latter is vigorous and there is considerable energy spent endeavoring to point out the dangers of these drugs. The youth, on the other hand, emphasize the creative, artistic and unique aspects of the psychedelic experience. They call their senior citizens hypocrits and point to the evils of war, racial prejudice, and alcoholism as adult vices which are far worse, in their eyes, than the peaceful and unique experiences of an LSD trip. The adults, in response, reemphasize the dangers of the drug experience. Indeed, at times they overemphasize such dangers, thereby creating a credibility gap. For example, the contention that LSD may produce cancer or leukemia by altering the genetic structure within cells is not infrequently mentioned as one of the "dangers" despite the fact that available evidence is far from conclusive on this point. In a similar manner the concept that LSD taken by a pregnant woman will create a malformed baby is without definitive proof on the basis of current data. Thus, one of the effects of this controversy is to produce a tendency toward hasty conclusions with the inevitable result that confusion ensues.

At least three themes converge in this controversy: (1) the adolescent's need for individuality, (2) the history of narcotic abuse and (3) the history of LSD.
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(1) **The adolescent's need for individuality.** Each new generation gains its own unique identity in part by rebellion against the parent generation. It is normal and necessary for every youth to establish his own separateness and independence from those adults upon whom he was necessarily so dependent for the first decade of life. Rebellion is one way of seeking independence and in this sense is a way of saying "in order to be important, I must first debunk your importance."

But it is obvious that another step is required. Disagreement to be effective must be followed by a positive statement of what one believes as well as with what one disagrees. The youth of any generation must define what they are and hope to be in addition to their grievances with the parent generation. The search for a unique identity, therefore, requires more than the courage to rebel; it calls for sufficient respect for previous ideas to adopt and integrate them with the newer ones. In the long run the tide of positive affect must outweigh the years of youthful rebellion. Youth must basically respect the adult world if they in turn are to become adults who are at peace with their own values. Equally important, the parent generation must respect the younger one. Too often adults respond principally to the rebellious aspects of human development. The desire to experiment with marihuana, for example, may be a signal of serious emotional difficulty, but it also may represent a degree of adolescent striving for independence which can be controlled and constructively channeled.

(2) **The history of narcotic abuse.** Drugs taken for pleasure are often equated with narcotics and it is helpful to review briefly the lessons learned from abuse of these substances in order to understand the source of some of the concerns of the older generations. In this country narcotics could be legally obtained with the blessings of the medical profession up through the early 1900s. Many people became hopelessly addicted under the belief that morphine and other narcotics were a cure-all for the pains, physical and emotional, that life presented. The picture is strikingly similar to present day claims for psychedelics which glorify the LSD trip as the answer to the demoralized individual within an anachronistic socio-political order. It was not until 1914 and the enactment of the Harrison Narcotic Act that the Federal Government recognized the dangers of these addicting and crippling substances and outlawed their indiscriminate use. Then another important thing happened. The illicit black market traffic emerged with the consequence that drug abuse became associated with the criminal element. The creation of this prohibition provided fertile soil for the emergence of a new black market and the promise of financial profit. (Criminologists agree that the development of organized crime as we know it today was made possible largely by the prohibition of the legal sale of alcohol during the second and third decades of this century.) Long jail sentences were society's answer as a deterrent which might be effective not only against the temptations of drug abuse but also the delinquent and criminal personality prone to such abuse.

There is little wonder that the psychedelics are viewed today with a jaundiced eye. The memory of physical addiction and its association with crimi-
nality influence our judgement of any chemical taken principally for its pleasure and impact upon personality functioning. The psychedelics are not physically addicting and so far are not associated with the same delinquent element. Nevertheless the lessons of the past render us suspicious.

(3) The history of LSD. The other historical trend concerns that of the psychedelics, themselves, and more particularly LSD. Lysergic acid diethylamide was synthesized by Hoffman, a Swiss chemist, who in the early 1940s accidentally discovered its hallucinogenic properties. In this country it came under close scientific scrutiny as a means of studying psychosis during the 1950s. The apparent similarity between the LSD experience and natural psychosis suggested a new avenue for the study of schizophrenia. In addition, during this same period, the disinhibiting effects of LSD invited increasing interest in this substance as a treatment modality. Thus LSD was viewed not just as a scientific tool but as a potentially useful agent in the battle against mental disorder. In actuality it has proven, thus far, to be of limited value in these pursuits. But by the late 1950s it was seized upon by nonmedical enthusiasts as a solution to the quandries of personal identity problems and social ills. It became the answer of certain intellectual leaders, religious groups, physicians, and eventually some active protest representatives of youth to grievances against the established traditions of society.

