LYSERGIC ACID
(LSD 25)
& RITALIN
IN THE TREATMENT OF NEUROSIS

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Hallucinogens and similar drugs have been used for centuries for the purpose of producing transcendent experiences, relieving anxiety and enhancing self-understanding. Spanish historians of the Aztec conquest described such drugs and their symptoms in detail during the 16th Century, although this information was later suppressed. In the 1890’s, the active principle of the Aztec’s Peyotl was isolated by Heffter and named Mescaline. Amongst others, Havelock Ellis and Aldous Huxley have described their experiences under the influence of this remarkable substance.

Of the modern hallucinogens, Lysergic Acid (LSD 25) is the one most extensively used in recent years for psychotherapeutic purposes. First synthesized by Sandoz of Basle in 1942, it aroused little interest until about 1951, when research began almost simultaneously in Europe and the United States. Over one thousand references to the drug have since appeared in the world’s scientific literature, and it is significant that the second post-war International Conference of the Royal Medico-Psychological Society, held at London in 1961, was devoted to this and allied hallucinogens.

As with all new developments in medicine, there have been divergences of opinion with regard to the use of LSD 25, and matters have not been helped by sensational and inaccurate reports in certain sections of the lay Press which have tended to attribute panacea-like qualities to the drug which in fact it does not possess. The authors have therefore considered it timely to present to their professional colleagues an account of some cases treated with LSD 25, with the results obtained. They also describe the pharmacology of the drug, and the many safeguards and contra-indications involved in its clinical use. They stress that very many patients are quite unsuited to receive this type of treatment, but at the same time they claim that the results achieved in carefully selected cases are sufficient to justify continued research into the employment of hallucinogens for psychotherapeutic purposes.

The cases described in this book comprise many different types, such as migraine, writer’s block, frigidity, sexual perversion, pathological gambling, immaturity, character disorder and psoriasis. All were treated by the authors under National Health Service arrangements at the Marlborough Day Hospital, St. John’s Wood, London, N.W.
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INTRODUCTION

Lysergic Acid was first synthesized by Sandoz in Basle in 1942 and aroused little interest until about 1951 when research work was started almost simultaneously in Europe and in the United States. Since then there have been over 900 publications in the world’s scientific literature, with particular emphasis on its biochemical aspects. Within the last few years there has been increasing interest in its therapeutic properties and it is significant that the second International Conference organised by the Royal Medico-Psychological Society since World War II and held in London in 1961, was devoted to this and allied hallucinogenic drugs. There were approximately 300 members and representatives of nine European countries present, with guests from the United States. As with all new developments in medicine, there has been a wide divergence of interest and viewpoint and it therefore appears timely that a book should be compiled indicating the potentialities, safeguards and contra-indications for the clinical use of this drug.

It is regrettable that it has attracted considerable notoriety in certain popular papers and it is contended that it should never be used indiscriminately or without skilled medical supervision and associated psychotherapy.

This book is concerned with the emotional and not the intellectual side of human beings, and is therefore certain to arouse strong emotional reactions in readers according to their own personal problems. Some will see this combination of drugs as a panacea, while others will dispute the presentation, on the grounds that the account of our findings is not scientific. To many this word “scientific” is equated with veracity, but it is submitted that the release of deep-seated human hates, loves and feelings about God, parents, religion and sex cannot be conveyed to other people in tables of statistics.
The double-blind research procedure that is applicable when a treatment is done to a patient is not applicable when something is done with a patient. To match patients according to age, sex and social status is totally inadequate if one is concerned with the total life history of the individual, his parents, his social relationships and his present reactions to his marriage and his work. Each individual is a unique entity, and can be helped only if so regarded. We also question the ethics of using human beings as guinea-pigs, and do not believe that any patient would turn up week after week to have an injection of distilled water. For example, the case of perversion discussed in Chapter 8 had forty-six evening treatments, and as he had had three years psychotherapy previously without effect, he is his own control.

Instead of attempting to analyse statistically all the patients who have either had, or been refused LSD treatment, it has been decided to present full details in depth of a limited number. The choice has not been easy, but has been determined to a large extent by the capacity of the patients to express their own emotional experiences in writing, and in some instances by the patient's fortunate possession of a co-operative spouse who could verify or refute basic changes in personality structure.

The ever-increasing degree of the complexities of the marriage relationship is apparent as is the extent to which the patient's partner helps or hinders successful treatment. At the same time it is felt that an observant husband or wife is best able to appreciate these emotional changes which are so much in evidence in the family circle.

It is suggested that deep treatment of this type should be considered in the same light as a careful surgeon approaches operating on the abdomen. LSD provides the means of opening the unconscious and exposing it primarily to the patient in co-operation with the psychiatrist; the surgeon has the ability of opening the abdomen and then making changes or removing organs while the patient is unconscious.

It is a well recognised axiom in surgery that the more thorough the preliminary investigation, the more likely is the surgeon to know what he is going to find. To a limited extent the same principle applies in deep therapy under LSD. For this reason a most careful appraisal of the total life history of the patient is made, together with an estimate of his ego strength, with an assessment of how much support will be received at home and what are his conscious goals.

Reverting to the analogy of abdominal surgery, those undertaking LSD treatment must be as competent and resourceful as the good surgeon in dealing with emergencies. As the case records in this book
show, the drug has the capacity of releasing completely forgotten experiences from early childhood and infancy which may sometimes temporarily cause a psychiatric emergency. One example will suffice. The lady referred to as Case 2 in Chapter V on the treatment of migraine, suddenly relived an experience in which her father sexually assaulted her when she five. Her husband was in business partnership with his father-in-law, and became acutely disturbed at the revelation. For two weeks he seriously contemplated throwing up all his associations with his relations and with this country and taking his wife abroad. At one stroke he became a great deal more disturbed than his wife, and needed intensive help. Fortunately, both of them have made a satisfactory adjustment. The patient has lost her migraine completely and all is at peace in the relationship between the generations.

It is contended in this book that this form of treatment has great potentialities for the right patient in the right surroundings, and that it is vital to be selective in choosing cases. It is important to know when to start and when to stop.

Throughout our research work we have been greatly helped by projective psychological tests and worked closely with the late Dr. Elaine Gladstone, the Senior Psychologist at the Marlborough Day Hospital and Secretary of the Rorschach Society of Great Britain. She will be sadly missed. By permission of her executors, we have been privileged to include a chapter by her, on the application of projective tests in selecting suitable cases for treatment. It is gratifying to note that her other writings are being published under the auspices of the Rorschach Forum of Great Britain.

Some psychological reports have been included in the text which show deep insights into the dynamics of the particular case. These reports may be somewhat startling to those unused to them. Some may dispute whether a psychologist can obtain in a few hours so much unconscious material about a patient’s problems, and may assume that much of it is enlightened guesswork. Others may wonder whether, with such comprehensive information, any form of psychiatric appraisal is necessary. We would revert to the analogy of the thoughtful abdominal surgeon. Before deciding to operate, he will be in possession of excellent X-rays of the gastro-intestinal tract which he will appraise in conjunction with all the clinical and social factors in the case. He will decide on the correct procedure by reviewing the total situation and will be guided by experience and intuitive understanding. The thoughtless surgeon will perhaps operate on impulse, and regret it afterwards.

It is significant that out of the new diagnostic cases seen in hospital
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in 1961, only 5 per cent were considered suitable for LSD treatment. These cases represented all types of psychiatric illness, many of which had already been treated elsewhere. The reasons for the rejection of such a high proportion were multiple and frequently as much social as psychological. The psychological tests are a valuable aid to a psychiatric appraisal. In the hospital we have the use of three single rooms for this form of treatment two nights and one day a week, which necessitates their use only for the really hopeful cases.

A study of the case histories in this book suggests that LSD is essentially a treatment for the mentally and educationally privileged, with a fairly high level of intelligence as an almost indispensable asset. One is forcibly reminded of the Biblical saying “Unto everyone that hath shall be given, and he shall have abundance; but from him that hath not shall be taken away even that which he hath” (St. Matthew xxv 29).

Every attempt has been made to preserve patients’ anonymity by leaving out all references to occupations, universities or places. It is to be hoped that it is impossible for any outsider to recognise their friends, although in theory a patient may recognise himself in the detailed report of his progress.

As in orthodox psychoanalytically-orientated psychotherapy, superior intelligence is a pre-requisite in this treatment. In consequence most of the successful cases have been to the university or had a professional or technical education. Working on the premise that all neurosis has its roots in infancy and early childhood, it is not surprising that many of the cases showed behaviour or anxiety features while at school or university age.

Juvenal (Satires X 356) was surely wise when he recommended young men to pray:

“Orandum est ut sit mens sana in corpore sano. Fortem posce animum mortis terrore carentem, qui spatium vitae extremum inter munera ponent Naturae”.

(Your prayers must be that you have a sound mind in a sound body. Pray for a bold spirit, free from all dread of death, that reckons the closing scene of life among Nature’s kindly boons).

According to the Daily Telegraph of June 26th 1962, “twelve Oxford undergraduates including one girl, who are under treatment for nervous breakdown, have just taken their Finals Examination in the Warneford Mental Hospital. For three weeks they worked in a large recreation room watched by a university invigilator . . .” and
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it is alleged that there is an undue incidence of nervous breakdown at all our universities.

As this form of treatment is particularly speedy and effective in young people who are not pre-psychotic, this may well prove an answer to a major social problem. It is suggested that higher centres of learning, and the public and grammar schools, have a moral responsibility in this field which they do not implement by getting rid of their problem cases.

We would like to thank some of our former patients for their cooperation in travelling substantial distances to take part in a tape-recorded interview which they all feel will be helpful to the progress of scientific knowledge and the alleviation of other patients’ suffering.

It will appear that our findings do not suggest that any pioneer such as Freud, Adler, Jung, Melanie Klein, or Pavlov was always right in his or her respective emphasis, while at the same time the study of each case shows the importance of unconscious feelings and experiences in early life as being of paramount importance. In these cases it is apparent that of all factors, a secure mother-child relationship is the most important forerunner of mental health and inner harmony in later life, and its absence the basis of life-long neurosis.

In approximately 400 A.D. an anonymous Persian poet wrote about parent-child relationships as follows:

You may give them your love, but not your thoughts, for they have their own thoughts:

You may house their bodies but not their souls, for their souls dwell in the house of tomorrow.

You may strive to be like them but seek not to make them like you, for life goes forward and tarries not with yesterday.

The importance of this concept is an integral part of the great religions of the world and is in effect a bond common to all of them.

In no instance has any patient lost his or her religious beliefs, and those who started by having a religious faith have had their basic beliefs strengthened. The patients’ experiences under LSD have not supported Marx’s dictum that “Religion is the opium of the people” but rather that there is a deep basic belief in a Supreme Being, whether the religious background be Christian, Jewish or Hindu. We have had no experience with other creeds.

After five years, which admittedly is not a long time, it appears reasonable to suggest that there is sufficient evidence to justify the belief that this combined method of treatment with LSD and Ritalin may be a significant advance in the treatment of many of the neurotic
and psychosomatic conditions that characterise Western society, where
the rate of change and the lack of cultural and social stability is so
evident.

We would like to express our thanks to the Elmgrant Trust for their
support in this research project and to the Central Middlesex Manage­
ment Committee, and our colleague Dr. J. Bierer, for their helpful
support and encouragement. In addition we would like to thank the
four Sisters who have helped in the treatment. Finally, we are grateful
to Miss N. Regan and the hospital clinical staff, and in addition to our
secretary, Mrs. E. Rosenbaum, whose assistance has been invaluable.

In conclusion, it is hoped that this research work has to some extent
contributed towards the progress of human knowledge and we would
like to associate ourselves with Freud’s hope when he wrote in 1909
the following preface to the second edition of his “Theory of
Sexuality”:

“The author is under no illusion as to the deficiencies and obscurities
of this little work . . . It is moreover, his earnest wish that the book
may age rapidly—that what was once new in it may become generally
accepted and that what is imperfect in it may be replaced by something
better”.

T. M. Ling

J. Buckman

April 1963
I

SOME PROBLEMS OF ANXIETY
AND ITS TREATMENT

It is generally agreed that we are living in an age of anxiety, and anxiety-producing factors in our culture grow progressively more numerous and intense. Many writers have commented on the contrast between the teaching hospital where scientific medicine is practised and the multiple psycho-social symptoms presented to the family doctor. Many would contend that the attitude of the first named is of little value to the practitioners of medicine who are expected to treat individuals almost from a different world and where anxiety in its varied form is the dominating feature.

While clinical anxiety may be manifested in a great variety of symptoms, each person has his own characteristic way of feeling anxious. The most typical picture is that of uneasiness, apprehension, and a feeling of disintegration. The physical manifestations show themselves in stiffness, tremors and weakness of the muscles, palpitation, flushing or pallor, fluctuating systolic hypertension in the cardiovascular system. Anxiety symptoms are equally common in the genito-urinary tract and include impotence, dyspareunia, absence of sexual pleasure and frequency of micturition.

All forms of anxiety state may be regarded as neurotic syndromes characterised by more or less chronic apprehensiveness with recurring episodes of acute anxiety. Inability to concentrate or to accept responsibility is very characteristic of underlying anxiety. Varying combinations of phobic, conversion, dissociative, obsessive, depressive and psychosomatic phenomena are invariably present in varying degrees. The difference between these conditions may be viewed as expressions of the particular ways in which the individual deals with his anxiety and unconscious conflicts.
Symptomatic Alleviation of Anxiety

The many devices for lessening awareness of anxiety include denial, excessive alcohol, a multiplicity of drugs, compulsive over-work and aggressive behaviour. Some of these defences are anti-social and sometimes criminal. The wide variety of sedatives and tranquillizers that have been synthesized and marketed in recent years raise many promises but usually declining effects. Bromide with or without valerian was the standby for many years but has been discredited since bromism became widely recognized as a disquieting side effect that sometimes produced temporary confusion and psychosis. For 25 years luminal held the field until 10 years ago when an ever increasing number of tranquillizers and sedatives appeared whose effects are usually more apparent to the enthusiastic pharmaceutical copy writer than to the more realistic family doctor who follows, and supports, these anxiety cases over the years. An increasing number of individuals have become more dependent on these props whose strength has usually to be increased with time. In 1961 the National Health Service spent £2 1/2 million on tranquillizers (Hansard).

Alcohol is, of course, the oldest of the tranquillizers and in many ways the most effective. Despite the long recognized clinical complications, the future may show that it is more effective and safer than this year's fashionable tranquillizer whose long term effects are quite unpredictable. Time will show.

The Meaning of Anxiety

Freud (1) in the early years of the century pioneered explorations into man's unconscious life and drew the attention of an organically minded profession to the role of inner unconscious conflicts in determining the sources of neurotic anxiety.

On the physiological side, Cannon (2) brought the holistic view of the organism into the situation and recognized that "anxiety may be produced by a variety of events, which have one common element. There is always a discrepancy between the individual's capacities and the demands made on him which make self-realization impossible." Cannon did outstanding work in the field of homeostasis and more recently other writers have enlarged our concepts although clearly there is marked discrepancy between their basic philosophies except for the recognition of the supreme importance of emotional factors in human adjustment.
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In the 19th Century the philosopher Kierkegaard (3) emphasized the despair resulting from the loss of self and its relationship to anxiety. Later, Goldstein (4) brought a more comprehensive view of the individual into the field and recognized that “anxiety may be produced by a variety of events, which have one common element—there is always a discrepancy between the individual’s capacities and the demands made on him which make self-realization impossible”.

On a more anthropological basis, Sullivan (5) viewed the human being as an integral part of his culture, so that anxiety is seen as arising from a threat to the individual’s security in interpersonal relationships. Horney (6,7) who has contributed widely in this field has stressed most convincingly that anxiety is the dynamic core of neurosis.

