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Psychedelic crossings: American mental health and LSD in the 1970s

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ABSTRACT

This article places a spotlight on lysergic acid diethylamide (LSD) and American mental health in the 1970s, an era in which psychedelic science was far from settled and researchers continued to push the limits of regulation, resist change and attempt to revolutionise the mental health market-place. The following pages reveal some of the connections between mental health, LSD and the wider setting, avoiding both ascension and declension narratives. We offer a renewed approach to a substance, LSD, which bridged the gap between biomedical understandings of 'health' and 'cure' and the subjective needs of the individual. Garnering much attention, much like today, LSD created a cross-over point that brought together the humanities and arts, social sciences, health policy, medical education, patient experience and the public at large. It also divided opinion. This study draws on archival materials, medical literature and popular culture to understand the dynamics of psychedelic crossings as a means of engendering a fresh approach to cultural and countercultural-based healthcare during the 1970s.

If the 1950s and 1960s were the original heyday of psychedelic science, by the 1970s lysergic acid diethylamide (LSD) crossed over into popular culture. Albert Hofmann, the biochemist who first synthesised LSD, began to worry that his chemical creation was indeed his 'problem child'. Meanwhile, Humphry Osmond, the psychiatrist who had created the word 'psychedelic' through his long-lasting relationship with writer Aldous Huxley, began registering similar feelings of unease.¹ Writing about the problem with the mental health field in the 1970s, Osmond described a general failing in the profession to recognise boundaries and develop treatments based on reliable evidence. 'A good doctor', he contended, 'knows his limitations and does not set himself up as an all-knowing guru, social scientist, or a universal problem solver'.² He felt many of the abuses in psychiatry (as well as in psychedelic science) derived from individual delusions of grandeur or sweeping extensions of psychiatric authority to improve societal problems. 'Limitations', he suggested, referring to the physician's role in mental health research and service delivery, 'must be understood'.³

This article places a spotlight on LSD, psychedelic medicine and American mental health in the 1970s, an era in which researchers and practitioners continued to debate regulations, resist change and attempt to revolutionise the mental health market-place. The following pages reveal some of the

connections between mental health, LSD and the wider setting, avoiding both ascension and declension narratives. We offer a renewed approach to the history of LSD, a substance that invited speculation on the gap between biomedical understandings of 'health' and 'cure' and non-medical, even spiritual or literary characterisations of distress and wellness. Beneath the disciplinary differences in approaches to describing mental health and illness lay a more subtle and complicated set of debates about objective measures of distress and subjective or even anecdotal claims of wellness. Psychedelic therapies fit uncomfortably into the rising tide of psychopharmacological interventions, particularly ones that promised repeatable results that could be measured and appreciated using standard empirical and statistical methods. Substances like LSD, psilocybin and mescaline, however, did not produce standard reactions; these substances instead seemed to operate best when consumers revealed psychological and sometimes mystical insights, concepts that were difficult to evaluate statistically. Garnering significant attention, much like today, LSD in the 1970s created a nexus that brought together the humanities and arts, social sciences, health policy, medical education, patient experience and the public at large. It also divided opinion.

The literature concerning LSD and other psychedelics has undoubtedly grown over the past decade. In very recent years, numerous scholars including Patrick Barber, Alexander Dawson, Mike Jay, Matt Oram and others have explored psychedelic medicines. Wendy Kline has analysed psychedelic birth in *Coming Home: How Midwives Changed Birth*.⁴ Meanwhile, Michael Pollan has produced a bestselling and largely progressivist account of psychedelic science.⁵ Pollan's chronicling of the 'rise and fall and rise of psychedelic drug research is gripping', if not remarkable to drugs scholars. He reminds readers that 'excitement around any purportedly groundbreaking substance tends to dim as studies widen', a phenomenon referred to as career cycles of drugs.⁶

We are not inclined to re-examine the career cycle of psychedelic medicine in depth. Our aim here, somewhat differently, is to illustrate how psychedelics served to bridge some of the methodological distance between quantitative evaluations of health and wellness, characterised chiefly through biomedical approaches, and qualitative considerations for personal insight and wellness that tended to rely more on frameworks developed in psychology, philosophy and medical humanities more broadly. We argue that this bridging effect reveals what Julia Kristeva *et al* have described as a process where



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hard, objective, scientific evidence and soft, subjective evidence may be negotiated to co-construct ‘new and shared meanings that can create realities with medical consequences’.⁷ Substances such as LSD inhabit interstitial spaces and may be remodelled as sociopolitical and economic circumstances require.⁸ Kristeva *et al* recently questioned the distinction between the ‘objectivity of science’ and the ‘subjectivity of culture’—and we argue that a focus on LSD helps to analyse a particular historical moment when such a collision occurred in the pursuit of a psychedelic science attempting to blend these otherwise dualistic approaches. The following study draws on archival materials, medico-scientific literature as well as cultural references to help understand the dynamics of soft and hard evidence as a means of engendering a fresh approach to cultural and countercultural-based healthcare during the 1970s.