The psychedelic controversy of today is, therefore, a complex situation with multiple origins. It contains many of the elements of the parent-adolescent phase of the human life cycle. It includes the suspicions associated with narcotics over the past 50 years. It embraces enthusiasms for the psychedelic, itself, hopes which sprung initially from its potential as a research tool.

Increasing population along with the current emphasis on education creates an intensification of competition which fulfills the prophecy of David Riesman, who once foretold that the “melting pot” of formal college education would become a “pressure cooker.” The identity crises ensuant from the depersonalization of the student in the super-large university undoubtedly heightens the temptation for the LSD experience, i.e. the search for uniqueness.

The surge of nationalism among students of underdeveloped countries represents a source of identification for the youth and students in our country searching for an identity. The “silent generation” of the early 1950s, has given way to the group protests of the late 1950s and 1960s. Civil rights movements within this country can be viewed as similar contributants to the national temper as well as products of discontent. In general, there is a form of rebellion extant in today’s society which challenges the notion that the majority rules. Today is the day of minority protests and some among one of the perennial minorities, the youth, are saying the psychedelic experience is worth having because it is symbolic of current values as well as representing an attack on the contemporary social order.

Of particular relevance here is the attention paid by some youth to the “time-expansion” quality of the psychedelic experience. LSD and marihuana, for instance, can distort one's sense of time in such a way that a few minutes seem to be several hours long. This quality of the experience has been stressed
as both an answer to and an assault upon the hurried, pressured pace of a modern and technological world undergoing rapid sociocultural change.

**The Psychedelic**

What is the psychedelic? What are its pharmacologic properties? Although the use of mind-altering substances dates back to antiquity, little has been learned scientifically about this broad category of agents until the last couple of decades. Among the so-called psychedelics, LSD is the one we know most about. We know, for example, that there is an acute drug effect lasting usually eight to 12 hours, which is dose-related and which correlates with the half-life of the drug in the plasma. And we know that during the first four hours or so there is a heightened self-awareness with marked perceptual changes and shifts in affect, followed during the next several hours by a feeling of self-centeredness or "apartness" with ideas of reference, and later some fatigue without craving or physiological withdrawal symptoms.²

Matters have become more complicated, however, as it has become evident that the psychic effects of these agents are largely influenced by suggestion.³ During the 1950s while scientific scrutiny focused on a possible link between LSD and schizophrenia, this substance was known as a hallucinogenic or psychotomimetic agent. The hallmark of the LSD experience tended to be the hallucination. In the late 1950s and 1960s however, the tendency has been to emphasize the "mind-expanding" or "mind-manifesting" qualities to the experience, the so-called psychedelic effect. The degree to which suggestion colors the experience is dramatized by the fact that in popular usage the LSD trip is often a group affair, and that a "guide," a person who shepherds the subject through the experience, is usually employed.

Terms like "mind-expanding" or "mind-manifesting" are subjective and vague. They suggest enhanced perception and increased capacities, but these impressions are not borne out by objective evaluation. The self-centeredness and ideas of reference suggest a disturbance of thought patterns not unlike those of schizophrenia. But careful clinical appraisal yields the conclusion that the psychedelic state is primarily a matter of perceptual distortion, as seen in drug intoxication states, rather than a thought disorder as in schizophrenia.⁴

It seems unlikely that strikingly original and creative insights could be consistently produced by a drug which impairs the ordinary integrative faculties of the mind.⁵ It does appear likely that the personal values and rewards of the

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²The above opinion regarding LSD and the issue of insight and creativity is especially aimed at "popular usage," that is those, youth and others, who obtain the drug on the illicit market and use it without professional supervision. Somewhat paradoxically, however, the intent of medically supervised usage is to provide insight and perspective in such a way as to help the individual find better means of coping with emotional illness and external stress. The problem regarding the evaluation of LSD's usefulness in this regard is compounded by the dearth of adequately controlled studies; but even when controls are used both control and LSD groups tend to improve clinically and the significance of relatively greater benefit in the LSD-treated patients awaits confirmation by larger samples and longer periods of follow-up. Nevertheless, LSD is broadly used in two different ways by psychiatrists. In both instances thorough study of the patient
psychedelic experience reside principally in the eyes (and mind) of the beholder. It is the hope of the psychedelic enthusiast that the sense of freedom and spontaneity unleashed in the face of temporary inhibition of his logical powers will be experienced as something beautiful and beneficial. He relies heavily on reinforcement from a similar conviction of those who share, concomitantly, in his experience. Interdependence and seeking security from the reassuring presence of others is strikingly similar to the reliance that a young child places upon the ministrations of the trusted mother. Nevertheless, the strength of the subjective value placed in this experience is highlighted by a recent report of 9 individuals who experienced unpleasant, adverse reactions to marijuana which required hospitalization. Eight of the nine stated their intention to return to the drug.