Melanie Klein (8) has also clarified our outlook by stressing the importance of identification with the parents which is carried into adult life. At every stage the ability to identify makes possible the happiness of being able to admire the character or achievements of others. The ability to admire another person’s achievements is one of the factors making successful team work possible. Klein’s work with children has shown that even from babyhood onwards the mother, and soon other people in the child’s surroundings, are taken into the self, and this is the basis of a variety of identifications, favourable and unfavourable.

An Aspect of Anxiety

Any attempt to stress the nature of anxiety must incorporate the contention that anxiety is a natural phenomenon which the individual experiences when values essential to his existence, his sense of being and his identity are threatened. It is to be distinguished from fear in which the threat is peripheral, the intactness of the sense of being is not being threatened, the danger is objective and the individual can evaluate it and can act either in terms of flight or fight in coping with it.

Even more essential is it to distinguish normal anxiety and healthy involvement in anxiety from neurotic anxiety and neurotic involvement in anxiety. We experience normal anxiety whenever we move from the old to the new, from the certain into the new unknown and uncertain. From this it follows that life in our culture, which is changing and fiercely competitive, is an inevitable part of living and that it is only
in cases where anxiety and its multiple manifestations are a source of real unhappiness, that medical intervention is indicated.

Carstairs (9) has summarized the importance of the mother-child relationship in the early weeks and the influence of cultural habits. Carstairs writes as follows:

"Shortly after the second war, a survey was carried out of all babies born in England and Wales—some 14,000 in all. At only eight weeks after their birth, nearly half of these babies were found already to be exclusively bottle fed. What consequences result from this first experience? In the light of Dr. Goldman Eisler's findings, we would expect these children to grow up with a definite bias towards pessimism, and this indeed is the impression which we tend to give to visitors from other more exuberant societies.

Another basic experience in infancy is toilet training. Different societies, and different communities within our own society, vary widely in the degree of concern which attends this aspect of baby care. Some societies, including our own, seem to place an exaggerated emphasis upon the baby being clean and dry as soon as possible. I say exaggerated emphasis, because most infants are not physiologically capable of this degree of control until they are well over a year old. If the mother fusses over it, the whole business of being clean assumes an undue importance. Where this has happened, the child may grow up to be cautious, meticulous, over conscientious, strict with himself and with those under his authority, perhaps parsimonious; in extreme degree, this can result in an obsessive compulsive neurosis.

A majority of mothers in Britain still believe that toilet training should begin in the first months, and should be completed within the first year. They are doomed to disappointment, of course. In practice, they find themselves fighting a losing battle with so-called naughty children who are unable to conform to their expectations. An interesting corollary to this is finding that in Britain there appears to be little belief in the inherent goodness of children. Instead, parents attribute all sorts of malign and unruly tendencies to their growing infants; and they are prompted to do this, I believe, by their own unconscious conflicts. Their own early surrender to discipline has left unsatisfied a good many unruly impulses which find indirect expression in their anticipation of rebelliousness in their own children. It has other disadvantages also. We in Britain often congratulate ourselves on our
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patience and self control—as exemplified in the orderly queues which we are so accustomed to join, but this docility may be won at the cost of surrendering a good deal of spontaneity and drive.

These basic features of child-rearing can be observed in any society, and have been incorporated in many culture and personality studies, including my own. When I lived for over two years in villages in the Anarli hills in India, I became familiar with patterns of child care quite different from our own. Indian parents show none of our anxious concern for babies to be clean and dry as soon as possible; that part of a child's training is attended to without fuss and allowed to take its time. According to Freudian theory, this should be associated with an easy going disregard for punctuality or precision over matters of detail and that is what I found. My Hindu friends were aware of this difference between their ways and mine, at times they reproached themselves for their unreliability, at other times they teased me for my typically British habit of living by the clock.

Hindu babies have always enjoyed demand feeding. They are seldom far from their mother's side, and whenever they begin to fret, their mothers nurse them. It was only after my return to live in a block of flats in London that I realized how infrequently one hears a baby crying in India, how frequently in Britain.

I have already suggested that the early weaning of our babies may be responsible for the slight bias towards pessimism which colours our outlook. Among the Hindus whom I studied, the opposite bias prevailed; they seemed to live in constant expectation of a stroke of good fortune. Each new acquaintance was scanned hopefully as if he might be the agent of their material and spiritual salvation; and in spite of many disappointments, these hopes would rise again.

Pessimism is closely allied to anxiety and clinically these two character traits merge into one another. It is not suggested that basic anxiety and its multiple psychosomatic manifestations are the direct sequence of our breast feeding habits but that cultural patterns in infant care contribute towards the tension and anxiety which is frequently accentuated by their experiences and by parental attitudes.

Healthy involvement in anxiety in later life can be considered in terms of the individual's courage and response to multiple threats and challenges. It is challenging to consider why some individuals have the
courage that results in the anxiety-producing situation that is a constructive spur to healthy growth rather than a paralysing disintegrating block. Horney (10) suggests that courage is a healthy state and the process of self-realization which is the developing of the constructive potentialities of the real self.

Where the human organism is genetically and physically intact and his personal milieu in infancy and childhood is favourable, self-realization will naturally occur.

In contrast to this physiological reaction to stress within the structure of our culture, the phenomenon of neurotic anxiety differs from this picture in the nature of what threatens the individual and what is being endangered. In the neurotic state, the individual faces a host of threats which endanger the character structure which he has developed to protect his feeling of safety and unity and in consequence are of the greatest importance to him. In addition there is a feeling of utter helplessness which pervades the neurotic's being and arising from his feeling of a lack of a sense of wholeness. In many cases the individual's feelings and behaviour are dictated by compulsiveness, so that he is driven rather than moved and therefore cannot feel that he is an active force in his own life.

The Multiplicity of Anxiety

The total organism is involved in every aspect of anxiety, so that the somatic, psychological and interpersonal aspects of anxiety are inseparable.

The varied responses of Masserman's (11) monkeys to tranquilizing drugs led him to conclude that "it is impossible to state the effects of any drug on any organism without considering the latter's genetic characteristics, past experiences, biological status, and evaluations of its current and social milieu".

Selye's (12) important work in the field of stress has drawn attention to the fact that the endocrines, in particular the pituitary, play a far more important role than had previously been recognized. In his concept of the general adaptation syndrome, he has opened the way to further progress in the direction of a holistic biology. A hypothalamic-pituitary-adrenal-cortical mechanism is called into play in the organ's response particularly to prolonged stress, the stress syndrome being seen as developing in three stages, the alarm reaction, the stage of resistance and the stage of exhaustion. While all the body organs are
involved in this process, integration of the endocrine and nervous systems is the central phenomenon.

Progress in determining factors significant for the genesis of the anxiety state has been impeded by the emphasis on monistic etiology. It is now recognized that many factors are involved in a complex interaction and there is increasing interest in determining how the many elements subserved under these headings unite in the process of healthy and neurotic growth.

It has frequently been noted that the first evidence of overt anxiety may follow a particular traumatic incident in the life of the infant and child. Levy (13) found accidents and operations to be particularly frequent "first situations precipitating anxiety reactions. He also noticed the frequency of "frights, separation, sudden privation, births of siblings and sudden environmental changes".

It is suggested that there has emerged ample evidence that such events may be traumatic to the child and can produce anxiety but the total family relationship in which such events occur are part of a total constellation.

The latter includes predisposing factors related to special susceptibility in the child, constitutional and organic factors, factors related to rearing practices and home environment and factors concerning the parent-child relationship. In our experience with LSD and its capacity of revealing the deep unconscious, it is the last named factor that is most decisive in the total picture.

The Treatment of Anxiety

Treatment of the anxiety states and of the associated character disorders may be divided into measures aimed primarily at the relief of anxiety and those whose goal is a change in the basic character structure. At present there are a wide variety of treatments in use by different individuals including physiotherapy, the various drug therapies, hydrotherapy, occupational therapy, group therapy, psychiatric social clubs, carbon dioxide therapy, and the various forms of modified leucotomy.

These various symptomatic measures are used, together with a host of psychotherapeutic devices designed to remove the sources of pressure and stress and restore the patient's equilibrium by strengthening his neurotic defences, including intellectualization and control. These measures include environmental manipulation, reassurance and educa-
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tion, particularly concerning the fear of insanity, emotional catharsis and desensitization.

In such forms of symptomatic treatment, the doctor's role is that of a benevolent authority who serves as an anchor in a world which seems to the patient to be disintegrating.

On a somewhat deeper level are the psychotherapies which Wolberg (14) classifies under the heading "Insight therapy with re-educative goals." Here the primary objectives are "Insight into the more conscious conflicts with deliberate efforts to readjustment, goal modification and the living up to existing creative potentialities". The insight gained into some of his gross distortions in perception can be very helpful in lessening anxiety and the intensity of inner conflict.

The deep therapies, of which psychoanalysis is the prototype, have as their primary goal a basic change in character. This is regarded by some as ideal treatment when available and when the patient can spare the time and money for its implementation.

Treatment of this type may well take years and in a case under treatment in the Hospital at present, the patient was warned elsewhere that he would have to attend five days a week for fifty weeks a year for about four years. There are few people in our society who can afford the time and interruption of their lives that this entails.

It is significant that Freud (15) realised the practical limitations of deep psychotherapy and had the vision to anticipate that these difficulties might be overcome by chemical means. In 1938 he wrote:

"But we are here concerned with therapy only in so far as it works by psychological methods, and for the time being we have none other. The future may teach us how to exercise a direct influence, by means of particular chemical substances, upon the amounts of energy and their distribution in the apparatus of the mind. It may be that there are other still undreamt of possibilities of therapy."

It is suggested that perhaps treatment with LSD in combination with Ritalin, fulfils this prophecy and that its use in appropriate cases of neurosis and psychosomatic illness may prove of lasting value.
REFERENCES TO CHAPTER I.

(1) Freud, S.

(2) Cannon, W. B.

(3) Kierkegaard, S.

(4) Goldstein, K.

(5) Sullivan, N. S.

(6) Horney, K.

(7) Horney, K.

(8) Klein, M.

(9) Carstairs, G. M.

(10) Horney, K.

(11) Masserman, J. H.

(12) Selye, H.

(13) Levy, D. M.
On Evaluating the "Specific Event" as a Source of Anxiety,

(14) Wolberg, L. R.

(15) Freud, S.
There is reason to believe that psychotherapy, combined with regular sessions under LSD and Ritalin can greatly shorten psychological treatment and produce most penetrating experiences with great insight. In consequence of this insight, patients mature and become really at peace with themselves.

What constitutes therapy could form the subject of another book, but here an attempt is made to show the inter-relationship between doctor and patient and the fluctuating effects of LSD and Ritalin.

A patient under this form of treatment remains in a state of reverie and recollects his experiences afterwards, which is used in psychotherapy. The patient does not hand himself over to an omnipotent therapist but participates actively in his recovery.

As LSD and Ritalin overcome resistance in a remarkable way, they have to be used with caution as the patient's resistance is partly responsible for preserving the integrity of the personality.

The form of treatment is not a mechanical "press button" affair but the relationship between doctor and patient, the circumstances in which treatment is given, the skill of the therapist in determining dosages and co-operating with the patient are all equally important. In traditional psychotherapy, the patient dictates the pace but with LSD and Ritalin, the progress of the patient is substantially determined by the strength of the drugs used.

The Effect of Regression

All treatment, whether for physical or psychological illness, is associated with some degree of regression, dependency and an ambivalent attitude to the doctor. Treatment where the patient lies down is more regressive, while treatment in bed produces an even greater regression.
Through its chemical action, LSD produces marked regression for about six hours. This continues to a variable extent throughout treatment and is fortified by the patient’s infantile experiences during the sessions.

Regression is one of the most helpful aspects of any form of psychotherapy, but where LSD is involved, it has to be handled competently by judicious dosage, spacing of treatment, support and interpretation.

Regression enhances positive and negative transference, which has to be recognised, handled and interpreted on an individual basis.

As evidenced in the cases reported in this book, patients under LSD produce experiences from their childhood and infancy. Some may be actual events, some are symbolic and some are phantasies. The experiences vary from patient to patient and from session to session. Many are self-evident and need no interpretation. Some have to be experienced a number of times before they are fully accepted and have lost their associated affect. Many are phantasies which are as important as recovered experiences, because they come from the patient’s basic personality. All help to increase the patient’s self awareness.

The Relationship to Abreaction

Mere abreaction is of no lasting value, unless the associated emotion is also released, “digested” and accepted by the patient. This is the reason why in many cases the repressed traumatic family relationship or experiences has to be brought up a number of times before it is fully integrated.

Abreactions under LSD and Ritalin may be severe, so one has to be cautious in patients whose capacity for self-control is not very strong. In a small minority of cases, there is a danger of the accumulated effect of undischarged feeling which may result in prolonged autonomic imbalance. This rare complication may occur in frail personalities where insufficient support and psychotherapy is carried out between treatments.

LSD helps the patient to see himself as he really is. Some intelligent, well integrated patients can to a considerable extent work out their own inner problems and gain insight and maturity with minimal psychotherapy and support. Others need substantial help to see their illness as part of themselves. The patient may need intensive help to understand why he has found it necessary to respond to his inner
PRACTICAL TREATMENT

and outer environment in a certain way and why he had carried his childish reaction into adult life. Neurosis has been called "out of date behaviour" and the amount of help a patient needs to reach emotional maturity varies greatly.

LSD may be used by the patient for positive or negative ends. Under treatment he will become more preoccupied with himself, but all patients should be encouraged to continue working.

Some individuals get mystical and esoteric experiences, the symbolic significance of which becomes clear later in treatment.

From the literature, it is evident that the drug is used in a number of different ways. Thus some therapists believe that LSD acts only by increasing the transference situation and use it in very small doses to maintain this. Schmiege (8) quotes colleagues who have claimed success with a single large dose, e.g. between 300 and 1000 gamma of LSD, which has been given to alcoholics. This should be regarded as dangerous outside a closed mental hospital.

Action of LSD and Ritalin

The theory of their action and their pharmacology are reviewed in Chapter XIII. Clinically, the following are the main effects but these vary widely from patient to patient:

1. About 15 minutes after intra-muscular injection, there is perceptual distortion with withdrawal, distortion of awareness of the surroundings and increased mental activity.
2. There is alteration of the body image produced by alteration of proprioceptive impulses.
3. Fantasy formation is assisted by disturbing sensory input needed for organisation of the ego. The latter attempts to keep in touch with reality and to keep much internal reality unconscious.
4. There is an alteration of the heat regulating centre so the patient may feel alternately hot or cold.
5. There is fluctuation of mood and incongruity of effect. There are also misrepresentations coming from external and internal sources. Some of the visual hallucinations are probably of retinal origin. There is also distortion of the sense of time, and increased suggestibility.
**PRACTICAL TREATMENT**

*The Selection of Cases*

As emphasised in the introduction, the selection of cases for this treatment is all-important. Psychiatric diagnosis is notoriously inexact, so that it is more helpful to list the symptomatic and social factors influencing this decision.

*The following are favourable indications:* —
1. Good motivation.
2. Adequate ego-integration, good boundaries and defences.
3. Adequate perception of reality.
4. Good intelligence.
5. Capacity to tolerate frustration.
6. Reasonable emotional control.
7. An age range of 15 to about 50, the younger the person the shorter the treatment. The upper age limit is dependent on the resilience of the patient’s personality.