THE ‘MENTAL WORLD’ OF THE 1970S

The decade of the 1970s was surely a significant moment in American mental health. Radical groups formed and propagated. They also split, as physicians and survivors found reasons to work together and later come apart. Fits and starts in psychedelic medicine were paralleled by a challenge to mental health expertise. Debate was rife, and LSD was not the only subject of discussion. It took place over nosology (the classification of illnesses), scientific validity and the value of evidence-based diagnosis. Discussions focused on the forces of modernisation, psychopharmacology, (de)institutionalisation and social psychiatry; in other words not just the tools of clinical medicine, but the systems of governance that managed illness in civil society. Powerful new antipsychotic drugs enabled transformation in mental health service models. Debate crystallised around the rise of the antipsychiatry movement and the ascendance of ex-patient groups, some of whose members referred to themselves as ‘survivors’ or freed ‘slaves’.⁹ Psychoanalysis in North America was slowing, giving way to other types of therapies, especially as criticisms mounted against its treatment of the so-called worried well or the elitist nature of psychoanalysis that failed to reach cases of severe mental illness. Biomedical models, with a focus on physiology over talk therapy, seemed to be more beneficial to people with major psychotic disorders for whom psychotherapy had little to offer.¹⁰

Outside the discussions in professional arenas, external criticisms also mounted. Headlines revealed how feminists pushed back against pharmacology, while the US Supreme Court began questioning the authority of psychiatric experts, and chronicled how psychiatric hospitals were often in various states of disrepair.¹¹ Many mental health experts recognised that the system was disordered, a problem that President Jimmy Carter had to address—if not perhaps totally reform—at the federal level. To this end, Carter, who embodied for many the failures of the era, initiated a presidential commission to investigate mental health in the USA.¹² In 1976, the President’s Commission on Mental Health recommended that it was time ‘to bring mental health out of the closet’ and offer a new ‘attitude’ and ‘philosophy’.¹³

Culturally, mental health was already becoming part of popular discourse. The Ramones released their debut album in 1976, for example. It was a concise 30 min album, and the group, along with the Dictators and Patti Smith, among others, presented a rougher side of American music. Paul Nelson, writing in *Rolling Stone*, suggested that the Ramones’ album was ‘an exhilarating intensity rock & roll has not experienced since its earliest days’.¹⁴ The music was loud, hard and fast. The productions were non-existent, while costumes consisted of ratty jeans and

T-shirts. No fancy light shows entranced the audience. No gaudy song and dance acts distracted from the music.¹⁵

Punk, while one cultural element of many, offered a voice to a ‘previously excluded community – reaching out to those stigmatised by prevailing values while rejecting self-stigma’.¹⁶ Mental health issues could not be ignored. Through punk, that is, ‘negative stereotypes of mental illness were thrust back into society’s face, reframed as desirable characteristics, all the while lampooning prejudice and discrimination’.¹⁶ This was the other side of stigma, a term of course that Erving Goffman so eloquently challenged in the early 1960s.¹⁷ The Ramones were especially important in interpreting debates in mental health, according to psychiatrist James McDonald. The lead singer, Joey Ramone (real name Jeffrey Hyman), had Marfan’s syndrome, and later in life he was diagnosed with serious obsessive-compulsive disorder. As a teenager, he experienced a psychotic episode, was treated in hospital, and his experience informed many of the band’s songs. In particular, the group referenced asylums, padded cells, electroconvulsive therapy and psychosurgery, the core features of antipathy that became rallying points for the antipsychiatry movement. As McDonald put it:

