

December 16, 1971

Arthur J. Deikman, M.D.
15 Muir Avenue
Mill Valley, Calif.

Dear Dr. Deikman,

I read your report on Bimodal Consciousness with some interest, particularly because you focussed on EEG evidence for some of the concepts. The references to the EEG patterns associated with the two modes of consciousness were illuminating. When the LSD phenomenon was discussed, however, the EEG data was presented ambiguously. The EEG effects during the EEG state are well defined, exhibiting a shift of the mean frequency to a higher frequency, an increase in the number of seconds with 'drop-outs' (periods of flattening of EEG activity), and a decrease in theta and delta activity. Using your model, one would expect that the action mode would be in force, but the description is that of the receptive mode.

Another problem for me, is the state of delirium. In this state, the characteristic EEG patterns are those of increased fast frequencies, increased delta and theta activity, and a decreased responsivity to eye opening. The subject is active, restless, and outwardly, in the action mode; but the mental state is so severely dissociated that it would be best to identify the state with the receptive mode. I think.

Finally, you will be interested in the recent data presented by Itil and Ulett on the problem of EEG changes in hypnosis, and the reports of the EEG changes with acute cannabis inhalation and ingestion which show increases in the alpha percent time, amplitudes, and decreases in fast frequency.

Perhaps, in a later presentation, these data may be integrated into the concept.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

P.S. My best to Dave Metcalf when next you write.