I SIT AND THINK I'M THE BUDDHA

I sit and think I'm the Buddha. And I guess I am . . . but I only recognize it . . . when I'm not thinking, not recognizing, not being, not not being. A jewel radiates within me everywhere the same . . . the world separate and inseparable in a universe of phantasms.

Action resides from past to future it has no place in the imperceptible now. Light is the only filler of the motionless moment.

Perceiving the dissolution of the material into waves, my mind begins restlessly to grope to control the energy patterns around me. The lightbulb stands out in its transparent stability against the orient itrecalls. Bulbous indecision echoes its own contriving, modern, the interstice . . .

In a perfectly synchronous universe the fluttering of a leaf sounds throughout. In the universe of suchness objects are harmoniously orchestrated. The world of now is implicitly itself. The within of things declares itself in its own radiance undisturbed by the questions of time and the fruits of action. Disregarding my egocentric will for power its perfection leaves me separate and alone like a raving maniac trying to crush the life from a drop of dew.

My mind flashes through the sequence of my insolence in Eden. The question is not possible. How may one desire power persist in longing and yet take part in the most lucid of jewels, the universe. I succumb seeking release from selfhood, self conscious conception, desire. My body and the room flow joyously into one another.

I falter, look back at the bulb. The glass harboring a reflection of the window brings on vague thoughts of birth and death, creation and destruction, the phantasms of life and the path of selfless action.

Flashback to a mind continually beset by considerations. My question becomes my answer. Being inherently manipulates itself. I drift downstream through veins, arteries, capillaries into the clarity of understanding. An inner smile of purity holds me as a small piece of plaster falls on the bed.

THE ADDICT AND THE LAW

Legal policy is not forged in a vacuum. The materials on which it relies, and the guideposts which orient it, vary with the structure and the ideological climate of a society. It can be assumed, though, that in all civilizations, ancient and modern, the intricacies of the legal framework were filled with "public opinion" emanating from custom and folkways. As an explorer of social conduct the social scientist, since Herbert Spencer's time, has increasingly contributed to legal policy, notably in the United States. Here the benefits he has provided for legislators, appellate judges, and upper-level administrators are too numerous to detail. Suffice it to mention the painstaking research as to the effects of capital punishment and segregation, or of the minimum wage on the labor market, and, in the field of procedural reforms, the analytic study of such problems as electronic eavesdropping, securing counsel to the indigent, releasing indigent defendants without bail during trial, appointing rather than electing the judiciary, summoning blue-ribbon juries. It was a natural step in this development that sociologists began to investigate the legal subject of drug control.

Dr. Lindesmith, a professor of sociology, clarifies the issues involved on a broad background of statistical surveys, including Great Britain, Israel, and Japan; examines the motivation of the attitudes taken pro and con by judges, administrative officials, policemen, organized medicine, and the people at large; interprets the so-called doctor cases decided by the Supreme Court; appraises the narcotic clinics and self-help clubs such as Synanon; deals with the treatment of narcotic offenders in the courts and prisons and comments on the inequality of law enforcement according to social status. He finally draws his conclusion in favor of transfer of authority from "the police" to the medical profession.

In contrast to the heated debate often indulged in when matters of moral concern are pursued, the discourse is comfortably air-cooled by sober reasoning free of self-righteous rhetoric and—also on account of ample bibliographical references to opponents of his cause and the author's candid admission of his own biases—disarmingly persuasive.

Well aware of the obstacles to reform but confident that they can be surmounted, Dr. Lindesmith designs a gradual program of entrusting the addict—a diseased person, not a culprit—to the physician whose duty it is to alleviate pain where cure does not seem within reach. The time to begin is now, notwithstanding the filibustering claim that "more research is needed." Even today the following "aims" concerning the addiction problem as a whole "would probably be agreed upon as desirable by all parties in the current controversy:

1. Prevention of the spread of addiction and a resultant progressive reduction in the number of addicts.

2. Coupled current addicts of their habits insofar as this can be achieved by present techniques or by new ones which may be devised.
“3. Elimination of the exploitation of addicts for mercenary gain by smugglers or by anyone else.

“4. Reduction to a minimum of the crime committed by drug users as a consequence of their habits.

“5. Reducing to a minimum the availability of dangerous addicting drugs to all non-addicts except when needed for medical purposes.

“6. Fair and just treatment of addicts in accordance with established legal and ethical precepts taking into account the special peculiarities of their behavior and at the same time preserving their individual dignity and self-respect.”

The author continues the enumeration with postulates which in his view are implied in the preceding “aims”:

“7. Antinarcotic laws should be so written that addicts do not have to violate them solely because they are addicts.