No band is as rich in references to psychopathology...as original 1970s New York punks The Ramones. Songs such as ‘Psychotherapy’, ‘Gimme Gimme Shock Treatment’, ‘I Wanna Be Sedated’ and ‘Teenage Lobotomy’, although playing fast and loose with DSM criteria, are punk rock classics, mini case-vignettes with a savage, knuckle-headed wit lying behind the buzz saw guitar attack.¹⁸

Besides music, the literary world provided other glimpses into cultural narratives of mental health and illness. *Gravity’s Rainbow*, published by Thomas Pynchon in 1973, was ‘a voyage into space, time and human consciousness’, and it offered, like punk rock, a window into the ‘mental world’ of the 1970s.¹⁹ Pynchon later won the National Book Award in 1974. Now considered a masterpiece, the novel stands as ‘bone-crushingly dense, compulsively elaborate, silly, obscene, funny, tragic, pastoral, historical, philosophical, poetic, grindingly dull, inspired, horrific, cold, bloated, beached and blasted’.²⁰ While writing, Pynchon notably took cues from Sigmund Freud’s ‘The Mechanism of Paranoia’, at the height of the Vietnam War, and he then published it a year after the Watergate break-in. Anxiety and mistrust dripped off the page, which of course reflected back on the decade of the 1970s and discussions about LSD and mental health.²¹

The countercultural sympathies that emerged on a wide scale during the 1960s crystallised in the 1970s, taking sharper aim at the notion of authority, and disarticulating that authority into different systems of discipline. It was not enough to simply rage against ‘the man’, but critically analysing authority meant understanding the systems of power that perpetuated certain inequities or features of discrimination. Part of this broader critique of power focused on biomedical science and medicine.²² Edward Teller and Theodore Roszak, ideological opposites, detected that the American faith in science and technology was under threat during the 1960s and 1970s. They cautioned against wackiness, pseudoscience and the like, whether it was astrology and mysticism, Eastern religions, the rise of yoga in America, psychedelics or nature fads. Yet scholars have since demonstrated that America’s youth did not turn away from science and technology. ‘Everyone from vocal campus radicals to members of Nixon’s ‘silent majority’ could see that a new type of science, a new way of engaging with technology, was emerging’.²³ Feminists brandished the triumphs as science and technology as crucial

to their emancipation from biological dictates that hampered their efforts in securing equal pay or access to higher education, but resented being marginalised from the legal debates about birth control, side effects of the pill or abortion that continued to place medical breakthroughs at odds with legal authority.²⁴ Contests over authority relied on scientific methods at times to arbitrate, but increasingly countercultural critics focused on harnessing science to increase user autonomy. That is to say a fundamental critique of how science is used to prop up existing power structures, and instead transferring the tools of empiricism and science to users themselves, be they women seeking to control their fertility or psychiatric patients gaining insight into their distress.

LSD'S EARLY LIFE

Albert Hofmann discovered LSD in 1938. In his book *LSD: My Problem Child*, first published in 1980 (the same year as the *Diagnostic and Statistical Manual of Mental Disorders III [DSM-III]*), Hofmann recounted how he began working with synthetic substances of the ergot family. As is well known now, his synthesis of the 25th compound in the lysergic acid series remained undisturbed for 5 years until he experienced its powerful effects in 1943.²⁵ He came into contact with the substance and 'perceived an uninterrupted stream of fantastic pictures, extraordinary shapes and an intense, kaleidoscopic play of colors'.²⁶ Later in life, Hofmann described the power of LSD, suggesting that it had cross-over appeal in culture and science. 'LSD', as he put it, 'was discovered at a time when our society was not yet advanced enough to be able to integrate it in a meaningful manner'.²⁷

Since its discovery LSD has attracted attention for its potential to alter consciousness. Although the effects were not well understood then, or even still now, the capacity to tamper with one's sense of reality seduced researchers with the possibility that this substance might function as a truth serum, which was famously explored by Central Intelligence Agency (CIA) operatives and made public in the 1970s.²⁸ Others believed that LSD opened 'doors of perception' and introduced users to new insights. Aldous Huxley, who wrote *The Doors of Perception* and together with psychiatrist Humphry Osmond coined the word psychedelic, regarded LSD and other hallucinogenic substances as offering insights into humanity and human evolution.²⁹ Others still explored clinical applications for these 'mind-manifesting'³⁰ chemicals, applying them to studies of alcoholism, and later depression and anxiety. After a decade, over a thousand research articles had appeared in medical and scientific journals, demonstrating how the substance had captured the imagination of mid-century mind scientists.^{31 32}