Special dangers of the Psychedelic

Adverse effects are presently being well advertised in the popular press, largely at the impetus of an alarmed adult generation. We do not have reliable statistics on the incidence of these untoward reactions. It is probable that new dangers will be unearthed as more experience and data are collected. Science is just beginning to study these substances despite the fact that some have been used for centuries. It often takes years to define fully the dangers and limitations of a new medication. Nevertheless, known adverse effects of LSD and other psychedelics, such as peyote, mescaline, psilocybin and marijuana can be divided into four categories.

(1) Prolonged psychotic reactions. Such reactions usually last several days and can be handled on an outpatient basis. However, they have been known to last several months and require hospitalization. Some researchers feel that subjects in this category are latent psychotics with the LSD acting as the straw that broke the camel's back. Suffice it to say that the business of predicting psychosis in a given individual is extremely difficult. Those who experience prolonged psychosis rarely recognize such latent potential prior to the adverse experience. In addition, prolonged psychosis has been observed in individuals who are not pre-psychotic. One report of college students who experienced adverse effects underscored their difficulty in finding themselves and noted their preoccupation with homosexual concerns or extreme flight into non-conformity.

(2) Recurrent psychotic reaction. The LSD user may reexperience the manifestations of an LSD trip unexpectedly many months after taking the drug. Such experiences take place in the absence of repeated use.

and the importance of building meaningful rapport with him is stressed prior to his introduction to LSD. The “trip” itself is taken in the presence of a therapist who continues to offer support and integrative understanding in the aftermath of the drug exposure. The first medical usage is the once or twice exposure to relatively high doses of LSD. This approach has been especially used in the treatment of alcoholism and more recently in handling the terminally ill patient. The other medical approach involves frequent use of LSD, over many months in relatively low doses, during the course of psychoanalytically oriented psychotherapy. In this instance the drug hopefully serves to lessen resistance and otherwise catalyze the psychotherapeutic process.
(3) The "bad trip." Some individuals experience anxiety and even panic reaction after taking a psychedelic. Although incidence is difficult to determine, this outcome very likely is the most common adverse reaction. It occurs, perhaps, most frequently when the experience takes place without adequate external reassurance.

(4) Accidents. Although accidents with LSD are not common and may be minimized under adequate supervision, this category represents the most serious danger. Understandably, ordinary activity is grossly impaired because of the distortion of perceptions and breakdown in the ability to distinguish reality from imagination. Driving a car under such circumstances is especially hazardous. People under the influence of LSD have been convinced they could fly or were invulnerable and have stepped out of high windows and into the paths of autos, to their deaths.11

Not to be overlooked is the fact that deaths have been reported from accidental overdoses of LSD.12 Likewise, severe reactions have been reported in several instances from use of STP (another potent synthetic compound) and death has resulted from use of "street" forms of drugs, which may contain dangerous impurities (such as atropine and related substances)21 and may be drugs of a different chemical family than they are purported to be.24

(5) Progression to use of narcotics. There are indications that the rate at which marihuana users are switching to narcotics is increasing especially among middle and upper class individuals. This may reflect, among other things, a change in the operations of the loosely organized suppliers of psychedelics, who previously functioned largely to promote a quasi-religious cause. But whatever the reasons, both of the present authors have received reports from a variety of sources that the number of young people using narcotics in the Cincinnati area has increased significantly in recent months. State authorities indicate that this is a statewide phenomenon and point out that in the same places—including urban and suburban schools—which served as loci for distribution of psychedelics last year (1968), one now finds heroin.29