*The following are unfavourable indications:* —
1. Poor motivation.
2. Past or present psychosis.
3. Gross hysteria, especially conversion hysteria.
4. Poor level of intelligence.
5. Consistent failure to make a reasonably satisfactory adjustment by middle age.
6. A very deprived infancy.
7. Serious physical disease, especially cardiovascular conditions.
8. The few post-leucotomy cases treated have proved unrewarding.

Apart from the above, there are the following social factors to be considered:—
1. The capability of the Therapist, who should have had at least a number of sessions under the drugs himself.
2. Whether the patient has a reasonably mature spouse.
3. Whether the treatment is given on an out-patient or in-patient basis.
4. Whether the patient lives alone or with a family.
5. Whether the patient lives a considerable distance from the therapist which may prevent adequate interviews between sessions.
6. What measure of improvement is being hoped for.
It is unwise, and unkind, to expose to the spinster of 45, the unconscious reasons that made her make a failure of her love life in her twenties and that have left her unloved, childless and a biological failure.

In the same way, the middle aged educated man who has been a failure in our culture and who is now too old to start again is better left untreated with LSD. Both groups are liable to become severely depressed and possible suicidal risks.

Considerable attention should be paid to the total situation. The woman with severe frigidity and much sexual guilt who is married to a stable man will probably respond very well. If, on the other hand, the husband is equally immature and probably a philanderer, the prognosis is not good unless both partners in the marriage really want to make a success of the relationship.

Neurosis à deux is not at all uncommon in contemporary marriages and there are many occasions where the unconscious problems are similar. These individuals have been attracted to one another hoping that marriage will solve their own neurosis, which is a myth.

It is not necessary to be rigid as regards treating both partners at the same time. Excellent results have been obtained by one psychiatrist giving treatment to both partners in alternate weeks. In other cases it is wiser for each individual to be treated by a separate psychiatrist.

The approach is essentially an individual one with selected cases treated in depth. Another approach is advocated by Bierer (2) who has reported favourably on group out-patient therapy with the aid of LSD in groups consisting largely of chronic psychotics, many of whom had been hospitalised in the past. Spencer (9) has reported a prolonged experiment with a group of chronic psychotic patients but within the shelter of a mental hospital. Sandison (7) has had success with obsessionals while limited experience here has been disappointing. Martin (5) has reported favourable results with psychopaths.

Robinson et al (6) have recently published a controlled study to compare LSD with other methods of treatment. They found it of value in cases of generalised anxiety.

The diagnostic label in LSD treatment is of less importance than the skill of the psychiatrist and his "apostolic function" as formulated by Balint (1). There is no doubt that some doctors are more successful with some types of cases than others, depending on the doctor's basic personality.

Motivation is one of the most important factors to be assessed. It is important to determine why a patient seeks treatment. Was it his own
decision? Was he persuaded? Was he forced by a relation or ordered by a Judge? A genuine desire to accept a fundamental change in oneself is of great value although the motivation of some border line cases will often improve after a few treatments.

It is essential to obtain a good rapport before starting treatment. It is also advisable to see the spouse and assess the amount of support one can anticipate at home. Neurosis is frequently a family disease and sometimes the less ill patient is referred.

**The Preparation of the Patient**

When it is decided that an individual will benefit from LSD and Ritalin, he should be told in lay language about the treatment to allay anxiety and the spouse should be warned that for two or three days after each session he may become emotionally labile and "difficult." The patient should be told that he will share the help of the psychiatrist and nurse with three or four other patients. Sessions are arranged to suit the patient's convenience and particularly to ensure that he remains at work. In general, women are treated in the daytime and men after work in the evenings. The former start about 9.30 a.m. and are taken home preferably by car by their husbands about 5 p.m. The men start about 6 p.m., finish their session about 11 p.m. and sleep where they have been treated, and are at their desks on time the next morning, feeling rather tired and sometimes not too efficient. Patients are not allowed to drive a car the following morning until their reaction to the treatment has been assessed. Day patients never drive themselves home.

It is essential to treat patients in a single, dimly lit room which should be as home-like as possible and equipped with a bell to summon psychiatrist or nurse, if the patient feels anxious. Smoking is forbidden because of the risk of fire.

Ideal facilities of this type have been provided by the Regional Board at Powick Hospital near Worcester where a special six-bedded unit has been erected that fulfils the above named conditions.

In view of the success of Spencer (9), Sandison (9, 7) and others from this Hospital, it is proposed to double the size of this unit in the near future.

A minority of cases complain of hyper-acusia so that the surroundings should be as quiet as possible. Some cases are helped with ear plugs.

Talking is discouraged during the session as verbalisation is usually a form of defence against deep feeling and the recall of repressed
memories. In a minority of cases, part of the session is used for direct interpretation. The psychiatrist and nurse always remain available throughout the session and a bell never remains unanswered. Some patients are helped by long playing classical records and those who talk to themselves will sometimes appreciate a tape recording which they play back at home.

Teddy bears, mirrors, family photographs, dummies and feeding bottles are available to help the patient act out his infantile feelings. The treatment should be given on an empty stomach. Patients are advised not to take alcohol the day after treatment as this may reactivate the drug.

All patients are asked to write up their experiences as freely as possible the following day, and these reports should be as uninhibited as possible. Nearly all patients find this experience most rewarding as feelings under the drugs become crystallized in this way. The patient keeps one copy and the other one forms the basis of the interview between sessions.

A few cases need somebody to be with them throughout the session as otherwise they feel too insecure to release their feelings. For this purpose the help of the spouse is secured or the patient is helped by a mature, middle aged widow who never talks during the session but is a good listener. Patients using her help become dependent on her as she represents the good mother to them.

**Frequency of Treatment**

One session every two weeks is usually given, with one or more psychotherapeutic interviews in between. These arrangements are modified to suit the patients’ convenience and in the light of progress. Business executives and others with responsibilities abroad cannot always maintain a regular schedule but this is not essential. Some patients in the middle of treatment have a childish urge to complete the treatment as quickly as possible and press for weekly sessions. The decision about this depends on circumstances.

If the treatment is a lengthy one, the patients are rested for about a month, as there is probably an acquired tolerance to the drug.

Occasionally individuals will return months or years after the termination of treatment asking for another session as they feel that there is some residual problem to be released. Individual sessions of this sort are usually very helpful to the patient.
PRACTICAL TREATMENT

The Role of the Therapist

One of the main functions of the psychiatrist is to give support to the patient and the former must accept that the treatment is emotionally tiring.

Patients frequently become more demanding, and often more disturbed during and between treatments than with ordinary psychotherapy.

Patients are assured that the psychiatrist is available at any time if necessary, and each patient is given a week-end telephone number. The doctor has to steer a middle course between allowing the patient to be too dependent on him and giving a feeling of cold scientific objectivity.

As opposed to orthodox analytic procedure, an interest is taken in the patient's current social adjustment. Thus in the case of pathological gambling described in Chapter 8, telephone contact was maintained with the staff manager, with the patient's full approval, and this salvaged the patient's career at a critical point. If necessary the spouse is seen from time to time during treatment.

Patients become used to the same room, the same therapist and the same nurse. They frequently become obsessionally insistent about the same routine of injections, and the amount of time spent with them.

The Functions of the Nurse

The choice of a suitable nurse to supervise LSD treatment is very important, as she is bound to project unconsciously her own problems. She should be a mature person who is either a mother or mature enough to be a good one. She will soon learn that patients under LSD are emotionally children. She must not be shocked or provoked, argue or interpret, but she must also not be too permissive.

Her function will be to provide all the normal attention for a somewhat disturbed patient in bed, and, if necessary, sit near the bed and give the support that can only be given by human sympathy. She must be realistic about emotional problems and not believe that every case of neurosis should just "pull themselves together."

Stages of Treatment

There is always a state of anxiety and excitement at the prospect of having treatment. Anxiety in itself is not a bad sign, and often provides the driving force in the treatment. The patient should be helped to understand the meaning of his anxiety and to realise that he is afraid of changing.
After about 15 minutes, there is greatly increased anxiety as the drug acts on the autonomic system. There are physical symptoms, such as dilatation of the pupils, increased tendon reflexes and flashes of light before the eyes. The patient becomes conscious of his pulse rate, breathing and alimentary movements. There may be excitement or euphoria, and the patients are sometimes fascinated by the experience.

When LSD is used alone, this increased anxiety may be so disturbing to the patient that he fights against the action of the drug and not infrequently abandons treatment before he has begun to explore his unconscious. Workers on both sides of the Atlantic have tried to moderate this anxiety by giving in addition scopolamine, atropine, D-tran, mescaline and methedrine.

Methedrine was used in Great Britain early in 1959 but in a minority of cases the combination of LSD and methedrine produced in some predisposed patients, psychotic reactions and sexual delusions which may well persist for a considerable time. Similar experiences were found by Davies (3) and Sandison (7). In 1960, on the advice of the latter, methedrine was abandoned altogether and replaced with Ritalin. The same change-over was suggested almost simultaneously in the U.S.A. by Eisner and Cohen (4).

Although Ritalin and Methedrine have central stimulatory effects, they have little else in common pharmacologically.

Methedrine is one of a series of phenyliso-propylamines, possessing central nervous stimulating properties as well as general sympathomimetic activity. Ritalin does not produce the marked stimulation of blood pressure, respiration and heart rate and psychotic-like reactions associated with Methedrine. The latter are characterised by marked mood swings.

Ritalin is given intravenously about 15 minutes after the LSD and produces peaceful reverie. The patient remains in this state for about 2 hours when another and smaller dose of Ritalin is given. In most cases this produces a penetrating spell of self-understanding in which the unconscious material that has been released earlier in the session is gone over with deep insight. Only two cases have been disturbed by Ritalin and preferred to face up to their anxieties without its help. Ritalin may sometimes leave the patient depressed the following day.

The session is terminated by giving 50 mgms. of Largactil by mouth, and three grains of Sodium Amytal for those treated in the evening.
**PRACTICAL TREATMENT**

*The Dosage*

On arrival at the treatment unit, the patient is usually given one grain of Sodium Amytal to allay anxiety. The LSD is given intramuscularly to the patient in bed with a small starting dose of 20 to 50 gamma, according to an assessment of his personality. Some psychiatrists give the LSD in distilled water by mouth but it takes an hour to work, and many patients find the long wait disturbing.

At subsequent sessions, the dose is gradually increased until the optimum results are obtained. The average dose is about 80 gamma of LSD but occasionally it may be increased to 120 gamma or more. The dosage is determined to a large extent by the patient's own experiences. He may say that he remained aware of his surroundings all the time and felt he was not "deep" enough. If the dose is too large, he may become confused and get little benefit from the session. Each case is dealt with individually.

Ritalin modifies LSD and alleviates the anxiety the latter produces, and it is usual to start with 10 mgms. intravenously. At subsequent sessions this is increased to perhaps 30 mgms. of Ritalin, followed by 20 mgm. and then 10 mgms. towards the end of the session. The last Ritalin is given about 3 hours after the beginning of the session and is frequently the most rewarding.

Here again, the dosage is varied to suit the patient and is determined at the therapeutic session with his co-operation and guidance.

*Complications*

This treatment is both safe and very effective if the selection of patients is done with care, the surroundings are correct and the staff competent and sympathetic.

Many patients become depressed as they relive traumatic experiences from their early life, and the spouse is always warned about this depressed phase. Sometimes it is advisable that they should not be left alone on the day after treatment and great reliance is placed on telephone or personal contact in such cases.

The risk of suicide, though small, is the most important complication and is influenced by the integrity of the personality and the total situation in which the patient functions. The lonely, schizoid personality who is probably potentially suicidal in face of any stress, should not be treated as an out-patient but might perhaps benefit if treated within the shelter of a Mental Hospital.

Should the patient become unduly disturbed during the LSD
session, the treatment can be immediately brought to an end by an intravenous injection of 20 c.c. of *Frenquel*.

If patients are in any way disturbingly depressed after the session, they should be sedated with *Sodium Amytal* for 24 hours by which time the majority are quite capable of going back to work.

In the last 4 years, 350 out-patient cases have been treated, of whom one attempted suicide and three had to be admitted to hospital for a variable time. On three occasions we have abandoned treatment for fear of suicide but in two of these cases we may well have been over cautious.

The depression in two other cases cleared completely after two ECT's and they subsequently finished their treatment.

In conclusion, we would emphasize that complications are minimal if the selection of cases is good but that patients need a variable amount of support and supervision throughout the treatment, which must always be regarded as a major medical responsibility.

**REFERENCES TO CHAPTER II**

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(3) *Davies, L. S.*

Personal communication.

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III

THE USE OF THE RORSCHACH TEST IN LSD TREATMENT

by the late

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There have been a few studies concerning the effects of administering LSD 25 to normals and abnormals using the Rorschach (1, 2, 3, 4, 5, 6, 7). Up to the present however, there appears to be no research dealing with the use of the Rorschach in the selection of patients likely to benefit from this treatment.

This chapter describes the way in which the Rorschach can be used to examine the suitability of a patient for LSD therapy. A “suitable” patient is defined as one not likely to undergo a prolongation of the more severely disturbed features of the LSD state after each treatment has been terminated. This implies that the patient has sufficient ego-strength to assimilate LSD experiences. According to Sandison (9) the rationale of this treatment is that the false ego which has held the patient from his neurosis, crumbles under treatment, giving him access to unconscious contents towards which he has to form a new attitude. It is therefore essential that patients be selected with sufficient potential ego-strength to enable them to reorganise their ego-values. LSD has been found at times in unsuitable cases to turn severe hysterics into borderline psychotics or even schizophrenics, and severe obsessionals with paranoid features into paranoid schizophrenics. Severe depressives can become suicidal, etc.
USE OF THE RORSCHACH TEST

Ling and Buckman (8) describe the following types of patient as suitable for LSD therapy:

1. Anxiety states with accompanying tension, provided considerable support is given between sessions.
2. Neurotic depression with associated anxiety (if personality is adequate).
3. Psychosomatic cases: response is variable because they enter into greater or lesser degree into all diagnostic categories.
   a. particular success has been obtained with migraine.
   b. certain marital difficulties; e.g. dyspareunia, ejaculatio praecox, frigidity, etc., can often be relieved.
4. Certain homosexuals can be reoriented heterosexually provided they really want to co-operate.
5. Co-operative married couples can be treated at the same time, often producing good results.

It has also been noted that a process of improvement or deterioration can go on over a protracted period—up to a year (Buckman).

Selection is made according to certain provisional psychiatric criteria (Ling and Buckman (8) Sandison (9) and private communications) adapted for use with a patient who stays the night to have his treatment, returning to work the next morning. The criteria therefore must be more stringent than for cases which are treated as in-patients.

The following factors are investigated by psychiatric interview:

**Favourable indications for LSD**

2. Capacity to tolerate frustration whether from internal or external causes.
3. Capacity to gain insight.
4. Above average intelligence.
5. Age between 15 and 50 years, the upper limit being certainly the fifties.

**Unfavourable indications for LSD**

1. A present or past psychosis.
2. Tendency to dissociation (as found in certain hysterics or schizoid personalities).
3. Monosymptomatic hysterics (i.e. the development of one symptom, often somatic, which is used by the patient to explain all his difficulties).
4. Poor motivation.
5. A very deprived infancy (risk of precipitating a profound depression).
USE OF THE RORSCHACH TEST

Tests are useful in that they reveal to the psychiatrist certain elements which are not detectable on psychiatric interview, or may be deliberately concealed. The Rorschach can sometimes pick out subtle variations in borderline states, stemming from more deeply unconscious material.