The psychedelic experience itself defied contemporary definitions of pathological conditions, and many claimed that it also stymied users in their ability to clearly describe the sensations they felt or insights they gained. Hundreds of case reports did not reveal clear patterns of experience, and confounded researchers seeking to catalogue the experiences using statistical methods. Some users relied on spiritual language to characterise the experience in mystical or spiritual terms. Bill Richards later recounted his own experiences, as both a theologian and a psychologist, were critical to his interpretations and subsequent guidance to others as they entered into the psychedelic realm.³³ Richards was not alone. Huxley too had expressed his views as to the mystical elements of psychedelics, and he and others quickly recognised links with indigenous traditions that combined features of healing, meditation, ritual and consciousness-raising. After all, some of the psychedelic substances that captured attention in the

1950s in clinical spaces had a much longer history of integration in religious ceremonies, including the Native American Church's connection with the peyote cactus, concurrent with its psychoactive component, mescaline.

At the same time that psychedelic substances like LSD and mescaline were being explored by Western scientists for their potential use in therapeutic settings, hundreds of other pharmacological substances were entering the market-place. Psychopharmacologist David Healy suggests that the 1950s represented a 'watershed' moment in pharmacology, for the scale of drugs introduced in this period.³⁴ Drugs designed to suppress unwanted symptoms and drugs that required regular consumption and lifelong use dramatically altered the context for psychiatry. Until this point, most psychiatric care consisted of long-stay institutionalisation and lifelong care in a facility or semiautonomous living quarters. With the introduction of antipsychotic medications that helped to control unwanted symptoms, patients, and more importantly staff and family members, grew increasingly confident that many institutionalised patients could be better served in the community. Psychopharmaceutical medications helped to tip the scales towards the so-called care in the community that coincided with deinstitutionalisation and a massive shift in mental health services.³⁵

Drugs that mimicked psychosis, however insightful the experience was, did not suit this new model of care, nor did the psychedelic drugs perform in clinical trials like their contemporary counterparts. The psychedelic approach relied on a single-dose intense session lasting 8–10 hours, often in conjunction with psychotherapy, and often too surrounded by a team of therapists or guides, people who had first-hand experience with the drug who then represented an empathetic source of support. This approach was expensive and time-consuming. Despite claims from therapists that a single session was worth 10 years in psychotherapy, the upfront investments seemed disproportionately large when compared with outpatient services that provided patients with a daily pill that they took in the comfort of their own surroundings, and did not rely on focused interaction with mental health professionals outside of the initial diagnosis and periodic check-ups.

By the end of the 1960s, however, the proverbial cat was out of the bag. LSD had morphed into 'acid' and became a household name. Enthusiastic apostles emerged, touting the benefits of acid for all of humanity.³⁶ Timothy Leary was among the most infamous, but was rivalled by West Coast college student, Ken Kesey. Both men captured popular and journalistic attention for their indiscriminate promotion of drugs for recreational purposes. Although both men had connections with medical units, their promotion of drugs spilled far beyond this context. Newspapers fixated on the recreational use and growing abuse of drugs, linking drug use with countercultural ideals, including criminal behaviour. LSD became linked in the popular imagination with suicide, violence and otherwise psychotic behaviour.³⁷

By the end of the 1960s, drug regulations throughout much of the Western world criminalised the use of hallucinogenic drugs, putting a decisive end to the research on LSD and drawing a clear line in the sand as to whether these experiences were permissible, let alone valuable. Most psychedelic scientists either abandoned their work in this field or moved into other areas of research. Historian Matthew Oram has pointed out that the regulations governing clinical experimentation with LSD did not entirely squeeze this research out of existence, but that combinations of public pressure and a lack of reception from the scientific community made maintaining psychedelic research increasingly difficult by the 1970s.³⁸

In the mid-1970s many Americans learnt about LSD testing for military purposes when an enterprising journalist broke the story. The full extent of the CIA-sponsored programme of mind control, which lasted for nearly two decades, was revealed in 1975. Over 80 public and private research institutions drew on public funds through the MK ULTRA project, as foundations, universities and hospitals, prisons, and pharmaceutical companies militarised the mind for the national interest—to beat the Soviets and win the Cold War. The project included research on behavioural therapy, chemically induced brain concussions, brain wiping, hypnosis, extrasensory perception, cutting-edge polygraph techniques, sleep research, and on and on. The CIA destroyed much of the hard data in 1973, but failed to get the job done completely. Separate government hearings in 1975 and then August 1977 uncovered the magnitude of the MK ULTRA effort.³⁹ This is the stuff of fiction and film, of course; it conjures notions of *The Manchurian Candidate* and *Fear and Loathing in Las Vegas*, but MK ULTRA tests exemplified the use of science for the purposes of waging war.