“8. Drug users are admittedly handicapped by their habits, but they should nevertheless be encouraged to engage in productive labor even when they are using drugs.

“9. Cures should not be imposed upon narcotics victims by force but should be voluntary.

“10. Police officers should be prevented from exploiting drug addicts as stool pigeons solely because they are addicts.

“11. Heroin and morphine addicts should be handled according to the same principles and methods from exploiting barbiturate and alcohol addicts because these three forms of addiction are basically similar.”

It does not detract from the importance of the book as legislative material in the fight for reform that Dr. Lindesmith, like the majority of writers who grapple with this bewildering legal, medical, and social problem, fails to appreciate the refinement which the term “addiction” has recently undergone. His concern is “addiction to opiates and their equivalents,” to the exclusion of non-habit-forming and yet legally restricted substances, on the ground “that they cannot intelligently be discussed together.” In a chapter on marijuana he tries to argue the point. The precise issue, however, is by no means the medical question whether the regulation and, in particular, the punitive treatment of the use of certain drugs are based on “myth” but whether they are supported by laws valid under the Constitution of the United States. Narcotics and psychedelics, yoked to the same or similar legal prohibitions and, though differing “substantially,” “allied in the struggle for humanizing amendments, should indeed have been combined in the discussion of “The Law” while the conventional wax figure of “The Addict” should have been replaced by a truer-to-life image. Just as “insanity” has lost its legal meaning, “addiction” must, and soon will, be dropped from scientific terminology.

A World Health Organization committee opened a way when, in 1964, it suggested a new term, “drug dependence,” defined as a state arising from repeated—periodic or continual—administration of a drug. The dependence, which may be physical or psychological, varies with the type of agent used, as well as the personality type of the user, the dosage, the general culture and the specific setting in which the drug is administered and many other factors. In any case, “addictive” in the conventional sense is unfit as a single criterion for a reform program. Despite these reservations, the book whose burden might be expressed by the imperative, “Thou shalt not punish disease!” out ranks most of its kind.

ROY C. BATES

DIE EXPERIMENTELLE PSYCHOSE


Dr. Leuner is the director of the psychotherapeutic department at the University of Göttingen Hospital for Neurological and Psychiatric Diseases, and is one of the leaders of the growing number of European psychiatrists who advocate the use of LSD and related substances as an aid in psychotherapy. His book is a detailed, definitive, and authoritative work which should be read by anyone who is professionally interested in the application of LSD as a therapeutic tool. A good idea is given of the thoroughness and carefulness of Dr. Leuner’s clinical research with these drugs since 1955. The material presented in this book has been supplemented by the reviewer’s personal observations when he trained under Dr. Leuner in Göttingen for three months in 1964.

The book begins with a survey of the history of substances which produce an experimental psychosis. There is a discussion of the chemistry, pharmacology, and psychopharmacology of hashish, mescaline, LSD, psilocybin, the tryptamine derivatives (butotene, dimethyltryptamine, and diethyltryptamine), harmine, atropine-like compounds (e.g., Ditran), adrenochrome, adrenolutin, and butoxamine. Throughout the book there is frequent comparison with the previous German re-search with hashish and mescaline (especially the work of Kurt Beringer in the 1920’s and 1930’s). The phenomena common to most of these substances are described (e.g., autonomic sensations, motor disturbances, visual and auditory changes, distortions of body image, depersonalization, changes in time and space perception, synesthesia, paranoid thinking, and cosmic-mystical experiences). There is a discussion of dose, tolerance, spontaneous reoccurrence of the drug-state days or weeks after the actual session, the heightened suggestibility produced, possible use as a diagnostic aid, the problem of testing subjects while in the drug state, and the variation in the time of onset and the duration of action of the different drugs.

Much use is made of clinical material with numerous examples from case reports. Results of drug administration to 70 persons between 1956 and 1962 are reported. Of these, 56 were patients who had completed their treatment and 38 or 68% were considered cured or much improved. These 56 patients had a total of 158 drug sessions or an average of 24 sessions per patient. The average length of treatment was one-half to one year with treatments usually at weekly or bi-weekly intervals. Cases treated were severe neurotics of many kinds, character disorders, alcoholics, and borderline psychotics. Successful outcome (cured or much improved) was reported for the majority of the neurotics, alcoholics, and character disorders, but there was a notable lack of success with borderline psychotics, homosexuals, and hysterics.