A tentative list of Rorschach factors found to be useful in selecting or rejecting patients for LSD therapy is the following:

I. Absence of psychotic signs and thought disorder, including excessive schizoid or paranoid tendencies.

II. A certain minimal degree of ego integration:

(1) Adequate perception of reality.
(2) A sufficient degree of emotional control, without excessive receptive imagery.
(3) Lack of excessive early deprivation as reflected in oral phantasies.
(4) Preferably some capacity for insight and awareness of problems.
(5) Presence of some inner resources with adequate ego-boundaries:

(a) Ego defences should be neither:

(i) exclusively of a primitive type, such as denial; or so rigid as to lead to encapsulation
(ii) or be unstable, such as unstable denial (denied material invading the denials).

(b) Ego boundaries should not be weak as evidenced by:

(i) schizoid splitting content (things or humans split in half or preoccupation with fusions such as Siamese twins)
(ii) primitive unsublimated birth phantasies
(iii) excessive poor form anatomy content
(iv) flooding of the ego by unconscious material (e.g. excessive primitive oral aggressive, oral receptive, anal, etc., phantasy and sinister content, in a personality which finds difficulty in assimilating such material)
(v) very personal self-references (e.g. “my stomach”)
(vi) various tendencies to thought disorder such as contamination, fluidity of thought, etc.
USE OF THE RORSCHACH TEST

The individual with the poorly integrated and inadequately defined ego has therefore feelings of inner disintegration, being over-powered by very strong primitive emotions and needs, sensations of weakness and longing for maternal succour, often accompanied by an insufficient sense of personal identity (confusion of the inner with the outer world). These features when pronounced are found in acute schizophrenics and certain of them (e.g. contamination, self references) have been described by Luise Zucker (13) in her description of fluidity of ego-boundaries. This author adds another sign of fluid ego-boundaries, that of fluid content such as "jelly fish."

Fisher and Cleveland (10) have drawn up a list of types of Rorschach response which yield what they term a "penetration of boundary score." This content is said to be indicative of a feeling that the body exterior is of little protective value and can easily be penetrated. A vaguely limited body image is one aspect of weak ego-boundaries.

Holt (11) has devised a systematic method, based on psychoanalytic concepts, of assessing Rorschachs firstly for primary process material, and secondly for the degree to which defences operate to insulate the ego from the full impact of the emergence of such content. This is of considerable relevance when describing the extent to which "flooding of the ego" has taken place, prior to LSD therapy. However this method involves a complex time-consuming scoring system, and as Holt states, is of more use as a research tool than as a clinical instrument.

So far the Rorschach criteria we have used have not included Fisher and Cleveland's, or Holt's scores, but certain types of imagery they describe are naturally taken into consideration in connection with weak ego-boundaries.

Bearing in mind the criteria that have been discussed, two Rorschachs will be described; one of an unsuitable patient, and one of a case which has shown satisfactory progress with LSD therapy.

CASE 1: Considered Unsuitable for LSD.


Reason for referral: Suitability for LSD.

Psychiatric history: Depression, confusion and aggression are felt by the patient. She feels that her illness is due to her mother and she hates the world. Homosexual problems are present. She has
never had any physical relationships with men. She had a homosexual relationship with an older woman (over 40 years) for four years and feels guilty about this. She is always looking for mother figures.

**Previous treatment**

In 1957 she had psychiatric treatment (details not given) in the United States.

After she was tested, she was judged unsuitable for LSD treatment, and group therapy was recommended.

**Intelligence**

The patient lies between the 75%ile and 90%ile on the Progressive Matrices—obtaining an approximate equivalent I.Q. of 119. She therefore lies within the superior range of intelligence on a test of abstract reasoning ability.

**RORSCHACH**

**Emotional features**

A rigid compulsive intellectual control is holding down strong labile emotionality so that the patient may oscillate between inhibition and explosive outbursts. Anxiety is attached to emotional expression. The patient attempts to control her emotional confusion intellectually.

**Intellectual features**

There is a lack of inner resources and insight. Some over-emphasis on making generalisations exists at the expense of commonsense considerations. Thought content conforms to that of the normal population and is not stereotyped.

**Object relationships**

Others are kept at a distance and the patient attempts to avoid emotional contact with them. A dependence on authority exists (verbalisations such as “Do I have to go into detail”? on I; “Do you want the other bits”? on III). At the same time there is a compulsive need to control situations at times aggressively and not to become emotionally involved or pinned down. A blocking occurs in relation to the mother image which disturbs the patient. Men are kept at a distance.

**Sexuality**

An attempt at a denial of the fear of male sexuality is present in the monster response on Card IV followed by the comment “don’t know” in the enquiry. There is a preoccupation with female sexuality (which is perseverated on three cards).
USE OF THE RORSCHACH TEST

Ego defences
(1) Rigid intellectual defence with some intellectualisation.
(2) Strong denial exists with marked evasive tendencies.
(3) Repression.
(4) Regression.

Diagnostic features
A rigid compulsive personality with underlying hysterical traits.

Suitability for LSD
Clinically the reasons in favour of L.S.D. were the following:
(1) The patient appeared to be in touch with reality;
(2) She seemed to be well motivated on one level, being disturbed about her sexual problems;
(3) She has an above average intelligence.

On balance it was considered that her ego strength and motivation at a deep level were not strong, so that we advised against the use of LSD.

It must be stressed that in many cases it is difficult to assess how desirable LSD is for a patient. Sometimes, as clinical experience shows, certain tendencies do not show up in the Rorschach, e.g. paranoid trends may only emerge in the TAT or ORT indicating that whenever possible a second projective test should be given.

CASE 2: Considered Suitable for LSD Therapy.


Provisional psychiatric diagnosis: Character disorder.

Reason for referral: Suitability for LSD.

Family history: The patient’s father at the age of 60 left the patient’s mother for another woman. They had six children. The father returned but there was no further sexual relationship between them. One brother is mentally ill. The patient was of mixed racial origin.

Psychiatric history
The main symptom is impotence. Strongly repressed fear and anger are said to be present accompanied by a considerable need, but inability to communicate.
USE OF THE RORSCHACH TEST

Previous treatment
Some psychotherapy elsewhere during which the patient found difficulty in communicating his problems.

Intelligence
Progressive Matrices: Score 54 95th ile, equivalent I.Q. 127+.
The patient is of very superior intelligence on a test of abstract reasoning.

RORSCHACH

General features
The patient has some ability to use his good intellectual and creative ability in a satisfactory manner though his imagination might overwhelm him at times. A fair degree of ego-strength appears to be present and he is able to control his instinctual drives. Some capacity for insight is present. The patient is introverted and inclined to be introspective.

Emotional features
The patient represses his emotions possibly due to depression. Some aggression is seen in the numerous percept criticisms (e.g. “shape isn’t right, not a true picture” on VI, or “not a true drawing” on IX) and a fear of committing himself.

Object relationships
Passivity is present. The patient may identify with the female figure and there may be a need to be supported by a strong father figure (on V the two people lying down often seen as men, are perceived as women, with a man between them holding them up).

Sexuality
The patient has some awareness of his sexual problems and is capable of a certain degree of insight concerning them. He is very preoccupied with sexual impotence and his inability to penetrate women sexually. There are four responses which symbolise this in a graphic fashion—all containing an FK element:
(1) On II (a) “Two hedges, gate, road in the middle”
   (b) “stream, far and like a lock there”
(2) On VII “Bushes, a path in the middle and a gate at the end of it.
(3) On X “Sides of a huge canyon, gap in the middle of the two, something in the middle there.”
THE USE OF THE RORSCHACH TEST

The response on Card X may indicate a fear of being destroyed by female sexuality (of falling into a canyon). The patient feels himself to be castrated.

_Ego defences_

(1) Repression of instinctual life (reference to A content as pictures and not alive, e.g. on I, V).
(2) Inhibition (e.g. “I can’t think of anything else on IV and VIII).
(3) Denial (e.g. on VI: “Can’t say it resembles anything I know” on VI, “only a suggestion of a bat” on IV).
(4) Some distanciation of others (caricatures of two people on II).

_Suitability for LSD_

The following features exist:

(1) High intelligence.
(2) Some awareness of problems accompanied by a certain degree of insight.
(3) Presence of some inner resources.
(4) Lack of thought disorder. Fairly adequate contact with reality and intellectual control.
(5) Fairly stable ego defences.

It was thought in view of these factors LSD might be a suitable form of therapy. The patient is progressing favourably and up to the present has shown no contra-indications to LSD.

The patient wrote down some of his experiences whilst under LSD. It is interesting to note that these substantiate certain of the Rorschach findings. The following quotation illustrates the patient's fear of female sexuality—and of the phallic woman:

“My first vision after the injection was of a fiercely burning flame rising from the sexual organ of a woman, who was represented by the lower half of a snake, which seemed to be standing on its tail. I was not conscious of the presence of the head.”

Another quotation substantiates the fear of female sexuality seen on card X of the Rorschach (anxiety about falling into the canyon).

“...I also felt as though I was standing over a dark bottomless valley or pit, and the idea of sexual intercourse meant falling into depths. This was not a moral fall.”

The patient’s identification with the female in the sexual act is also described when in one session he re-lives sexual intercourse:
USE OF THE RORSCHACH TEST

"I also felt as if I were a woman and therefore that I would not
be expected to have an erect penis."

The LSD material reveals a possible cause of the patient's
impotence: his introjection and identification with his mother, and the
terror that the heterosexual symbolises an incestuous relationship
with her:

"... Part of me which was in absolute control of my person was
a woman.... I then felt that I was my own mother, and the idea
suddenly flashed through my mind that 'I am having intercourse
with my own mother.'"

This type of unsublimated phantasy should be limited to the LSD
experience and should not flood consciousness before treatment starts.
The Rorschach can give us an idea to what extent weakened ego
barriers let through more unconscious material then the ego can
adequately assimilate.

SUMMARY AND CONCLUSIONS

Two cases have been discussed, in an attempt to describe some of
the ways in which the Rorschach is being used, in order to ascertain
whether certain patients have sufficient ego strength to assimilate and
integrate LSD experiences. Owing to limitations of time, psychological
testing is only done in border-line cases.

The first Rorschach highlights the problem of a rigid intellectual
defence, holding down strong underlying hysterical tendencies. The
administration of LSD was considered likely to destroy the intellectual
control, the patient then being left at the mercy of erupting emotions,
little inner resources or insight, and poor deep-level motivation (as
evidenced by marked denial and evasiveness). As a consequence of
this, LSD therapy was not undertaken.

The second case was found to have enough redeeming features to
warrant attempting LSD therapy. He is of high intelligence. Some
awareness of problems exists, accompanied by a certain degree of
insight and the presence of some inner resources. There is a lack of
thought disorder, and on the whole a fairly adequate contact with
reality and some degree of intellectual control is present. Ego defences
are fairly stable. Flooding of the ego by highly charged unconscious
content does not appear to have taken place. The patient's sexual
impotence is expressed only in symbolic form (e.g. "bushes, a path in
the middle and a gate at the end of it"). His fear of female sexuality
is the main instance where unconscious problems and the anxiety which
USE OF THE RORSCHACH TEST

accompanies them, are expressed more directly (in the response implying fear of falling into a huge canyon on Card X). Clinically so far the patient's ego has been able to withstand the onslaught of unconscious material freed by LSD. It has been able to re-synthesize itself and re-establish its boundaries in between LSD treatments.

This paper has dealt entirely with the use of the Rorschach. It has been pointed out however, that experience shows that certain tendencies (e.g. paranoid trends) may not always appear in the Rorschach and may only be elicited by other projective techniques, indicating that whenever possible, other tests such as ORT and TAT should be used.

The cases by no means cover all aspects of testing for suitability for LSD. Much more needs to be known about this highly complex aspect of testing. There exists more often than not, the extremely vexing problems of the border-line cases, or of those where evidence is too meagre to reach any conclusions at all. This only reminds us of the fact that no amount of wish-fulfillment on our part will turn projective techniques inevitably into omnipotent and omniscient devices.

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The syndrome of migraine is derived from Galen’s 'ἐμι-χρανία (hemi-crania) and was known to Areteus, Celsus and other ancient writers. It is essentially a disorder of civilisation and is extremely rare in primitive communities. Its incidence among developed countries is not known with accuracy but it is certainly widespread amongst intelligent and sensitive individuals.

Balyeat & Rinkel (2) have stated that about 7% of Americans develop the condition some time in life. A discussion on the syndrome was held at the Royal Society of Medicine in 1919 (5) and of the eight main speakers, six admitted to having the syndrome themselves. There is a hereditary factor and the syndrome is transmitted as a Mendelian dominant although not definitely sex linked. It is substantially commoner in women than in men.

**Diagnosis**

Lord Brain (3) has described the main features of the syndrome:

"The cardinal feature of migraine is a paroxysm of headache, commonly but not invariably unilateral, recurring at irregular intervals and often associated with visual disturbances of cerebral function and vomiting. The cause of migraine being unknown, treatment can only be empirical and symptomatic."

Sir Francis Walshe (7) takes much the same view when he states that

"on the whole, treatment of migraine is unsatisfactory. The avoidance of precipitating factors should be undertaken when possible."
MIGRAINE

In 1961 there was another discussion on migraine at the Royal Society of Medicine (6). Dr. Macdonald Critchley pointed out that the syndrome was singularly disabling in the way it reduces mental and physical efficiency. He went on to state:-

"Migraine is not a psychogenic illness, but psychological factors certainly play an important role in provoking attacks and in aggravating their intensity and frequency".

At the same meeting, Dr. Raymond Greene emphasised the wide variety of drugs used, which is a measure of the relative ineffectiveness of treatment. On the same occasion Mr. Geoffrey Knight surveyed the surgical treatment of migraine.

In view of the above quotation from eminent neurologists, endocrinologists and neuro-surgeons, it is evident that there is an atmosphere of fatalism about the treatment of migraine.

A more hopeful attitude has been taken recently by Garland & Phillips (4):-

"Most of the previously accepted theories relating to etiology now be abandoned . . . Attacks are often related to emotional strain and environmental difficulties and indeed many sufferers know exactly the type of difficult situation which is likely to precipitate an attack. All these factors suggest strongly that migraine is a psychosomatic disorder and such a conception may well embrace previous theoretical mechanisms relating to endocrine disorders, allergy, dietetic factors and biliary stasis. The treatment of migraine is rarely satisfactory unless underlying psychological maladjustments can be corrected through the removal of environmental difficulties or through protracted psychotherapy. Drug treatment is usually unsatisfactory."

Selection of Patients

The selection of migraine patients suitable for LSD treatment requires considerable judgment. Inadequate and paranoid personalities, people of low intelligence, schizoid personalities and psychotics should not be treated. Good motivation is all important and this is very usual in migraine where individuals are to a variable extent handicapped and have usually tried many remedies without success.

As pointed out by many writers from Sydenham onwards, migraine occurs usually in intelligent, rather sensitive individuals, and this syndrome is particularly suitable for treatment with LSD and Ritalin.
Results of Treatment

The following are details of the migraine cases that have been treated with this method:

CASE 1.

The 22 year old wife of a bus driver was referred in 1959 with the following background from the family doctor:

“This patient has suffered from migraine since eleven, and has never been helped by drugs. The condition has got worse over the last four months. She is happily married. When having an attack of migraine she cannot see for about five minutes. However, she says that she feels that both the migraine and her temporary blindness are brought on by her feelings of inner worry. There appears to be a vicious circle, worry ——— migraine”.

Eight months previously she had been seen in the Neurological department of a London teaching hospital who reported:

“There were no abnormal physical signs in the C.N.S. She was thought to be suffering from migraine for which further investigation was not considered necessary”.

At the teaching hospital she and her mother were told that she must learn to live with the condition which would probably improve after “the change of life”. When seen on 9.5.59 her symptoms were severe. In recent months the onset had been so sudden that she was too frightened to go out shopping. The family background was stable “working class” and there was a family history of migraine in the maternal grandmother and a cousin.