DISCUSSION

After examining the above factors we find considerable merit in the position statement on LSD made by the American Psychiatric Association in 196630 which advocates confinement of the drug's use to "carefully controlled medical research settings." Since the known drug effects, both pleasant and unpleasant, are dependent not just upon pharmacologic principles but also upon the power of suggestion, it is difficult to see how legislators and clinicians can condone the popular and unsupervised use of the psychedelic. There are too many psychologic variables which influence the drug experience, factors outside the control of the user and his "guide." We speak here of the psychologic predispositions of both user and guide, the expectations, prejudices, and problems of each, the specific external influences of the setting in which the drug experience occurs, and, most important, the unconscious determinants of human behavior which permeate the attitudes and behavior of user and guide in the drug-taking setting. Much of the psychiatrist's training, for example, is aimed
at helping him to guide his patients without destructive interference from his own emotional reactions. Reliable therapeutic intervention is usually the product of a process of several years of study and supervised clinical experience. It is unreasonable to expect the guide of a psychedelic experience in a non-professional setting to exercise consistently the wisdom and judgement necessary for the successful handling of a complex neuropsychopharmacologic experience which temporarily produces a dissolution of ordinary personality functions.

There are known dangers, listed above, which in themselves may be quite damaging. But in the mind of the clinician, there is always the anticipation of unknown side effects. Every physician is wary of the new medication, for it usually takes years of use and continued research to delineate fully a drug’s potential hazards. Many adverse side effects are not documented until long after a medication has been available to the public through prescription only. For example, after more than fifteen years of clinical experience certain tranquilizers (notably Thorazine) were observed to damage the eyes in some individuals after prolonged use. Comparison of ill-effects of alcohol versus those for psychedelics is popular among enthusiasts for the latter. The list of damaging effects from prolonged, extensive use of alcohol is convincing, and with many years of research, continues to grow. It surely outstrips the list of known dangers of the psychedelic substances which have received far less scientific scrutiny than alcohol. However, it is reasonable to anticipate that LSD and its cousins in the psychedelic market, marijuana included, will be found to produce additional side effects as more is learned about them.

There have been claims that marijuana and other psychedelics can create an amotivational syndrome. It is true that the regular and chronic user, the so-called “acid head” and “pot head,” frequently drop out of school and may for a while “drop out” of society, becoming nomadic and disenchanted with nearly all social institutions. This outcome represents probably more than the product of chemistry alone. Whereas the extreme drop-out takes place under the umbrella of contemporary social protest, its occurrence is probably more related to the combined impact of individual emotional problems, the regressive impact of frequent drug use and the reinforcement from others living in the drug subculture. The vast majority of youth who use psychedelics do not rebel to this extent, but the few who do so represent a serious mental health problem especially for themselves. The drug-using subculture can reinforce childlike wishes to be omnipotent and godlike with the result that the maturation process is seriously stalled. For example, the user who glorifies the ineffable aspects of his drug experience may be primarily expressing a defiant wish to be superior to others. In such instances, the anger and narcissism may create unconscious anxiety to the point that the dropping out of society is as much an avoidance of competitive life as it is a protest.

From a health point of view there appears to be little or only sporadic value of a positive and consistent nature ensuing from the medically unsupervised psychedelic experience. The enthusiast and user himself has trouble articulating such value. Even research psychiatrists are cautious in describing the
benefits of LSD in a medically supervised treatment setting. The results of experimentation although inconclusive, justify further research effort, but to date do not place LSD and related substances on a par with the tranquilizer and electroshock therapy in the treatment of mental illness.

It should be kept in mind that approval of unsupervised use of the psychedelic is not an individual matter alone but ultimately must be judged and reviewed by those who are responsible to the entire community. Most individuals in such positions feel that laws which protect the individual from possible harm help to preserve the health necessary for free choice. In this view the protection of individual rights becomes meaningless when carried to an extreme which negates the protection of individual.

**Brief Note Regarding Legislation**

Laws which protect the individual are established as deterrents of disorder within his society. The intent is to safeguard the social order as well as the individual within that order. The penalty that one pays for breaking such laws is another matter, and in the case of the psychedelic one must question the wisdom of the extremely long jail sentence now levied at those convicted for possession or sale of a psychedelic. These penalties are largely identical to those given for similar offences with narcotics. It seems likely that far less severe penalties would preserve the deterrent intent of the law and provide a more flexible choice to judges who are called on to apply these sentences. In addition, if the penalties for our drug laws are viewed as too harsh by judges, the net result may be a tendency to choose probation even with those who might benefit more from a greater degree of confinement. If this tendency is projected into the arena of public opinion, there is the danger that our laws will be undermined by the impression that they are seldom applied.