WITCH DOCTORS AND SHAMANS

Alternative approaches to mental health and LSD collided with the creation of new diagnostic guidelines in the 1970s. What's more, ideas that challenged mainstream psychiatric practice gathered momentum.

E Fuller Torrey, an expert in schizophrenia, published a book called *The Mind Game* in 1972. It was highly critical of mental health practice, and Torrey, a one-time special assistant to the National Institute of Mental Health director, had clearly become disenchanted during the late 1960s and early 1970s. He described psychiatrists specifically as akin to witch doctors, or shamans, since:

The techniques used by Western psychiatrists are, with few exceptions, on exactly the same plane as the techniques used by *witchdoctors*. If one is magic then so is the other. If one is prescientific, then so is the other.^{40 41}

In his view, the data underpinning mental health were lacking. The rhetorical use of religion and complementary medicine raised images of Timothy Leary, cults, yoga and gurus. Torrey's language raised questions about the hazards of unverifiable mental health practices based not on evidence and replicability but tradition, on 'hidden' knowledge passed from generation to generation. The term witch doctor, likewise, raised ideas about the priesthood—and how the progressive and positivist nature of mental health therapy was supposed to transcend antiquated means of treating people.

Torrey was not alone. Other individuals and institutions argued for a 're-biologization' of psychiatric thought, and this view germinated slowly in the late 1960s–1970s and culminated in the DSM-III in 1980. Discussions over data and DSM in the 1970s were a 'fateful point' in mental health. The revising of diagnostic categories represented a shift in conceptualising a 'standardized nosology of fixed disease categories' based on research-based medical model which all but swept away psychodynamic and other alternative theories from the official manual of the American Psychiatric Association (APA).⁴⁰ The multiple amendments introduced to the DSM-III demonstrated a shift in the conceptualisation of mental disorders from psychological 'states' to discrete, operationally defined disease categories, and a return to a descriptive, symptom-based classification. In essence, the DSM-III inaugurated an attempt to 'remedicalize' American psychiatry.

In 1980, as has been well chronicled by many others, 'a huge cultural transformation in the construction of mental illness' occurred 'in a relatively short time...'.⁴² Psychiatry essentially moved 'from an ideological to a scientific discipline', writes Allan Horwitz, a sociologist.⁴³ As he described it, there was a slow-burning shift away from psychoanalysis, which in turn enabled improved understandings of mental illness. Mental healthcare was deliberately transformed. 'Until 1980', argued Allen Frances, a former chair of the DSM Task Force and a critic of what he described as diagnostic inflation, 'DSMs were obscure little books that no one much cared about or read'. But then DSM-III 'burst' on the scene and it suddenly became 'a very fat book that became a cultural icon, a perennial bestseller, and the object of undue worship as the "bible" of psychiatry'.⁴⁴

Partly this was a product of reformers in the APA, who perceived upheaval in the profession during the 1970s as an outgrowth of diagnostic unreliability, both in treatment and research.⁴⁵ This was partly driven by economic imperatives or, rather, cold hard cash, since it facilitated 'cost-effective psychopharmacologic and behavior-focused treatments' that could be 'easily offered to masses of the public sector and monitored by the expanding power of an industrialized health care machine'.⁴⁶ Where, though, did LSD fit into the story?

A contemporary of Torrey, a critic of the DSM and a figure who also advocated alternative treatment methodologies was Ronald Laing, and his story helps us understand the relationship between LSD and the wider milieu during the 1970s. Laing embodied many of the tensions of the period and contributed to the 1970s therapeutic zeitgeist. He was, first of all, 'the consistent, identifiable element' and 'the centre of the centre of anti-psychiatry and its ignition spark'.⁴⁷ Certainly much has been written about RD Laing, although his role as an interpreter (knowing or unknowing) of objective and subjective evidence and the co-creation of meanings in medicine deserves more thoughtful analysis. Laing embodied various social tensions, pushed the limits of what was both possible and desirable in psychiatry, and often through subversion as well as a blurring of objectivity/subjectivity. He may have served as a contradictory force, both constructive and destructive, and tested dominant biomedical thinking and social conventions. Laing's use and defence of LSD were robust, as he explored its possibilities in psychotherapy for bipolar and addiction therapy.⁴⁸ The psychiatric establishment regularly tried to close his community at Kingsley Hall, for instance, seeing his occasional therapeutic use of LSD and his belief in metanoia (self-healing) as simultaneously irresponsible and unscientific.⁴⁹