As a child she was a regular attender in the children’s department of the same hospital with cyclical vomiting, rheumatism and chorea. At 11 she was sent to a long-stay hospital where she was extremely homesick for the whole 10 months. Her first migraine occurred in this hospital and has persisted for 11 years. She gave a history of a recurrent nightmare ever since she could remember in which something was pressing against her face and she felt she was dying. She woke up screaming.

Treatment

During the early months of 1959 she had 9 sessions under LSD in which she relived with great fear a series of visits to the hospital's dental department. The first dental session was recalled with terror at about 5. She felt terrified of the gas mask on her face, and felt
aggressive towards her mother who was excluded from the room. The succeeding sessions were occupied with her increasing fear at each dental session and at the 3rd session she suddenly realised that the origin of her nightmares dated from her fear of the pressure of the gas mask on her face. Each session seemed more frightening to her than the one before. She has never had another nightmare.

During the fifth and sixth sessions she relived the overpowering sense of desolation while she was in the long term hospital and felt with clarity her sense of abandonment when her mother left her on visiting days.

At the eighth session she re-lived with great anxiety fighting against being anaesthetised for tonsillectomy. She fought with three doctors who tried to hold her down and she was anaesthetised in a state of acute terror. After the recall of these memories, she felt a great sense of relief from tension. She also realised that her mother had not abandoned her and she felt at peace with her mother whom she realised was in no way the cause of her childish unhappiness.

At the ninth session all her experiences seemed to fit into place and she felt completely at peace with herself. This abreaction of forgotten experiences, combined with a sense of forgiveness towards her mother has resulted in complete alleviation of her migraine.

On 3.4.62, e.g., two years after treatment, she wrote spontaneously as follows:-

“I thought I would drop you a few lines to let you know how I am getting on. I was very worried that after my second child I would start having migraine again but am pleased to say I have not had any attacks at all.

I have two sons now and it is nice to think I can enjoy life without having that constant fear”.

On 22.5.62 the husband stated that his wife was a much more peaceful person since the treatment, and had had no further attacks of migraine. He stated that his wife no longer minded his being on night shift and now seemed perfectly at peace with herself. He stated that the sexual side of the marriage was much more harmonious.

A few days later the patient’s mother stated:

“My daughter seems to have changed so much as a result of the treatment. Of course she no longer gets those terrible headaches, and she is now at peace with herself. She no longer relies on me and is a really grown up woman. They also seem much happier together as she is no longer irritable and tense.”
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CASE 2.
A married woman of twenty three and wife of a business man was referred for severe migraine for which she had been seen by her family doctor, an E.N.T. surgeon, an optician, and a consultant neurologist. The surgeon could find nothing abnormal, the neurologist diagnosed migraine and recommended Femergin which did not help, and she was given glasses to relieve her “eyestrain”.

She was reticent about her background but said she had had a happy childhood in a prosperous “working class” home in outer London. She found school easy, passed three ‘A’ levels, but was rebellious. It was later learnt that she was illegitimate and was adopted at the age of six weeks. There is no knowledge about a family history of migraine.

The following is her description of her illness:

“I can only liken the headaches to the feeling of a vice slowly tightening on the skull and a sensation which resembled a network of electricity passing over the head accompanied by flashes of light like some nightmarish Piccadilly Circus. During the peak of violence I could only lie down. I was not usually sick although I had a knotted sensation in the stomach.”

Treatment

She was given 50 gamma LSD and 20 mgms. of Ritalin. After an hour she asked for a mirror in which she saw the presence of her mother shortly after the patient’s birth. The patient had all the feelings of being a baby. Her experience was as follows:

“My main impression was an intensity of emotion directed towards my natural mother. I felt a radiant sense of happiness from her pressure and feeding from her breast. It was a wonderful feeling of relief. I had never thought of her as a person, only as one would think of a grandparent, that one had never met. However, I have all my life felt very deeply about being adopted, but it is something I have taken great pains to conceal. It is only since my first treatment that I have realised how much it has mattered as it is something I have “pushed down” in my thoughts. The session itself was one of pleasure, light and joy. My mother was radiantly beautiful, very young and had dark hair.”

At 13 she had been taken to the Tate Gallery where she became enraptured by Renoir’s ‘Le Loge’, and for the last ten years she has gone back again and again to see this picture. In more recent years she has been equally preoccupied with one of Modigliani’s paintings of a young woman with dark hair.
She suddenly said with great emotion “Now I know why that Renoir picture has meant so much to me. It was my mother”.

Obviously her natural mother was not Renoir’s model in 1891, but there is something remarkably similar between this picture and her favourite Modigliani which undoubtedly stirred up unconsciously her repressed memories of her mother.

Her second session with the same dosage was as follows:

“I felt again just like a small baby but the feelings were of prolonged depression and misery, of blackness and images of violence and terror. The whole time I felt in desperate isolation. All the “Flashbacks” were concerned with being alone, frightened and frustrated. I knew instinctively that all this feeling of desolation was associated with being separated from my mother when I was a few weeks old”.

At the end of the session she said she had always known that she had been handed over by her natural mother to her foster parents at the age of 6 weeks and that throughout the session she was re-living this terrible parting. She was very depressed and this took three days to pass off.

Her report continues:­

“Now I knew and understood why I have always got depressed and upset when things have gone wrong or when people rejected me. It all seems so clear now”.

Six weeks later she reported:­

“My brain tells me I have the emotions about my mother neatly pigeonholed but the fact is that I simply cannot analyse my feelings in this direction. Sometimes I could not care less about the whole business, whilst at others I experience a feeling of acute emotion and an almost physical pull deep inside me towards her. I spend so much time thinking about her.”

It was evident that she had not resolved her feelings of love and hate towards her mother. Her report of the third session was as follows:­

“The most important problem which was solved in last Tuesday’s session concerns my relationship with my mother. As I have told you, I felt that my picture of her was incomplete. After the first session I had been aware of the strong bond of love which existed but I could not gauge these emotions in a detached way and put things into perspective.
I felt again the warmth of her love and felt her presence. The warmth was overtaken by bewilderment, followed by insecurity and the realisation flashed like an explosion that my mother loathed me. In spite of the momentary hate I felt at this time, I felt immensely relieved as the problems concerning my first few weeks of life slipped neatly into place, and I realised quite clearly that she both loved and hated me at the same time.

The rest of the session was concerned with varying emotions. I felt the tension between my foster parents during my early years. This left me with a feeling of insecurity and fear which I felt deep down inside me.

During the remainder of the session I felt acutely sensitive. I was conscious of the war in 1940 and its family implications as my foster father was in the army. I felt terror in the night in my stomach at the sound of aircraft overhead and of heavy gunfire. It was very hot. I felt like a little girl of about 3 then, and that was my age during the Battle of Britain. Later I felt unconscious stirrings of music. I was lying in my cot in the evening in summer and the sound of a piano from next door came through the open window. I now know that it was a Chopin nocturne. I know quite a lot about music and I am sure it was Chopin. The music seemed to open another world to me compared to the poor taste and limited interests of my foster parents. I became increasingly aware of the basic difference between my taste and theirs and this was a source of great tension, and I felt in reviewing my childhood years, how I was yearning for good music, painting and beauty in general. Although my adopted parents were very kind, this gulf between us seemed to grow, and I suddenly realised why they irritate me today, despite their well-intentioned kindness.

She was seen again 9 months later and reported as follows:

“I feel completely at peace with myself and have had no migraine at all. I am now at peace with my mother, but do not want to see her. My whole life seems to have changed for the better and the inner feeling of tranquillity is so wonderful.”

Her husband reported independently:

“My wife seems to have changed so much and is now a peaceful happy person. Quite apart from the removal of the migraine, she has matured in an extraordinary way and takes everything in her stride. She is no longer secretive and meets people on an equal footing.”
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CASE 3.

In 1959 a girl of 14 was referred by an E.N.T. surgeon complaining of severe hemi-cranial headache with nausea and vomiting. The headaches entailed her missing an appreciable number of days each month from school. The parents stated that she was always worrying and could not work properly in school. She was of superior intelligence and had passed the 11 plus with ease. She had been seen by the E.N.T. surgeon who could find nothing abnormal and by a neurologist who diagnosed migraine. Her menses were normal and bore no relation to the migraine. There was a family history of migraine on her father's side.

The background was unhappy in that early in her parents' marriage the father drank and did no regular work. When the patient was 18 months old her parents separated. The father who had private means remained in the provinces and the mother brought the baby to London where they lived a lonely life. The parents were reconciled when the patient was 5 and the marriage has been much more harmonious since the husband was treated for alcoholism. He is now running a business and enjoying it. The mother recollects that she did not want her pregnancy and was terrified as the confinement came nearer.

Treatment

The patient had eight sessions of LSD and Ritalin with an average dose of 50 gamma of LSD and 30 mgms of Ritalin. She relived with great vividness her 18 months in London and in one session cried a great deal at her feelings of isolation. She also felt great resentment against and a desire for her absent father. During the sessions, she developed a deep understanding of the triangular tensions between her parents and herself and forgave her mother for not wanting her. The latter experience acted as a great relief to her and since that session her migraine stopped.

She was seen 18 months later and reported as follows:-

"I feel very much better in myself and have had no more migraine since the treatment. Everything is easier to cope with and I am getting on much better at school. The mistresses have commented on this. I can now play hockey for the school, but previously migraine stopped this as I was always frightened of getting an attack. Before treatment I was away from work quite a lot and the mistress who ran the sick room looked on me as part of the
MIGRAINE

furniture. Since treatment I have not had to visit the sick room at all. Previously I used to get very moody and this was muddled up with the headaches. Now the moodiness and headaches have gone and I feel really at peace.

Looking back on my treatment I recall vividly repeated quarrelling between my parents when I was very young and this came up three or four times in the treatments. I feel that I have forgiven my mother for not wanting me and am quite at peace with both of them”.

Her father was seen independently and reported as follows:

“There has been no migraine since the treatment stopped 18 months ago and she has been altogether very much better. She is much less tense and much nicer to have about the house. She seems to have changed so much and gets on with both of us much more harmoniously. She is doing very well at school which she now thoroughly enjoys. She is now a normal, happy schoolgirl and I feel confident about her future”.

CASE 4.

A happily married woman of 35 was referred by her family doctor complaining of severe migraine since the age of 24, associated with tension and irritability. The diagnosis had been made by a well known neurologist on the staff of a provincial medical school. She was unduly houseproud and found her young children’s “messiness” made her tense and she would sometimes scream at them, about which she felt guilty. There was a history of an uncle having migraine and her parents’ marriage was rather unhappy.

Treatment

She was given six treatments with LSD and Methedrine in 1959 and experienced very vividly tension-producing situations as a small child, and was pre-occupied with the deep and largely unspoken dislike between her parents. She felt they never had sufficient time to love her. Throughout, there was a feeling of rejection, the acceptance of which relieved a great deal of her tension and she stopped having migraine. It was felt both by psychiatrist and patient that she had not completed her treatment, but as she was free from migraine, matters were left in abeyance.
For nine months she was free of migraine although still rather tense and a perfectionist. Early in 1961 the migraine recurred on two occasions and she was advised to have further treatment.

At the first resumed session she was given 50 gamma LSD and 20 mgms. Ritalin intravenously and described afterwards that the experience was totally different from her feelings under treatment in 1959. She remained very quiet for about 2 hours when she suddenly and violently felt herself as as small girl in bed with her father lying behind her and with his erect penis between her legs. She then felt that her legs and abdomen were covered in “slime”, which she knew was semen; as a child it seemed like a large pool in the bed. The episode was clear to her, came as a great shock and was associated with disgust both with herself and her father.

Two weeks later she had another session by which time she had been able to discuss the experience with her husband but had great hostility to her father. At this session the same episode was repeated even more vividly than before with more feelings of guilt combined with an understanding that her father was really mentally ill when she was a child. This release of feelings led to a sense of inner peace and towards the end of the session she suddenly said:

“Now I know why I had the migraine headaches. It was those deep hidden feelings, feelings of a mixture of love and hate about my father”.

At the last treatment with LSD and Ritalin she went over the episode again without any great release of feeling except considerable guilt and said she was now quite at peace with herself and felt “free” for the first time in her life.

It is significant that the husband volunteered the information that his father-in-law quite often put his hand on his eight year old granddaughter’s thigh with evident sexuality.

Ten months after the last treatment the patient wrote as follows:-

“I have had no migraine attacks since my last treatment. I feel much more relaxed and do not get tired now. As for my father, I have no feelings towards him, good or bad.”

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CASE 5.

A happily married woman of 51 with many cultural interests, was referred by the family doctor complaining of severe migraine and tension since the age of 10. She had been seen by a number of doctors and neurologists. She came from a middle-class background and her parents' marriage was unhappy. There were three older brothers, one of whom was the father's particular favourite. The patient was breast-fed, and always remembered being spoilt by her mother. She was frightened of meeting people and at school was frightened of authority.

Her migraine started at the age of 10, when her father's favourite son and her older brother was killed in France in 1917. The headaches were left hemicranial and precipitated by worrying situations. During an attack she became incapacitated, was sick, and had to spend a day in bed. She was treated with LSD in 1959, and had altogether six sessions spread over 4 months, with doses of LSD ranging from 40-90 gamma.

Treatment

In the first session she had a fit of crying associated with loneliness.

"I felt just like a baby. I felt my infancy was lopsided and full of tension".

In the second session she reported:-

"I felt this was the crux of the matter. I felt my own and my father's violence towards my mother. I felt pity for my mother but my sympathy was with my father. I even felt as a little child with a great desire for self-control".

In the third session she reported:-

"I rejected my mother's love, while she rejected my father's violence. I suddenly realised my mother desperately wanted a daughter, as she already had three boys, and when I was born I completely replaced my brother in her affections. I resented having to show off to please her, and got headaches before reciting".

After the fourth session she reported:-

"I felt about 3 years old, and I experienced intense jealousy of the brother who was my father's favourite, and I had an overwhelming desire to kill this brother".
Migraine

This revelation of her death wish towards him was associated with very strong guilt and depression.
After the fifth session she stated:—

"I remember clearly the family receiving a telegram from the War Office that my older brother had been killed in France. I re-experienced my death wishes towards him, and felt great remorse, guilt and a horrifying feeling that my death wish had been carried out".

The whole session was of deep emotional significance, and she felt that her whole life pattern had been laid out before her. She remembered being carried up to bed with a severe headache after the telegram had arrived.

In the sixth session she said:—

"I felt again my jealousy of my brother when I was given his bedroom, and was also really given his position in the household by my mother. Every time I met people I felt guilty and rejected. Meeting people gave me headaches. I had again my whole life pattern laid out before me, and I realised how much I had wanted my brother to be dead, and how wicked I felt when he was killed in the Great War."

Since that session the patient has remained completely free from migraine, and is really at peace with herself for the first time in her life.

Two years after treatment she reported as follows:—

"It is now two years since I had my last treatment under LSD and I should like to tell you of my progress. Although the relief from migraine was immediate, the fear remained and for some time I found myself dreading any situation that might bring back the condition. In the old days before treatment my headaches were very constant, and I cannot remember a time when a sudden loud noise did not cause a sharp pain.

Now I can face my situation without the fear of a headache. I do not think that this is in any way a question of time, but is due to a more complete understanding and acceptance of my relationship with my parents and my brother, and consequently all my personal relationships since. Now I know and understand the importance of love and human understanding for the first time in my life, and the conflict has gone and with it the physical pain of the migraine."
MIGRAINE

In addition to the above-named cases, we treated in 1960 a man and a woman with 5 and 9 sessions respectively with LSD and Methedrine. These two patients included migraine in their complicated matrimonial difficulties. Both cases abandoned treatment with no significant result.

