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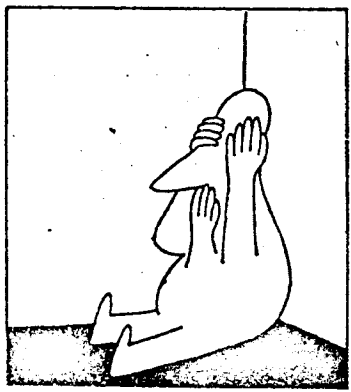
## Destructive LSD

To the Editor:

In his July 22 letter, Walter Clark laments that the publicity from the Frank Olson-LSD-C.I.A. incident may revive popular fears about LSD and other unspecified "psychedelic" drugs which could interfere with research into their therapeutic potential. He denies a significant relationship between LSD ingestion and suicide and asserts that LSD is useful in the therapy of suicidal patients.

As a psychiatrist and psychoanalyst who has had extensive opportunity to observe the effects of LSD, I should like to rebut Clark's thesis, which sounds suspiciously like the utopian claims made for the drug by people like Alpert and Leary nearly two decades ago.

The publicized version of Frank Olson's suicide superficially resembles



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a not-infrequent response to LSD ingestion: destructive action, prompted by delusions of omnipotence and grandiosity.

LSD intoxication has preceded many jumps from heights based on the victim's conviction that he can fly; others have walked fearlessly into traffic, secure in the belief that they could will it to stop or that they were invulnerable. Other manifestations of the paranoid psychosis LSD induces in some include delusions of being plotted against and terror of being attacked; both have led to suicide and to homicide.

But beyond the destructive acts which may occur during an acute LSD psychosis is the appalling deterioration of thinking and functioning characteristic of habitual LSD users.

As for the so-called therapeutic action of LSD, I know of no convincing evidence. Some amelioration of suffering in terminal cancer patients is reported, but this as well as the alleviation of suicidal preoccupation which Clark alleges may relate to the fact that the psychotic state insulates some individuals against a perception of

reality so unmitigatedly painful that suicide or homicide appear to be the only solutions. Surely this does not make psychosis induction an ethical or responsible form of therapy.

Moreover, there is no way the LSD "therapist" can make the misleadingly neat dichotomization of "normals" and "mental patients" which Clark suggests might minimize adverse effects. Severe reactions to LSD administered for so-called therapeutic purposes during the 1955-65 decade were common.

In summary, the data on LSD are overwhelmingly negative. It should be enshrined with opium, heroin, cocaine and mescaline, to name a few of the substances which cults in our society in search of oral utopia have mistakenly exalted. It is my opinion that the factor muddying the waters, to borrow Professor Clark's metaphor, is not publicity adverse to LSD, as he suggests, but rather publicity of views like his, which provide unnecessary illustration of Santayana's thesis that if we do not learn from history we may be fated to repeat it.

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Newton, Mass., July 30, 1975