At times, he was 'seen as the high priest of anti-psychiatry and the so-called "acid Marxist" – lauded by supporters for his daring and experimental work with disturbed people'. Yet, according to biographer and film-maker Robert Mullan, in actuality 'Laing simply tried harder than other psychiatrists to sympathetically understand the cracked minds of the people who came to see him. He gave them time and tried to see the world from their point of view'.⁵⁰

Laing acquired celebrity status. His books alone sold several million copies throughout the 1960s and 1970s. Besides *The Divided Self*, he was the author of *The Politics of Experience* in 1967 and *The Politics of the Family and Other Essays* in 1969, thereby becoming one of the key figures in the critique of modern psychiatry. He shared the same stage as iconic bands like the Grateful Dead, acted as a guru to the Beatles, was featured in *Life* and *Esquire*, and was often the centre of commotion, positive and negative. 'When the pot-smoking, acid-dropping counterculture intersected with the radical anti-Vietnam War protest

movement', wrote a colleague, 'Laing's critique of how people in power were systematically mystifying them transformed him into a social phenomenon and quasi-spiritual reader'.⁵¹

Laing suggested the Western world suffered from mental problems and, as such, psychiatry was in no position to objectively diagnose the mentally ill. Yet radical psychiatry has a far more expansive history and context—one that has overlapped with the antipsychiatry movement.⁵² For instance, Laing weighed in on the pathologisation of homosexuality and schizophrenia. In 1978, he told a reporter, 'the American Psychiatric Association convention took a vote to vote out homosexuality as a disease'. This was deeply troublingly for him—and for the American mind. It encapsulated many of the problems with mental health practices: its bureaucracy, subjectivity and politics. 'What are we to make of a system', he queried, 'that asks the public to take it seriously as a medical diagnostic system and then votes diseases in and out? One year it's one thing, the next year something else'.⁵³ 'I think it is very true in psychiatry', a London-based psychiatrist wrote in a letter to RD Laing, 'more than in other branches of medicine that orthodoxies are inclined to be transmitted from generation to generation without criticism and...it is only by devastating attacks such as yours that knowledge can be gained'.⁵⁴ Laing was indeed pushing orthodox views.

With schizophrenia, he voiced many of the same concerns. He 'questioned whether mental illness (typically, schizophrenia) was indeed an illness at all'.⁵⁵ 'Schizophrenia', he argued, was a 'special strategy a person invents in order to live in an unlivable situation', and he pushed back against genetic theories of the mental disorder.⁵⁶ He critiqued the institutional power of psychiatry, as well as the early work of Emil Kraepelin, and offered a sociological interpretation of schizophrenia that avoided biological reductionism or biological determinism.⁵⁷ Laing underlined that the 'behaviors and thought patterns of the schizophrenic patient were actually understandable when interpreted in context'.⁵⁸ More than that, he highlighted Fromm-Reichmann's 'schizophrenogenic families' theories. Just as in the case of LSD, Laing had served as knowledge-maker and power-broker; his papers and other writings (published and unpublished) on the hotly contested nature of schizophrenia were thoughtful but not altogether well regarded, or definitive. 'I am sure', wrote one professional colleague of Laing's 'there are some people who regard your [schizophrenia] paper as having demolished all arguments for a genetic factor completely as a kind of decisive battle in a Holy War. This is an attitude I regard with distaste and, I judge from your own remarks, that you see the matter in proper perspective'.⁵⁹

Still, Laing was 'hard to pin down', at once mordant, the next moment, bantering; he was 'a far-seeing sagem, next a father awkwardly answering the phone for his teenage daughter'. Incredibly blunt at times, lambasting the APA for its arbitrary selection of diagnoses, Laing was likewise opaque. For instance, the final sentence of *The Politics of Experience* was baffling to many: 'If I could turn you on, if I could drive you out of your wretched mind, if I could tell you, I would let you know'. Laing's methods, moreover, were free-form, and he advocated all manner of therapies, everything from dance, chanting, ritual, yoga and massage. His treatment methodologies blurred the line between alternative and mainstream, legitimate and illegitimate. And a major criticism of him was the lack of a fixed therapeutic method, including LSD.⁶⁰ He represented the problems inherent to the blending of soft and hard evidence, the subjective needs of the individual and the objective requirements to determine a suitable cure.