We are at present treating a man of 28 and a woman of 47 whose migraine is only a part of a wider psychopathology. In both cases the migraine is improved but as yet not alleviated.

CONCLUSION

In reviewing these few cases it is suggested that in each instance there were severe unconscious experiences, the release and acceptance of which under LSD and Ritalin has alleviated the migraine, aided in all cases by a variable amount of psychotherapy.

Although the patients described that they are "cured", it is preferable to consider that their migraine is alleviated. All the above named have promised to keep in touch with the hospital as regards change of address or marital status. We are hoping that the hospital will be reviewing these cases at five yearly intervals. We feel that in many complex and non-fatal diseases claims of cure are used prematurely and that to wait some years for a final answer in a disease that has remained remarkably resistant to treatment since Aretoeus described the syndrome in the first century A.D. is not unreasonable. In the meanwhile it is to be hoped that others will investigate this method of treatment for a syndrome that is generally regarded as incurable.

In conclusion, it seems relevant to quote from Addison's (1) original paper on Pernicious Anaemia:-

"It was whilst seeking in vain to throw some additional light upon this form of anaemia, that I stumbled upon the curious facts, which it is my more immediate object now to make known to the Profession; and however unimportant or unsatisfactory they may at first sight appear, I cannot but indulge the hope that by attracting the attention and enlisting the co-operation of the Profession at large, they may lead to the subject being properly examined and sifted, and the enquiry so extended as to suggest, at least, some interesting physiological speculations, if not still more important practical indications".

It may well be that by substituting the word "psychological" for "physiological" in the last sentence, there is justification in making the same plea a hundred years later.

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A CASE OF WRITER'S BLOCK

Almost every educated person has at some time or other an urge to write, and this is especially common in adolescence. In the majority the urge, which arises from subconscious factors, becomes diverted into other channels. Creative writing in most cases coincides with the period of maximum sexuality, and is closely associated with it.

Shakespeare was 36 when he wrote Hamlet, Keats 25 when he wrote the Ode to the Nightingale, and Shelley wrote Prometheus Unbound when he was 28. Frequently this creative fire dies out, but there are many instances where the urge is pressing, but the capacity blocked. This state, which is associated with a desperate inner loneliness, exhausts the patient's psychic energy in the creation of unconscious excuses as a form of defence mechanism.

Bergler (1) has termed this crippling conflict "Writer's Block", and has contributed greatly to our understanding of the problem.

Bergler is of the opinion that conflict of the writer is based on his repressed hatred of and denial of dependence on his mother. He eradicates the lesion in self-esteem by unconsciously denying the narcissistic defeat. This is achieved by negating the very existence of the "offensive" mother. He acts out in his literary productivity a "corrected" version of the giving mother and the recipient child. Whereas every other neurotic person unconsciously needs two people for the re-enactment of the operative situation from childhood, the creative artist requires one person only.
WRITER'S BLOCK

At one time there was a tendency in literary criticism to pay attention mainly to style and technique in assessing an author, but a new departure was made in the early 19th century by the French critic Sainte-Beuve, who suggested that detailed knowledge of an author's life was essential for the evaluation of his work. In this connection it is interesting to recall that Stefan Zweig suspected that this insight was based on Sainte-Beuve's own pathological voyeurism. Be that as it may, there is no doubt that Sainte-Beuve's approach is generally accepted today, now that we have moved ahead from an interest in external events to an appreciation of the importance of internal conflicts in their relation to artistic creation.

Bergler and other writers have advocated a full psycho-analysis for the resolution of writer's block, but in many cases this is impracticable because of financial or time factors. Writer's block may persist indefinitely, and the victim is unwillingly diverted to some other calling, or breaks down completely. It is proposed, therefore, to summarise the case of a would-be writer who succeeded in unravelling his unconscious difficulties under Lysergic Acid.

DETAILS OF CASE

In 1958 a 30 year old author was referred by his doctor for tension, irritability and difficulty in working. He was married and had two children. It was apparent that he had a severe tension state and writer's block and it was decided to help him resolve his problems under LSD.

History of Patient

The patient, whom we will call Joseph, was born in Vienna of Jewish parents, being the third of four children, three being girls. His father was a business man and the patient had conscious recollections of having to play the male role to four women. The mother was artistic and the family background reasonably happy. He thought he was very "spoiled" by his mother.

He was an intelligent and precocious child; at an early age he wrote poems and plays. The family was not religious but rather socialistically inclined. He was always an individualist and enjoyed political and philosophic arguments. He read avidly as a child, including many literary classics.
WRITER’S BLOCK

At eleven, Austria was overrun by Nazis and he and his sisters were sent as refugees to Holland where he was assigned to a Jewish foster family. He formed a strong bond with this family and before treatment, would frequently say that he was Dutch.

Then came one of the most important episodes in Joseph’s development. In 1943 the Nazis were rounding up the Jews, block by block, to deport them to concentration camps. He was sitting in the attic of a house in the Jewish quarter of Amsterdam with the other members of the household, with their bags packed ready to go. The Dutch Jews could not, or would not believe that they were going to their deaths; they persuaded themselves that they would start a new life somewhere else. But Joseph knew intuitively their joint fate. When the German police banged on the doors of the house and called the Jews down to the waiting vans, the family he was with went down, and he, at the last moment, got out of the window, climbed on the roof and hid.

When the round-up was over, he came out of hiding, got a false Dutch passport and started living an assumed life. Eventually he got work as a Dutch bargeman and for two years worked up and down the Rhine as a conscript Dutch worker. He learnt to train himself to believe his new identity and to understand the Nazi mentality to preserve himself. He had to act twenty four hours a day and throughout denied his Jewishness to himself.

From this wartime experience he emerged with a burning desire that his survival be for something.

After the Armistice he returned to Holland, and then went to Israel. He did a number of jobs, lived in a kibbutz but always felt restless. He then received a grant to study dramatic art in Vienna where he showed great promise.

Later he returned again to Holland and did a variety of jobs but never felt at peace with himself.

In 1954 he came to England and married his present wife, but remained restless and struggling on account of his frustrations. He was unable to finish a script because of his inability to write about interpersonal difficulties to his own satisfaction. All his manuscripts finished in the waste paper basket.

It was on account of this obvious block in his capacity to write and his sense of failure that resulted in his treatment with LSD. In 1959 he had ten LSD sessions with an average dose of 75 gamma, spread over six months with psychotherapeutic interviews.

The following is an abridged version of the patient’s own experience.
and reaction spoken spontaneously into a tape recorder three years after treatment:-

Psychiatrist

You remember we met 4 years ago when you were finding great difficulty in writing. I recollect you had a great urge to write but were not really able to do so. Is that a fair picture? After some investigations we gave you 10 sessions under LSD. Perhaps you would outline the problems that you had at that time and your own experience of the treatment.

Patient

I remember clearly the day I came to you and told you of my problems. There were many difficulties in my current life, particularly this sort of block in my attempts at writing but I was very sceptical about psychological treatment. At the same time I realised that I needed help.

I decided, with reservations, to have this treatment as I have been writing on and off for many years and have always found myself leaving my manuscripts unfinished. I was able to get to the dramatic point of the story and would then shie away from the drama of what I had to tell, and the reasons I shied away were not clear to me. I was afraid to experience something dramatic. I felt this quite clearly and that is why I could not put it down in my writing or finish a story.

Psychiatrist

You felt this before you had treatment?

Patient

It was my major difficulty in those days. I felt I always shied away from the dramatic situation and when my manuscript came to the point where something important, essentially gripping, was going to happen, I felt incapable of telling the gripping, important parts. In consequence, the writing failed to give the essence of the matter and was unsatisfactory to myself.

When I started off this treatment, my first sensation was seclusion from the outer world. I had a feeling of happiness that you can be by yourself, have time by yourself, with yourself and time to reflect. Then later on I experienced this again when it was not only a question of reflection but something much deeper than that.
In the first session I had a feeling of being in a cloister cell closed away from the turmoil of the world and with time to meander in my mind about things that were more important than the outer world. This first experience and the subsequent ones together have been such an extraordinary opportunity that has enabled me to have a glimpse into something one never sees while one is in one's every-day state. This opportunity went on from one session to the next, to go on exploring what is going on underneath the mind.

I found that most problems that I considered to be problems turned out not to be problems at all. I found that most things that made out the pattern of life seemed, under the drug, to take on quite a different shape. Gradually I found my whole personality was like a construction of layers, one over the other, which gradually were being loosened to uncover what essentially was hurting them. For example, I started off one of these sessions saying something hurt me, or this is painful. I remember very clearly that the experiences under the drug were immediately linked with the experiences of life before the session. For example, there would be a noisy car outside which you consciously accept but unconsciously you only feel the noise. You feel what hurts, so you are immediately on a level of experience where you are more concerned with the hurt than the fact that there is a noisy car. In other words, you go back immediately under this drug to an emotional level. You emotionally feel what is going on. I say that it was a reflection but it was no intellectual reflection. It is not a thinking out of things; it is an experience which reminds me of one who participates with himself.

There is a soothing effect from the beginning. My mind is no longer a cool outside observer but immediately is involved in what is going on. This very mind which I always thought functions as a kind of policeman from the outside was all of a sudden participating in the same emotional feelings. It was an extraordinary experience when you feel that mind and everything in you experiences first of all an exterior wall around yourself. You feel you sort of knew the problems in your country's life as well. Now you observe yourself a bit deeper, a bit more sensitively but you are not anywhere there yet. With subsequent treatments I felt that this took an interesting turn. It appeared that everything I had observed once thoroughly, I was putting aside to go to a deeper core, to another layer of the unconscious. No longer was it
important that this noise outside even hurt in itself. I was concerned to reflect what really does hurt, what hurts.

I remember my experience as one of intertwining, of control observation on the one hand, yet an emotional force that never allowed this control observation to be a cool, objective observation. Then I came to the point that what really hurt are the things you don’t really think about or refuse to think about.

I started wondering what are the things I don’t want to know, and obviously these are emotionally very painful. I feel that one refuses to have pain, yet you suffer all the time, so how can it possibly be that you refuse to experience pain yet you are being hurt? This is as if your mind blocks itself, or your feelings block themselves against pain that would be worse than the ones you already experience. Gradually I felt myself being pushed from behind into experiencing the worst of all pains. This came to me one afternoon under treatment. I felt I was dead. I recall very vividly how I called you and I said “I am dying”, and you said “don’t worry, you are not really dying but you are re-living a childish experience”. I then said “I feel I am dying, this is the end”.

I felt this experience strongly, there was poison in one’s essential being in the form of this enormous fear of death, a fear of death that was deep in my unconscious.

This was the experience, the great experience of those whole ten sessions. I felt I could really die, not just as an illusion, not just in the drama of other people but my own life would have a very normal end. I know now I never wanted to face this but realise there is such a thing as really living. When I felt this, it did not take long to discover that if there is such a thing that could lift one up and this can only be the life I am leading. With this horror of death realised, I started to experience a most fantastic happiness with the realisation that after all I do not have to die now. I felt I was no longer with my neck under the guillotine. This was the very feeling I have been living under all my life.

*Psychiatrist*

*Right from childhood?*

*Patient*

Yes, right from my childhood, and without my knowing it. I did not know before treatment, that all the time I was living it was as if a rope was round my neck or my head was on the
guillotine. Suddenly, it seems one had known that everything I had done so far in life had been, as it were, with this last breath.

Psyciatrist

The last breath before dying?

Patient

Yes, just before dying. This was a turning point in what became a cesspool in my years of writing, that I had this unique opportunity to experience what it felt like to die.

I think that most people do not feel that in the normal way. Most people do not want to. Most people do not need to, but one comes to the point where one discovers that something stops you in life, a continuing something. Under the drug you experience that this very thing that stops you from creating is fear. I then realised that all these things are terribly linked up with mother, father, love and women.

Another experience I had was that under the LSD I felt something that I already knew intellectually. I realised inside myself how essential the mother/son relationship is and became convinced emotionally that psychological theory on this subject is correct. It was a fascinating and self revealing experience for me and closely linked up with my childhood feelings.

Prior to treatment my mind had always shied away from experiences as a writer about other people's lives, whether real or imaginary. In this connection my mind was suddenly dragged into the situation and I think the cure, from someone who did not write successfully, to someone who does write successfully, came this very moment when I felt that this mind of mine was part of me. It has become harmonised with the rest of my feelings.

From this moment on I felt capable of writing what I want. My previous years had been characterised by the fact that I wanted to write but could not get round to expressing myself and always had this feeling about death in the back of my mind. I know now why I was afraid of that. My manuscripts were cut off from the most essential of all experiences, and this was the big cause of my failure.

I do not know how far my life today is a neurotic or normal one, but I feel extremely of one piece. I feel clearly that my mind that used to run short of breath when it came to a point, is now quite capable of following with the rest of my emotions. I have always
had very strong emotions and under the treatment was able to let my emotions loose. I do not come from an oppressed childhood background where we were taught not to let our emotions show. It was not really my emotions I worried about, there were too many of them. I found there is more than the need of harmonising myself and of being capable of not being afraid.

I am no longer afraid of putting one letter after the other to say what I want and this is linked with an enormous number of things, such as speechlessness and inarticulateness. This again is very much linked up with my own language difficulties, having learnt four languages before I was 18, and none of them perfectly. The feeling of being dumb, not being able to express myself was probably one of my most unpleasant inner feelings. This experience goes back to my childhood and I realise was due to my polylingual background. My parents spoke one language and we spoke another. At eleven I learned two more, and at eighteen a further one. I had learnt English all the time in between. It was a great confusion of things, and each one did not allow me to say what I wanted. Under the LSD I discovered that this mixture of things was not so important but that there was a refusal to think of essential things which I am now able to do without fear.

Psychiatrist

You had a number of frightening experiences in the war in Holland? Did they come up in your sessions? Did you feel your own fear in those years and did you feel guilty that you did not go off with the other Jews to the Belsen gas chambers?

Patient

That is quite right. I dare say I have not gone through the entire range of this. As I said before, one goes to the essential things and the essential thing was wanting to clear up one’s raison d’être. I did feel the first guilt at being separated from my home, my first traumatic experience at the age of eleven. I accepted that very quickly. I had a great amount of self pity but I was very much loved at home. When it became necessary to face the fact that as a Jew in Holland I had survived the war, there was much difficulty in accepting this. My guilt feelings were very strong indeed.
Psychiatrist
Did you release all this guilt? Did you feel it welling up inside you?

Patient
Yes, I felt it welling up inside me but after the treatment I could make use of it. I could make use of it in my writing. It is as if the artistic creation is the working out of one's own neurosis and in my case is proving very profitable. Not profitable only in the way of finance, but profitable because I can now write as I like and it seems to have a generally acknowledged value. I am now able to share the feelings of many other people. I seem capable of expressing what many people would love to express but for which they cannot find the words. I did not find the words before because I tried to avoid saying the essential things.

Psychiatrist
In the war situation, reality was death?

Patient
Yes, reality was death and in some way or other it merged into reality which I find today is totally acceptable. When you come round from the LSD experiences you wonder to what world you wake up, meaning literally that the outer world was father and mother to me, long before father and mother ceased to be mine.

Psychiatrist
Are you really able now to write fluently and easily?

Patient
Yes. I write very fast and very fluently now. Sometimes I overdo it. I go too fast and then I am exhausted for a few weeks. I take a week off and forget about writing. This year I have written a play, two books and a television play.

Psychiatrist
And I understand the book, which was written in German, is being translated into twelve European languages?

Patient
Yes, and also published in the United Kingdom and the United States.
Writer’s Block

Psychiatrist
You have recently been in Germany. Do you feel at peace with the German people or is that still a problem with you?

