Spontaneous tripping — causes? [1]

Alice —

I want to know what it is when you spontaneously trip without dropping tabs or anything. I've never had any drugs except marijuana. It is weird. I know that tripping is an induced psychosis, so am I psychotic or what? I was seeing a shrink and will be going back into treatment next semester. I think substance use is boring and a complete copout on life. I've made a lot of discoveries without needing to trip. Why does this happen? Tell me what you know.

Signed,
Gandhi admirer

Answer

Dear Gandhi admirer,

Non-drug-induced mind-altering moments are a mouthful to say, but they do in fact exist! Researchers have noted that many trips can actually occur in response to certain common substances (such as antibiotics) and mental illnesses, which may be some potential explanations for what you're experiencing. Interestingly, marijuana has also been found to produce an effect on the mind similar to psychosis. If these spontaneous trips are interfering with your daily activities, it might be good to talk with a health care provider to see if something else is happening that may be causing these experiences.

Tripping refers to experiencing drug-induced symptoms of psychosis (such as hallucinations and delusions) which commonly occur after taking psychotomimetic substances; these drugs are capable of producing an effect on the mind similar to a psychotic state and include substances such as lysergic acid diethylamide (LSD), ketamine, and even marijuana. This response typically occurs in those already vulnerable to psychotic disorders. These symptoms aren't just a result of taking substances; they're also possible during withdrawal and from prior substance abuse (referred to as substance-induced psychotic disorder). It's worth noting that a history of drug use (particularly early and heavy use of marijuana or stimulants) is also associated with the development of schizophrenia, a disorder that includes psychosis as a symptom.

All of that said, it's entirely possible that someone without a history of substance use or mental
illness experiences hallucinations spontaneously — that is, they feel the symptoms without having taken any substances or a diagnosable mental health condition. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) attributes this to a great deal of negative stress. For those experiencing or prone to mental illness, the amount of stress that leads to hallucination is less than those who are not at risk. Additionally, research shows that hallucinations may be impacted by a number of variables, such as age (teenagers and young adults dealing with hormonal changes in the brain during puberty), genetics, trauma, or physical illness or injury. This is particularly relevant if the hallucinations aren’t associated with other cognitive, emotional, or behavioral disruptions and don’t compromise personal, social, or occupational function. While hallucinations can be associated with mental illnesses or disorders, they aren’t always, especially if the person experiencing the hallucination is aware of it at the time.

However, it’s also possible that this tripping feeling you’re experiencing may be attributed to psychosis, which is a symptom of a number of mental and physical illnesses. During psychosis, a person has a difficult time differentiating between reality and their own thoughts and perceptions. Psychotic states often consist of hallucinations and delusions — hallucinations involve seeing, hearing, or feeling things that aren’t there, while delusions are the presence of strong beliefs inconsistent with the person’s culture and are unlikely to be true. Psychotic symptoms are most known for being associated with illnesses such as schizophrenia, depression, bipolar disorder, and autism spectrum disorder. They’re also common among those with diseases such as Alzheimer’s, Parkinson’s, traumatic brain injury, and HIV. According to the DSM-5, psychosis differs from a psychotic episode, which is an experience in which the individual doesn’t know that they’re experiencing symptoms of psychosis, or is, in other words, having a break from reality.

With this information in mind, you may take some time to reflect: do your symptoms interfere with your ability to perform tasks like completing schoolwork, performing at work, or engaging in relationships? If so, a health care provider will be able to assist you in evaluating your trips and suggesting next steps. They may ask about family history, check your vital signs, and conduct tests to determine what condition, if any, could be causing these trips. In the end, only a professional can tell you whether your trips are a result of a drug you have taken in the past, a tendency toward mental illness, or an active imagination.

Here’s hoping that this response — while only the t(r)ip of the iceberg – is helpful!

Alice!

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