A detailed description is given of the method used in administering the drugs. The patient is told before the start of his treatment that the drug will enable him to re-live emotional experiences from the past and to release unconscious material. He is encouraged to enter fully into the experience at the time, but to re-
member as much of it as possible for later analysis. Each patient has a single room, which is kept quiet and darkened. Patients are free to leave the room to visit the toilet or walk in the corridor, but most of them prefer to spend the time of the drug experience lying in bed. Doctors and nurses, who remain on call outside the rooms, can be signaled at any time if the patient feels the need of support, and the patient’s doctor makes rounds at regular intervals. Patients may use this time to get reassurance or help with frightening experiences or to discuss the meaning of the content. Up to five or six patients may be undergoing the treatment on any given day. Treatment starts between 8 and 9 a.m. when LSD or psilocybin is given by mouth or by injection. Although Dr. Leuner experimented with doses of LSD as high as 750 micrograms, he usually favors doses of LSD from 10 to 150 micrograms and of psilocybin from 2 to 15 mg; and as a rule he starts a course of treatment with a relatively small dose to judge the effect. In the early experiments the drug reaction was allowed to run until 6 or 7 p.m., but the current practice is to terminate the LSD experience at about 1 or 2 p.m. by giving up to one gram of an oral barbiturate (Mepedonal).

Discussions with the therapist during the session are one way of remembering the experience afterwards, but tape recordings may also be used. In the day or days after the session each patient writes up an account of his experience and then discusses the contents individually with his therapist between sessions. Since this book was written, Dr. Leuner has been experimenting more actively with the use of a group discussion of the experience from about 4 to 6 p.m. for all patients who received treatment on that day. These group therapy sessions are very meaningful to the participants because they receive clarification and understanding from the sharing of their experiences in an open, non-defensive, and very intense way.

Dr. Leuner's method of analysis and interpretation can best be understood from the detailed record of data which is presented for four non-consecutive LSD sessions with one patient. The patient’s comments at specific times throughout each session are recorded with the corresponding observations by Dr. Leuner about the material. Each session is then analyzed. It can be seen how some of the same themes repeat and develop in different sessions and how insight is gained and explained. The interconnections of the unconscious material both to itself and to the conscious life and past history of the case is discussed and analyzed in a fascinating way.

An interesting chart is shown which plots the intensity of the typical LSD experience in terms of the type of experience and level of consciousness versus the time course of the reaction. Five phases are distinguished: 1) the initial exploratory phase which begins about 30 to 60 minutes after the LSD is given and which is characterized by autonomic symptoms; 2) the oneiroid-psychotic phase which reaches its height as an extreme psychotic period from the second to the fourth hour and which is ended by barbiturate administration during the fifth hour; 3) the oneiroid after-phase which lasts from about the fifth to the tenth hour during which the patient is encouraged to work on what has been experienced in phase 2; 4) the final exploratory phase which may be felt for the next one to two days or even up to 14 days in the case of extremely high doses. The temporal dynamics and range of content in each phase (but with most emphasis on phases 2 and 3) are discussed in detail.

The goal of Dr. Leuner's LSD-therapy or psycholyis (his term) is to achieve emotional insight and behavior change through the existential experience of unconscious material which is expressed through symbols associated with very meaningful affect. It is postulated that the experimental psychosis produced by LSD is a regression to a more primitive psychological state in which repressed memories and unconscious material can be re-experienced and abstracted. The kind of material which is experienced is described and categorized. It is pointed out that this is dependent upon the personality and past experience of the patient and upon the drug dosage used. The setting under which the drugs are given is fairly constant for all patients. Dr. Leuner is very interested in the meaning and psychological determination of the symbols which are described by his patients. His previous and continuing work on cataleptic picture imagination uses a method which produces hypnagogic imagery from the unconscious without the use of drugs. His work with LSD has expanded and deepened this interest because of the richer and more intense imagery produced. His framework of interpretation is basically Freudian, but he does not hesitate to use Jungian terminology and concepts if they fit the data better. Philosophically, he finds the phenomenology of Husserl, Heidegger, and Jaspers most appropriate.

At the end of the book the implications of this research for the question of the genesis of schizophrenia is discussed. The similarities and differences between the LSD state of experimental psychosis and what is observed in the clinical course of schizophrenia are noted. The adrenochrome and taraxin evidence for the autotoxic hypothesis is reviewed. Although no definite conclusions are drawn, the work reported in this book would indicate that biochemical research should have a promising future in regard to delineating the role of toxico-endogenous, genic-somatic, and psychological factors in the origin of schizophrenia.