Patient
Well, I never had a problem with the German people as it was in a perverted way these very German people who saved my life. Without their knowing it, I was using false papers in Germany so I never had a deep-rooted hatred against them because I was too much involved with surviving. I actually participated in the survival of those who scrambled out from long dark shelters. In consequence of my war experiences, my struggle with the German people was on a quite different level. Mine went much deeper down because it was directed against those people who made the situation possible. It was not the Germans whom I hated — it was the forces that made the war possible, this mass hysteria and I found the enemy in the very structure of society, in certain deformities of the human mind. The ingredients of bourgeois existence would seem not only to tolerate but necessitate an enormous amount of cruelty.

In conclusion, I would like to say that LSD has revolutionised my life and there is no doubt about this at all. It has made me confront many things that one did not want to confront. It has also made me into a much happier person and a successful writer.”

A Literary Criticism
A well known German literary critic has commented on “Joseph’s” work as follows:

“The other day I overheard a girl say to a young man:— “They take it from the living”. This sentence, uttered without any apparent reason, could come from one of the seven stories of “Joseph”. This sentence does not occur in his book. Instead there is the following, equally significant — “Better a hay wagon than a gas wagon”. Or “People disappear like ghosts”. Or again: “Man eats man; what is so unnatural about that”.

In quoting from “Joseph” these three sentences, and juxtaposing them with the unreal sentence mentioned above, I do not insist that “Joseph” is a surrealist. I do maintain, though, that the most immediate reality is implied in his texts. If it were not illusionary that something can be taken by the living from the living, then
it is the most natural thing in the world to have a railway trip by night with a cannibal; or to live a hidden, suffocating life, behind a partition like an upright coffin, where the slightest cough endangers life.

The author was marked by death for years, by a death which was not natural. Those who ordered or executed it, looked on it or suffered it, regarded it as the most natural thing, and even out of a different world; from a world which existed alongside the real world in which birth, school, job, love, parenthood and old age, had their place. I may add, out of a world of Monsters.

Those who survived this murderous atmosphere could indeed than heaven. Those who were able to note down the horrors, remind others of what they had lived through, or had forgotten, or wanted to forget; he, who, like "Joseph", noted down, and transformed events and happenings into metaphor and parable, is a singular poet. This is a fact which can be proved, and has nothing to do with the accolade which one accords a new and remarkable author.

"Joseph" has accomplished something quite extraordinary, completely outside of German prose since 1945. He has defined the indefinable, so that it can be heard and perceived as a work of art, understood by reason, and presented pragmatically. Please do not take exception to the two references to cannibalism; this is a racial consequence of those events with which we are all so familiar, and which "Joseph" summarizes in this sentence: "The letter J is the butcher's hook". This is what might have happened when writing these stories about the "fraternity of the sick, the crippled and the lame". The author was surrounded and permeated by his material about the Gestapo and the gas chamber, the perception and idiom of the monster, the presence of those who take from the living, and not only from him, "Joseph", but also from so many others. Then this totality was transformed into an imaginative imagery of passion and pictures, of being inside and beside, a feeling of horror and feeling of astonishment and above all a delighted thankfulness for having escaped into freedom. Then this imagination changed again into articulate syntax, and the monsters of flesh and blood became his poetical tools, became the wooden foot, the soldier of the Führer, and a Jewish whisper against the Wall. Once they existed, threatening or being threatened, dying or killing, but now they became part of the topograph of experience. "Talk is strictly confined to
WRITER'S BLOCK

whispering, even if you should become dumb, and you breathe as little as possible”. Now the monsters split and were then joined together again differently. The poet took away and added the large and small demons, who could have come from the hell of Breughel. This is what “Joseph” intended, and he brought into this harmony of disharmonies a precise gaiety which aimed satirically, and hit. Possibly influenced by Alfred Doblin, etymologically originating from Chassidic texts, he wrote:- “When it's a question of life and death, a wooden foot has toes”, or “Cripples are doing fine during a war; they can't prescribe anything to us. The foot is buried in Serbia; I don't know what happened to it; and the lungs are in France, but there is enough left of them for coughing. There's a little bit of me everywhere”.

Finally, “Joseph” comes to yet another conclusion: he who had escaped to freedom perceived hat there is something about this thing freedom; that when you say “B” you cannot altogether neglect “A”; that the series of horrors began at Ypres, continued with the gas chambers, and finished up in the present; and knowing this, and being able to handle it, the most extraordinary materials became a matter of course to the poet, and even the ordinary became astonished. And this is how “Joseph” conceived, wrote it down, and handed it on to us. He gives us his themes and sentences, which are like inscriptions on a wall. He hands it all to us, who in consequence should become wiser than we are at this moment.”

SUMMARY

A severe case of writer's block has been relieved following ten sessions of LSD and psychotherapy. The patient is now a fluent and creative writer with an international reputation, and in consequence his domestic life is much more harmonious. He is now a well adjusted and productive neurotic whose deep understanding of human motives is a real contribution to his fellow men.

REFERENCE TO CHAPTER V

(1) Bergler, E.
A CASE OF FRIGIDITY

A 26 year old female Indian student was referred to the hospital by the family doctor, in 1959, complaining of tension and inability to have intercourse. She was attracted by men but when sexual intercourse was attempted she fought them off. In consequence, she had never had sexual intercourse and was still a virgin. She feared that if she got married, the results would be tragic.

Family Background

Both parents are Indian but have spent most of their married life in South-East Asia. The father is a draftsman. The patient was born in Malaya, but they left there when she was 2, to live in Burma. For unknown reasons the parents were separated for three years and were reunited happily. Shortly before the war, the family moved back to Malaya and the patient lived there during the Japanese occupation. The father was again away for variable times throughout the occupation and her relations with her mother were always mixed. She was the second of five children.

At 13 she has a fairly clear recollection of a sexual assault but she fought the man off and was not raped.

She went to a Roman Catholic secondary school in Malaya aged 13 and thus her cultural background is mixed and varied.

Aged 22, she came to this country to be trained as a technician with a strong desire to be a professional woman, free of her family and with mixed feelings about marriage and motherhood.

Her technical career has been good and she has passed her exams successfully, but her social adjustments have been unsatisfactory.

Apart from her work, she has mixed mostly with the Indian student community in London and has had a variety of men friends. She has never been really in love although she had strong sexual urges, and had attempted intercourse without success with eight men friends. Each failure made her feel that she was not a proper woman and should devote herself to a career.

Physically she was normal, was attractive in appearance and spoke fluent English. She also spoke Bengali and Malayan.
Psychological Test Results

In view of her strong motivation towards recovery and her youth, we decided that she would probably do well under LSD which was supported by the following psychological tests:

1. **Progressive Matrices** — Grade 3
   Approximate I.Q. — 105.

2. **Rorschach Test Report**:
   “The patient is impulsive and emotionally immature. Her thought content conforms to that of the general population. She is extraverted with unintegrated introverse tendencies.

   She is ambitious above her ability and over-emphasizes the making of generalizations. At times she makes a superficial attempt to hide her emotional confusion intellectually. There is some awareness of inner tension. She becomes anxious and perplexed when confronted with unstructured new situations. A frightening father-image exists and the mother figure may bring out some unconscious anxiety and inner tension.

   Oral aggressive impulses are present and the patient may be aggressive at times.

   Her ego defences are: Repression, denial, evasion, intellectualization.

   **Diagnostic features.**

   Neurotic features are present, with anxiety and depression. There is no evidence of thought disorder.”

3. **Object Relation Test**

   Depressive features emerge in this test. The one-person situation is seen as a man who is just standing or walking towards nowhere with nothingness before him. He is described as lonely and having lost a loved one.

   The theme of loneliness is repeated in another story where people in a fog are said to be trying to find their way home. The group situation brings our depressive features and slight depersonalization tendencies.

   There is some evidence that the patient may identify to a certain extent with a masculine role.
Summary

This is a woman of average abstract reasoning ability who shows no real breaks with reality. She is anxious and depressed, with a certain tendency to paranoid and aggressive behaviour. Though immature, her defences do not appear to be unduly unstable. There are, therefore, no absolute contra-indications to LSD therapy."

In view of these test results and her strong resolve to disentangle her emotional problems, it was decided to treat her with LSD despite our lack of understanding of her cultural background. It was regretted that in this case that it was impossible to interview another member of the family as she was alone in this country.

In 1960 the LSD was being augmented with Methedrine, which was effective here but has proved unpredictable and sometimes very disturbing in others. As set out in Chapter 2, the use of Methedrine has been abandoned and replaced with Ritalin which has proved much more effective. This patient started on Methedrine and finished on Ritalin, which she found much less confusing. It appears probable that Mediterranean and Middle Eastern races are more susceptible to LSD than are the Nordic races and therefore this girl was started with a very low dosage.

1st Session: LSD 25 gamma and 10 mgms Methedrine.

"I don’t know what exactly happened. After the injection I lay in bed, not unhappy or afraid but just wanting to weep. I started by vaguely thinking of home and the several places in which we have lived.

After this I was back in Bengal, I saw the pond and fishing. I read the Bengali alphabet and sat around the fire. The fair at which my grandmother brought me a toy, I saw her sitting in the sun after a bath. Then quite suddenly I was in the ship. I cried and kept telling myself that grandma is dead and I have never cried for her. It was quite a confusion. I did not know that my grandmother had died until 1946. There was no connection between home and Malaya during the war.”

2nd Session: 50 gamma LSD and 10 mgms Methedrine.

"Soon after the injection I felt a strange yearning to be with my mother and I felt very miserable. I am not so sure whether I wept or not. I was thinking and ‘feeling’ in Bengali.

Then I kept sliding back into the past. This seemed to follow a
FRIGIDITY

kind of pattern like the last LSD session. First my nerves all over my body tingle. This is rather a strange but wonderful sensation. Then my muscle and all stiff joints sag and I feel quite limp. My ankles and knees relax and I take up the sleeping posture of a baby.

I can’t exactly say how far back I went but it certainly was when speech meant nothing to me. I felt sex sensations. Everything I touch tingled me and I enjoyed trying to turn over. I kept turning over and kicking around for a while. Quite suddenly when I was lying on my stomach there seemed to be some stronger sound vibrations around. This is my sense of fear. I really was afraid and I could even feel my heart pounding.

Nothing was right from then on. I was restless. I even kicked and scratched the wall — I felt very lonely — like being forsaken.

I know why I could not sleep that evening. I wanted to take myself back to the lost haven and I was very miserable because I did not succeed.”

3rd Session. 40 gamma LSD and 20 mgms. Methedrine.

“This reaction has been quite different from all the others. I was able to recognise everybody around and express myself in English.

I went through the usual phase of feeling light in the head and weightlessness. The past came back to me year by year and then I was two.

I felt cold and shivered. Someone around determined it to be malaria. There was a distinct bitter taste of quinine in my mouth. Then there was that wretched train journey. Wretched because it seemed endless, and I was completely exhausted with the heat, noise and vibrations. I definitely felt muscle strain and aches around the shoulder region as when one has been violently shaken.

Then we were in India and I saw my two sisters — Ramu, then a baby, pretty and plump and Manu moving around in the background. One of them enjoyed pinching my arms and legs.

I felt quite left out and perhaps jealous because everybody crowded around Ramu. I even said to myself that no one wanted me now. Dad was away. I missed him intensely and wept secretly.

I kept saying to myself that I was happy before and I have been unhappy since that train journey.

I recalled my Dad as being very fond of me and now that he wasn’t around, no one cared for me. I don’t think I had any love from my mother. I felt she paid all the attention to my younger
sister. At times I am sure I regarded her as my enemy. I distrusted her.

I then was drawn towards my grandmother because she said to me that we were both unwanted. She reminded me of my Dad, especially the eyes. I followed her around and stuck to her like a leech."

4th Session: 50 gamma LSD and 10 mgms. Methedrine.

"For this session I went back to early childhood and the chief character around is my mother. She was then very beautiful, plump with golden skin and jet black hair. Also she seemed quite aware of her beauty.

In that part of the world, Kelantan, a place in the North of Malaya all children sleep in cradles. Thus I was crooned to and rocked to sleep. I also saw my sister, Manu, toddling around and looking at me through the cane mesh of the cradle. It was her cradle I was in. She had large eyes and short hair cropped like a boy's hair.

I felt very happy. The place was quiet and sunny. My cradle was near a window and I felt soothed with the breeze. I was being breast fed then. My father was often around and he played with me quite a lot. He is also often taking Manu out.

Then it was as if my mother had very little time for me. She seemed to spend a lot of time combing her hair. It was at this time that she was expecting again. She was very big and moved slowly under the weight. I know that someone else like me was anchoring from within her. She told me so. After that I seemed to be more with my sister and someone, like a housekeeper who lived with us. I don't remember seeing her distinctly as I have seen everybody but I felt her presence. She must have quite often dragged me off from my mother.

I have seen my mother in labour pain. She was sitting on the bed with her head hanging down. She looked awful. There were spasms of pain and her face twitched. I was not afraid but apprehensive. My father was carrying me in his arms and Manu was holding on to him. Then my mother told him to take us away.

I felt disorganised and there was a lot of movement in the house. Then all was quiet. I saw her next lying back and looking like her old self with the baby next to her, she was a large baby. From then on I felt left out. My mother spent all the time nursing and cuddling the baby and I was jealous. I did not show it but I think I sulked."
FRIGIDITY

5th Session: 50 gamma LSD and 10 mgms. Methedrine.

"This session I experienced extreme physical pain, hunger and misery. I went back to the railway journey, I seemed to have travelled most of the journey lying on one of the seats. I was asleep and when the train jolted I fell forward. I seemed to have strained a muscle around the shoulder region. It was winter when we reached India and it was very cold. I had heavy blankets on me. The weight seemed to suffocate me.

I must have spoken beautifully and I know all my relatives humoured me by trying to imitate me. At a certain stage everybody seemed to have laughed at me.

I missed my father very much and must have cried for days for him. I refused to eat, and was hungry most of the time. I felt weak and was growing very thin. My mother did try to force some food which I don't know why but made me sick.

I remember my grandmother very well. Her face was very wrinkled and when she spoke, loose skin seemed to cover up her eyes. She was very sympathetic and often shed a tear or two seeing me crying and pining for my father. I cried a lot and sat by the door watching the road. She often collected me and put me to bed. When I wouldn't sleep she told me that he came at night to see me. She must have me to imagine and dream. I am sure I enjoyed many such dreams for there was a definite sense of relief after this.

I saw our home in India vividly. It was beautiful with lots of trees and a pond. We held prayers and I took part in one particular one. It was held because I was ill. I recall offering flowers and sandalwood to the Deity. I don't think I know to which God this was being offered.

This is very hard to explain. Hindus believe that the God of Death, Yama, sends his messengers to collect Souls from the earth. I felt their presence around me. I felt also a sort of struggle between two forces and something very strong held me very tight and I could not go with the messengers of death. This seemed the turning point of my illness and babyhood. I recovered and seemed years and years older than before my illness.

Of all the visions under LSD this has been the most revealing. Right in the beginning I felt cold. I was miserable and cried like an infant. I asked for a hot water bottle and it seemed ages to get it eventually.

I could hear my mother's heart beat. She seemed very afraid of
Frigidity

a drunk man around the place. It was definitely not my father because this drunk person spoke in Urdu with a Punjabi accent. I don’t know exactly who he was and I don’t remember having heard a name mentioned apart from the “drunk”. He must have lived fairly close to us for he was often around. He unceremoniously leered at my mother. She was afraid and complained to my father but he laughed and said “It’s only a drunk” in Bengali.