From the point of view of psychiatric treatment of the troubled youngster who uses psychedelic drugs with frequency, we are impressed with the practical advantage attained when the patient is referred for treatment subsequent to legal apprehension. The need for limit setting is usually complicated for the individual who is highly ambivalent toward authority, and the task of therapy is sometimes eased when the “bad” or hated authority is viewed as external to the therapeutic situation. In this respect the police and other legal threats can be helpful if they promote abstinence from drugs. The impact of psychotherapy is almost always lessened if it takes places in the presence of continued drug abuse.

**Comments on the Emotional Problems of the Drug User**

One of the unfortunate aspects of a controversy is that the topic being debated often becomes misfocused. The controversy over psychedelics has magnified the drug-oriented aspects to the point that the emotional needs of the user tend to be forgotten.

It would be unwarranted to brand automatically the psychedelic user as disturbed to an extent which requires professional help, yet it would be equally mistaken to rationalize such usage as being solely in the service of
creativity, meditative contemplation, and the like. It is more likely that a significant number of users, especially among the youth, are conflicted in the age-appropriate task of solidifying their personal identities. All of us sooner or later, but especially in the teen years, must face this task which calls for an integration of what one can cull from his past with his present life situation. Tentatively, but hopefully, this integration must be projected into the future in terms of realistically based ambitions and goals. We speak here not just of vocational pursuits, but of a variety of personality patterns including sexual (masculine and feminine) roles. It is probable that recourse to an LSD trip may at times represent a substitute or delaying effort to cope seriously with such attempts to achieve permanent adult self-esteem. It may be, for example, that the student of a large university may seek his sense of uniqueness and purpose through the temporary chemical escape of a psychedelic. A similar substitute for individuality may be sought by a son whose father consistently shames him for not being a more manly person or whose mother babies him and cannot let him grow separately from her. Some represented in the just mentioned examples would benefit from professional counsel. Some are able to work problems out just as quickly without psychiatric treatment.

Unfortunately the need for professional counsel, even when obvious, is not easily fulfilled. This is the case not only because of the scarcity of qualified professionals, but also because of the fact that legal intimidations, no matter how well intentioned, also discourage people from seeking the kind of help available. Today’s youth are often afraid to admit to experimentation with drugs for fear of being reported to the police. High school and university personnel are uncertain about the obligation to either the police or their own institution. It is obvious that this obstacle must be overcome before students can be reached in an atmosphere conducive to open discussion. Formal education of the student regarding the facts about these drugs is important, but to be effective it must be followed up by protection of the student’s right to seek help, under conditions of strict confidentiality, when needed.

Just as important, the educator must feel supported in rendering such help. Supported not just by the administrators within his particular institution, but by an enlightened community. We must transcend the drama and sense of struggle implied in this controversy. Solution for the individual and the community rests upon the degree to which rational and collaborative efforts can be achieved between the police, the judge, the “helping” professions (counselor, psychiatrist, etc.) and the young person prone to drug abuse.

**Summary**

Although psychedelic drugs are not the most commonly abused substances in the contemporary drug scene, they have received considerable attention in the lay press as well as in medical circles. Controversy has arisen over their illicit use with proponents often among those youth involved in active social protest and with antagonists largely from alarmed segments of older generations. The origins of this controversy are discussed. The major purpose of this essay is to review the effects of LSD and other psychedelics on human behavior, including some of the medical complications of their use and some
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sociologic and psychologic aspects of their abuse. These issues are reviewed in light of the controversy. From a mental health point of view, the authors are in agreement with the position statement on LSD made by the American Psychiatric Association in 1966 which advocates confinement of the drug’s use to “carefully controlled medical research settings.” Adverse reactions are more likely in a non-professional setting and there is always the possibility of additional side effects as these substances are further studied. The combined influence of individual emotional problems, the drug effect and the drug-using subculture represents for some a self-destructive temptation. Lastly, the lack of positive health benefit from illicit use is commented upon.

Legal aspects of the drug situation are briefly discussed and the necessity for the extremely heavy penalties now levied is questioned.

It is noted that the drug oriented focus of the controversy tends to distract us from the equally important question as to what extent the use of a psychedelic is a symptom of significant emotional conflict. We cannot answer this question, but clinicians are aware that it can represent a serious need for professional guidance. Some examples are outlined and the current obstacles to obtaining such help are briefly reviewed.

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