Case Report

A Cautionary Tale of Psychedelic Use: A Case Report

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Abstract:
This report describes the unfortunate case of JJ a 36-year-old female who was using reported psychedelic substances for 6 months and developed psychotics symptoms and subsequently had several suicide attempts. This report hopes serve as a cautionary tale regarding the illicit purchase of substances marketed as psychedelics but are unconfirmed and the inherent risk that accompany this decision.

KEYWORDS: Case Report, Psychedelics

INTRODUCTION

JJ was a 36-year-old female with no past psychiatric history who presented to an emergency room at the request of her sisters due to ongoing auditory hallucinations and thoughts of suicide. Her sisters told the emergency department (ED) physician that they were concerned that JJ might commit suicide due to delusional beliefs that she had an Egyptian goddess inside of her. JJ could not coherently explain to the ED physician why her sister's concerns were invalid, so the decision was made to admit her to the local inpatient psychiatric ward on an involuntary basis under state law.

When an inpatient psychiatrist saw JJ, her story was long-winded and difficult to follow due to disorganized thoughts. She believed that her sister's concern was misplaced and that neither her family nor the psychiatrist genuinely understood her reported experiences and beliefs. JJ was an immigrant from the Philippines. Her father was sexually abusive towards her from an early age, and her mother could not care for her on her own, so she was given up for adoption around age 6. She was taken in by a military family and moved around frequently into her teenage years. Unfortunately for JJ, her adopted family was also abusive towards her. She described being raped by her adopted father between the ages of 13-14 years old.

Shortly after that, JJ was taken from this family and placed with a new family who moved her and other non-biological sisters to the United States. JJ graduated high school and moved to Las Vegas, Nevada, where she worked as a cocktail waitress in casinos. She began to experiment with drugs and alcohol for the first time in her early 20s, mainly with cocaine and MDMA. When she was in her early 30s, she met a man working in a casino who introduced her to psychedelics. She believed this man was a doctor, but it was unclear if this man held any official medical degree.

This "doctor" convinced her that doing psychedelic drugs with him would heal her previous traumas. Together, they regularly began using psilocybin mushrooms, LSD, and ayahuasca. She found her experiences enlightening and beneficial for her overall mental health. She described experiences that felt similar to an intense level of mediation, where she could communicate with her inner self on a higher level. They allowed her to experience varying levels of consciousness that provided insights into her life experiences. These thoughts then progressed to where she believed that she had a "council of spirits" inside of her that would guide her along her mental health journey to recovery.

Her adopted sisters started to worry about her because she excessively talked about this "council of spirits" with progressive

frequency over several months. It became almost an obsession for her. She started to talk more and more about spirits and varying levels of consciousness. Her family started to notice a change in both her thoughts and behavior. She started to describe an Egyptian spirit that lived inside her name Sekhmet. Her family urged her to seek psychiatric care as they grew more concerned that these thoughts were leading to poor psychosocial functioning, but JJ declined help.

About six months prior to her psychiatric admission, JJ started to believe that she needed to experience death. The Egyptian spirit that lived inside of her convinced her that lower levels of consciousness wanted her dead and that she needed to meet them. This led to JJ stabbing herself in the chest with a kitchen knife. Her family found her covered in blood, and she was taken to a local hospital for emergent treatment. This wound required extensive repair and resulted in prolonged hospitalization. She would eventually be admitted to a psychiatric unit and put on antipsychotic medication, but JJ stopped taking the medication shortly after discharge due to perceived side effects.

Her family had previously admitted her to three other psychiatric units. Every admission followed a similar path. She would be admitted, started on antipsychotic medication, and then stop taking it after discharge. During this admission, she was started on oral risperidone and then transitioned to long-acting Invega Sustenna. Her stay was approximately 11 days. On the initial presentation, she was disorganized and tangential. She slept less than 2 hours per day until her third night of admission. She spent most days practicing yoga and preaching to anyone that would listen about spirits and her psychedelic experiences. She continued to report being able to communicate with varying levels of consciousness and referred to these levels of consciousness as her "council." She explained that the "council" guided her decision-making, but ultimately, the Egyptian spirit inside her was whom she trusted most.

She did not want the "council" or Egyptian spirit to disappear. She felt misunderstood and thought that medications would not be necessary if she could only get providers and her family to understand her true purpose. She did not have any insight into why an outside observer would be concerned that she would try to take her life. She viewed her suicide attempt as merely "wanting to experience death." She seemed to honestly believe that the "council" and spirit would allow her to die from the stab wound but then be reborn and continue her previous life.

Throughout the hospitalization, medications started to take effect, and the patient was no longer as focused on these mythical beings. She never believed that these experiences were abnormal or that a diagnosis of schizophrenia could explain them. She started to show more insight into how these thoughts previously led to a serious suicide attempt and was able to safety plan with her family prior to discharge. At the time of discharge, she still believed that she had a "council" inside her and that an Egyptian spirit lived inside her, but these beliefs were much less pronounced.

DISCUSSION

Psychedelic medications, including ketamine, MDMA, psilocybin, and ayahuasca, have been a subject of renewed interest among many psychiatrists and pharmaceutical companies over the last decade. A quick search of the US government's clinical trials website will show many ongoing clinical trials with these medications researching a wide array of psychiatric conditions from PTSD to depression and substance abuse [1]. This case report serves to highlight the risks involved with researching these substances. Patients with underlying psychotic disorders or first-

degree family histories of thought disorders are most commonly excluded from these trials due to the risks involved with both exacerbating these conditions in those that already experience them and also the risks involved with decreasing the threshold that patients will develop psychotic diagnoses of chronic thought disorders after using the substances [2].

In the case of JJ, her experience with psychedelic substances was quite obviously far different from a structured research protocol. There is no way to know where her substances were, even what she believed they were or if they had been laced with other psychotomimetic substances such as synthetic cannabis, methamphetamine, or cocaine. However, there is also no reason to believe she would have been excluded from any clinical trial had she pursued one to treat her underlying traumatic experiences from childhood. To her knowledge, she had no family members with psychotic illness, and she had never experienced any symptoms of psychosis at the time she first used these substances.

This case report brings questions and concerns to mind when considering using these medications on a broad scale. Without blankly excluding patients who have been adopted from treatments or clinical trials, we can never be certain they have no family history of psychotic illness if they have no knowledge of their biological family. This population should require a much more comprehensive risk/benefit analysis and thorough exhaustion of traditional non-psychedelic treatment modalities prior to receiving psychedelic-based interventions.

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