The impressive therapeutic success rate of 68% would have more meaning if one knew the rate of success in a comparable control group of patients with similar diagnoses. Ideally such a control group should have spent the same amount of time with a therapist without the use of LSD. It would also be interesting to know the outcome in a matched control group which received no therapy or LSD. It is recognized that many of the patients Undertook LSD-therapy as a last resort when other methods had already been tried and failed. The results reported show promise and deserve future attempts at replication, but a control group would add considerable persuasive power to the validity of the data as scientific evidence.

In the particular treatment setting described, attenuation of the LSD state with barbiturates was desirable because this enabled the patients to be left alone for the most part after the fifth hour, and group therapy was possible by the end of the afternoon. It might be asked whether the full usefulness was thus obtained from each drug session when part of the potential experience was not allowed to develop.

The difficulties encountered because of "extreme psychic reactions" when high doses of LSD were used (above 200 micrograms) might have been avoided if patients had not been left alone. With the use of high doses in a supportive setting, cosmic-mystical experiences might have been produced more often. Although the possibility of such experiences are mentioned on one page of the book, they did not occur frequently. Perhaps this shows the important suggestive power of the preparation and expectation of the patients. The possible therapeutic benefit of cosmic-mystical or ego-
transcendent experiences is an area not explored or developed in this book. It would be a testable hypothesis that the experience of these states of consciousness may be enough to enable the patient to learn new methods of subsequent behavior.

An English translation of this important and valuable book should be made without delay. Not only could it be used as a guide to the German literature on research with hashish and mescaline, but it also would be useful for the practical suggestions on the use of LSD as an aid to psychotherapy in a mental hospital setting, for the information on the range and content of reactions to be expected with different dosage levels, and for the theoretical discussion of the analysis of the symbolic material. There is much yet to be learned about the most effective psychotherapeutic application of these drugs. This book is a significant contribution to that endeavor and perhaps will become a classic in this field.

WALTER N. PAHNKE

NEURO-PSYCHOPHARMACOLOGY
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R. M.

Ergoline Alkaloids in Tropical Wood Roses. This is an article by John W. Hylan and Donald O. Watson, of the Hawaii Agricultural Experiment Station, which appeared in Science, Vol. 148, April 23, 1965. Abstract: Extracts of Argyreia nervosa, a tropical wood rose, contain appreciable quantities of ergoline alkaloids tentatively identified as ergine, isoequingine, and peniclavine together with related substances. "The seed of A. nervosa is the best plant source of ergoline alkaloids discovered." It contains approximately 3 mg. of alkaloidal material per gram of seed; the seeds of the morning-glory "Heavenly Blue" and "Pearly Gates" contain 0.8 and 0.4 mg. respectively of ergoline alkaloids per gram of seeds.

R. M.

The Psychedelic Experience is a mimeographed publication of Borderland Sciences Research Associates...
Imagine American society completely under the influence of psychedelics at all times. The drugs are sold to the public under monopoly control at enormous prices by the "Syndicate" which in turn has virtual control over judicial and executive branches of State and Federal government. Key "Syndicate" men are strategically placed in all sectors of society and are selected according to criteria of psychic sensitivity; i.e., they are powerfully telepathic. Moreover, PSi-40 is rationed to the public in diluted form so that the psychedelic experience is kept within the bounds of specific sets of expectations—sexual, aesthetic and mystical. The "Syndicate" is controlled by a board of directors who are called "Specials." The "Specials" are super-sensitive who take unrationed amounts of undiluted PSi-40 and have therefore a full range of psychic powers which include telepathy, clairvoyance, telekinesis, etc. Understandably, the "Specials" still fight among themselves in a bizarre psychedelic rivalry. The final ingredient in this vision is a revolutionary movement called "Antis" whose goal is to overthrow the "Syndicate" and thereby restore the dominance of "natural" undrugged experience and values. It is only fitting that "Antis" is led by a natural "Special" who does not require PSi-40 for his psychic powers.

In reading this short novel one is struck by the familiar strands of thought about psychedelics drawn from the social and legal controversy of the last few years and spun into a paranoid web that easily transcends the fantasies of all the parties in the actual controversy. Carbongneau has spun a weird tale about a psychedelic society that has continued to function with the same old power structure and plastic-doll illusions. Psychedelics are used here to reinforce the old Marxist myths. We are led through, among other things, psychedelic nudist colonies, fornication bars, and even mystical temples of the "Society of the Immortal Light."

The tale is not told well. There is a tediousness about most of it that is only resolved by a quickening of the sociological imagination as we see the story out to its Christian heroic end. What gives one an occasion to ponder is the fantastic backdrop to the story. Carbongneau has sketched a paperback vision that picks up the psychedelic controversy to a new, not quite absurd, level.

G. M. W.