TABOO NO MORE?

In recent years, the view of LSD has changed again. LSD has emerged from its reclusive existence and, alongside other psychedelics like methylenedioxy-N-methylamphetamine (MDMA), and psilocybin, is now the subject of well-funded and well-regulated basic research in places like Great Britain, USA and Switzerland.⁶¹ A 'medical research taboo' no more, LSD is being (re)examined as a potential treatment in alcoholism, palliative care, post-traumatic stress disorder and cluster headaches; in the field of neuroscience, it is also being investigated because of its ability to reveal brain functions and provide a more sophisticated grasp of cognition.⁶² For Andrew Brown, writing in *The Spectator*, this 'psychedelic revival' in scientific and medical research is far removed from the 'wackier end of the pro-LSD lobby...'.⁶³ Social commentators have begun referring to a psychedelic renaissance, while researchers are keen to describe this next phase of research as decidedly *psychedelic science*.

The 21st-century manifestation of psychedelic studies has not entirely distanced itself from the humanities, or the qualitative features of describing and promoting the healthful benefits of psychedelic substances, but the framing has self-consciously adopted the moniker of science. We suggest that this tone is a self-conscious response to the historical characterisation of psychedelics alongside the sustained success of biomedical models in terms of gaining research dollars and positions. Less cynically, the pursuit of psychedelic science might be an astute reframing of psychedelics that is required if they are to gain more widespread credibility as safe, trustworthy interventions in treating addictions and mental illnesses.

Historically, forces within the countercultural and antipsychiatry movements, along with elements of popular culture, complicated LSD therapy, and it was difficult to separate knowledge (and counterknowledge), evidence and practices. Several historical figures emerged that straddled establishment and countercultural medicine, legitimacy and illegitimacy, including Humphry Osmond, Albert Hofmann or RD Laing, seemed to straddle these boundaries. Their work and their historical positionality in these debates sparked all manners of discussions about the American mind in the 1970s. They challenged scientific orthodoxy and the status quo, even as they adapted and contributed to new methodologies and ideas. At times, they pushed the boundaries of traditional mental health concepts and practices.

Substances such as LSD occupy negotiable spaces that are far from fixed. This study consequently adds to current discussions about LSD in healthcare and society. Despite the recent attention drawn to the potential benefits of LSD, scientific research has not elicited any groundbreaking revelations, no prescription drugs have come to market, and the scientific community and regulatory authorities continue to be divided on the issue. Still, LSD serves as a point of mediation between multiple converging trends in the psychiatric profession, and it helps us view the development of medical knowledge as more than a discrete contest among well-educated theoreticians, researchers and practitioners, but instead a more subtle interplay between non-medical actors, including patients, and researchers. While the drug's life cycle has certainly entered a new phase and talk of micro-dosing and popular books have helped rehabilitate the substance, LSD continues to fit awkwardly within the contemporary discussions about pharmacological regulation or scientific innovation.

The 'grounding assumptions' about LSD mattered, and these absolutely impacted the production, use of evidence and practical art of care in the 1970s.⁶⁴ But what counted as evidence and

how to evaluate it was significant, too. As one scholar put it, the unfeasibility and unreplicability of the studies were themselves the problem. It was not solely politics, cultural imperatives, nor was it the mind-expanding nature of the drug by itself. Instead, the lack of concern with the finer details of research ethics and controls inhibited legitimacy.⁶⁵ Such debates often pitted researchers against one another on methodological grounds. Contemporary champions of LSD, however, have attempted to rectify this. The Beckley Foundation, Council of Spiritual Practices, Heffter Research Institute and Multidisciplinary Association for Psychedelic Studies, have, in the main, embraced the technocratic and bureaucratic elements of drug development and sought to keep it at arm's-length from some of the baggage of the earlier psychedelic movement.⁶⁶ It remains to be seen how the psychedelic science of this new renaissance will confront the historical legacy of the medical humanities in identifying and evaluating a new generation of psychedelic experiences.

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NOTES

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