On this session I played several roles. Firstly of the drunk. It was as if I had not much to do so I walked up and down, kicking my heels just like an average street loafer. I acted the drunk, I also was like my father, solid and calm and quite un­worried about my wife’s fear which I dismissed.

When I acted my mother I felt apprehensive that this man was not only thirsty and hungry for food, he was also hungry for sex. He desired me. At one time I strutted around the room and walked up to the bed which then appeared like a home and said to my mother to come away with me. You are beautiful. This was spoken in Bengali. My breath was hot and I panted like an animal. Next I was in my mother’s role and fought and freed myself. Everything around reeled and I said “I’m expecting” and felt I fainted.”

The patient was seen between each session and on a number of occasions after the last treatment.

Two months later, the patient was asked to summarize the understandings that she had obtained and how they had altered her attitude to men and to her own sexuality.

Her interim report was as follows:

“No single experience in the series of treatments I feel has corrected my defect of being unable to have intercourse. All the phases of treatments have contributed towards my improvement.

However, the most important experience is the first treatment when I was able to drink three glasses of water, and as a result pass urine freely, but did not wet the bed clothes. I was very afraid of doing so. I seemed to have been forever thirsty and I feared drinking lest I passed urine in bed. I had been very cramped in my belly due to this. Somehow my muscles and nerves seemed to have relaxed since.

During one of the subsequent sessions I discovered that I enjoyed wetting my bed as a child because only then did my mother pay attention to me, even though it was anger and disgust. It was a curious kind of enjoyment mixed with fear. Perhaps my mother
had threatened me with death because the horror of death seemed imminent. As a child I had often passed urine in my sleep even after the age of 7.

Fear of death was intensified later when I did make a nuisance of myself by screaming. I tried to suffocate myself by burying my face in the pillow. Being able to scream has relieved me somewhere. However, the sinister object identified with death has always been around with most of my treatment. I often felt cold and shivered violently but this was a complex combination of fear, illness and weakness as well. It also seemed like a struggle to survive like fighting for breath. At one time, I said and felt that someone was trying to choke me to death.

It is true that I had been very ill once and was not going to live. I relived this period. I felt weak and very lonely; it was exactly like sinking back into a void. My mother sadly said that I wouldn’t live but I was sure then that she didn’t want me to live. I got to one stage when my soul raised itself and stayed poised ready to fly away. We were attached together by our feet, as though someone was embracing them pleading me not to go. I can identify the “warm embrace” with the love of my father and grandmother for me.

I returned to life but as a different person. It was a great thrill to live again and I was triumphant of my achievement. I also felt that I lived to spite my mother.

We were jealous of each other, I think for the love of my father. I only had two fears still left, fear of wetting my bed and fear of death.

I realised that Hindu mystics are very correct about re-incarnation and unity with the “absolute”. In my later treatments I went right back to my mother’s womb. I was arriving from a land of rhythm and colour — like Africa. I was born. Birth seemed beautiful. This is when every rhythm in the body, breath, pulse at the temples, heart beats and suckling-like movements of the mouth and vagina were in unison. This to me was orgasm and this joy was what I ought to look for. This was also unity with the “absolute”. Here I felt I had been created for creation. I had my first practical lesson in how to have and enjoy intercourse. I learnt to lie back relaxed and offer myself. In real living I have not reached this point of completely relaxing and having an orgasm, but I know what to strive for. If all is given to us at birth, why do we grope all our life?
FRIGIDITY

My next experience was when I identified myself with my mother and felt myself raped by a drunked man. In this I played the part of both parties. When I was the woman I struggled and fought but I enjoyed my intercourse as a man. The child of this union was my sister. I was jealous of her and made her the child of a drunken man in my mind. The arrival of my sister, to me, separated me from my father and I resented both my mother and sister. However, I seemed to have suffered more from self-pity than from active hate.

I also identified myself with my mother when she was expecting. I felt myself pregnant, I was heavy and moved slowly, but very absorbed and blissful. I later experienced labour pains and panted for breath. My father was holding me, the child, in his arms. He was nervous and frightened and I felt the same fear of death, or apprehension. I also felt that the result of intercourse was pain. Strange and inexplicable that I feel the same pain when I now have my periods.

Freedom of expression is what I have gained emotionally. Separation from my father had made me so lonely and unhappy, so that life seemed useless. It must have cut me into two. I had reserved all my affections for him and have been unable to feel any sort of love for anyone else. While away from him I substituted my grandmother partly for him because her eyes were like his. Three years later I was separated from my grandmother and after that all relationship seemed restrained.

I feel now, I am a warmer person and am able to feel spontaneous affections for my parents. Having intercourse has taken a secondary place. Love matters most. I am not sorry my childhood is past and gone forever.”

Interim Report.

She was seen again eight months after the above summary was written and she reported as follows:—

“I am now able to have an orgasm and really enjoy sexual relations. I am much less tense and fidgety and can concentrate on my work. I have lost the need to be the centre of attraction and can just be myself. I feel much less shy and inadequate.”
FRIpIDITY

Final Report

Seven months later, e.g. 18 months after the termination of treat­ment, this patient was asked to come back to the Hospital and reported that she felt quite different. She had completely lost her fear and had been living very happily with a West Indian student for a year.

She was now able to get full satisfaction out of sexual intercourse and always achieved full orgasm. When she has passed her final examination, she proposes to return to S.E. Asia where she hopes to marry and have children.

She stated that she was no longer confused over religion and had become a confirmed Hindu. Under LSD she had appreciated the deep significance of the Unity with the Absolute which she had "absorbed" from her parents as a small girl. They were good Hindus. She had realised that her Christianity had been superficial, and she felt at peace with herself by her complete adherence to Buddhism and re­jection of Christianity. She said that she had become a Christian at school because the other girls did. On reflection she said the main reason for her absence of fear was that she was no longer afraid of death.

She had no conflict over the fact that Hindus in Asia closely protect unmarried girls and that she was living with a West Indian. She said: "I am not being unfaithful to anyone and after all this is quite the usual practice among students in London".

She finished the interview by saying that she felt much more united with the Almighty and at peace inside herself. She is certainly com­pletely relaxed and able to discuss her situation living in Western culture with great charm and understanding.

It is suggested that this girl has been permanently released from her frigidity, has a real understanding of herself and will make a happy wife and mother in her own country in the future.

This case raises some interesting ethical and moral problems. One could argue whether frigidity in an unmarried Hindu girl living in a Christian country with an established Church is a legal illness as understood in the National Health Service Act. Two lawyers have privately expressed opposite views on the subject. The fact remains that from the psychosocial point of view, she is now happy, sexually normal and a good Hindu.
A CASE OF SEXUAL PERVERSION

It is evident to all family doctors and gynaecologists that there is a great deal of sexual dysfunction about which men and women go direct to the doctor or these problems come to the attention of marriage guidance councillors, probation officers or the Courts. In 1961, the Marriage Guidance Council was consulted by 14,500 couples of whom at least 30% have sexual difficulties. In the same year there were 25,000 divorces and 458 marriages annulled.

In addition it is increasingly recognized that unconscious sexual disharmonies play an important part in the psycho-neuroses and in psychosomatic disease.

The simpler cases are helped every day by the family doctor, while the more intractable problems are referred to psychiatrists. In consequence there is an ever-increasing load of these cases sent to overcrowded out-patient and private psychiatrists. Treatment in the more complex cases is difficult, lengthy and frequently disappointing.

Previous Concepts of Sexuality

It was not until the second half of the 19th Century that sexual problems became of interest to medicine. In 1870 Westphal (1) published a case study of a homosexual. Kraft-Ebing (2) and other contemporary psychiatrists considered sexual difficulties as a "degeneracy" and often associated with physical stigmata.

Space does not permit a discussion of the work of all who have contributed to the understanding of sexual abnormalities but mention should be made of Kraepelin (3), Moll (4) Clifford Allen (5) Havelock Ellis (6) and Rosen (7). More recently the Kinsey survey (8) in the United States and the Wolfenden Report (9) in Great Britain have weakened the taboos on discussion of sexual phenomena.
SEXUAL PERVERSION

Of outstanding importance was the publication in 1905 of Freud's work on the Theory of Sex (10) which postulated for the first time the concept that sexuality really starts in infancy. He emphasized that it was diffuse and not confined to the genitalia. The infantile sexuality is at first auto-erotic and at an early age, the impulses find expression in various activities such as looking, exhibiting and a preoccupation with excretory functions.

Sexual maturity is reached only when all the component drives have become integrated and subjected to genital primacy. In our experience, the great majority of neurosis cases, irrespective as to whether the presenting symptom is sexual or not, are sexually immature.

This general concept of infantile sexuality is increasingly accepted in Western psychiatry, in contemporary literature and is well illustrated in the following case of sexual perversion:-

Case History

A 49 year old married man and a University graduate employed in a professional capacity was referred by his doctor to this hospital on account of homosexual practices and flagellation with his son aged 16, for the past 4 years.

His parents were quite happily married but the patient was conceived when his mother was still nursing his elder brother. It was an unwanted pregnancy and his mother strongly wanted him to be a girl. She can still remember a moment of bitter disappointment at his birth. His childhood was uneventful in a country village, but the atmosphere regarding sex was very repressed.

He went to a preparatory school where at the age of nine one of the masters had sexual play with him. This precipitated pathological blushing from which he has suffered ever since. Following the experience he started masturbating and continued this till he came for treatment.

He was unhappy at Public School from which he ran away and went home. He said he had been in a wood all day and had contemplated suicide. When he got home, he flung his arms round his mother, felt very emotional towards her and said: “Only his thoughts of her had saved him.”

He made a poor adjustment at University, made a few friends and obtained a third-class degree.

At 26, after completing his training, he had a breakdown and had analytically orientated psychotherapy for two years from one of the
SEXUAL PERVERSION

leading therapists in London who has since died. Treatment was dis­
continued by mutual consent. He had a further year's therapy from
another therapist but gave up as all his savings were gone. He also
saw a German hypnotist, without improvement.

Throughout these years, he was continuously unhappy and variably
depressed. He contemplated suicide on a number of occasions but
never attempted it. He served in World War 2, enjoyed it and won
the Military Cross. During the war he married his present wife who is
a mature and understanding person. There are two children of the
marriage of whom the important one is his son.

Ever since marriage, his sex life has been unhappy as he did not
enjoy intercourse, and was preoccupied with thoughts of flagellation.
He would always prefer to masturbate than have intercourse. There
had been no intercourse for 18 months when first seen.

He made a moderate adjustment at his work but found it difficult
to make friends.

Four years before starting LSD treatment he commenced abnormal
sex practices with his son who was then 15. This took the form of
mutual masturbation and flagellation and this continued regularly until
he got real insight into his difficulties. His wife was aware of his
abnormal practices and realised he was mentally ill.

When first seen in 1959 at the age of 49 he was obviously a man
of high intelligence and with very good motivation. He realised that
he was harming his son to whom he felt a strong mixture of love and
hate, and that he was making his wife very unhappy. He was also
aware that there might be a scandal, in which case he would be ruined
professionally, and probably go to prison. Despite this conscious un­
derstanding, he felt a compulsive need to continue with his perversion that
was overpowering.

In view of his age (49), the failure of three years intensive psycho­
therapy consisting of approximately 400 hours treatment before the
War, the severe compulsive nature of his pattern and the strong de­
pressive features, it was evident that his treatment would take a con­
siderable time and a good deal of work on both sides.

The psychological tests were as follows: -

Progressive Matrices — Grade 1 plus.
Approximate I.Q. — 130.

“This is a patient of superior intelligence who is educationally
on a high standard. The Rorschach shows that he is introverted
SEXUAL PERVERSION

and inhibits spontaneous expression. There is an intense anxiety over his impulses which he is unable to control. He has repressed his need for affection. He is extremely sensitive and there is a strong desire for conforming socially, but he is not able to live up to this.

He may be subject to outbreaks of uncontrolled and perhaps violent behaviour.

At the moment, this patient's defences are working effectively and there is a relatively good integration of personality. There are strong homosexual tendencies, and these are not compatible with his moral code. Therefore, there is a profound conflict over his sexual impulses, coupled with guilt feelings, and sado-masochistic tendencies which may be compulsive at times. This patient's difficulties are deeply rooted in his early disturbed relationship with parents. His inability to identify with the father-figure may be responsible for much of his difficulties to adjust emotionally to his social surroundings.

Summary of Recommendations

This patient's abilities are on a high level and so is his code of behaviour. This is in sharp contrast to his impulsive needs, and to his ability to live up to his ideas emotionally. His preoccupation and compulsion in connection with his sexual needs is intense and anxiety-creating. It interferes with his ability to adjust to reality and to his social needs. He has repressed his obsessional tendencies, but they are causing him great difficulties. He may respond well to LSD treatment. There are, however, some signs which should be watched as there is a deep seated conflict which may be too difficult for him to face unless he is well supported in his expectations of himself.

In view of his high intelligence, strong motivation towards being released from his compulsive and abnormal behaviour and the favourable Rorschach findings, it was decided to treat him.

Outline of treatment:

In all he needed 46 evening sessions under LSD and an approximately equal number of psychotherapeutic interviews. Each LSD session was written up at great length and space forbids their being published in full.
SEXUAL PERVERSION

We believe that he would have got through his problems much more quickly if we had been using Ritalin from the beginning. As set out in Chapter 2, we were in 1959 augmenting the LSD with Methedrine, which, together with Sandison and others, we have wholly abandoned in favour of Ritalin. His last 8 sessions were aided with Ritalin and it was only after the change-over that he was really able to see his basic problems in their true light. Thus after session 43 with 80 gamma of LSD and 30 mgms. of Ritalin he wrote:

"I had the usual strong, violent and urgent phantasy of homosexuality and beating. This comes every time, and I think why is it that this is precisely what in real life would and should have weaned me from emotional attachment to my mother. I readily accept this now and feel its overwhelming power to sweep my whole being along. This time the phantasies seem to end more quickly than before, and to turn into a violent, rending struggle to break free from my mother. It is difficult to describe all this but I think it was as though I was conscious of three "centres of personality" which were myself (a) as a small child, (b) as a boy and (c) at the present time.

The child was all connected with my mother and the boy with sex, beating etc. My mother's emotional hold was so terribly strong that I felt completely torn in two, and I simply did not know which was my true personality. I feel, after a great struggle, I clung to the boy idea and rebelled against my mother, but her domination over me was terribly strong and it was well nigh impossible to break free. I was breathing heavily. At length, still breathing in this heavy way, I felt that I had made a great discovery or as if another personality had been born. It was so terrific that at the moment I felt that it was world-shattering and that I must tell everybody.

I think I can see the connection between my hostility and rebellion against my mother. My turning against my mother, because of her attitude to me, means I have turned against the whole centre of my life as a baby, from which all my nourishment and comfort comes. It was a most revealing session and I feel much more at peace".

Extract from Session 44.

80 gamma LSD and 30 mgms. of Ritalin and 10 mgms. of Ritalin.

"At the beginning I had a long and exciting phantasy about
homosexual experience and beating. It was very violent and urgent. I feel I must have a boy to lie with and maul about and my son featured prominently in this phantasy. I feel I must go with this boy, and rub his penis, and thrash him very hard. I have to let him do it to me too.

I feel entirely that I have gone back to being a boy and this is tremendously revealing and tears me away from every other experience. For instance in this session I have no experience of my mother. I seem to go back and back, further and further, to something very significant. I know it is significant as everything else seems to go very quiet, as if all my attention was being drawn to what was coming: This is what it is, that I, the favoured child, the special one, the over protected and feeble one, am about to be beaten like one of the village boys. I am sure it is not factual but just a deep longing to be treated in this way, and thus accepted.

Once the erotic phantasy is past, I go much deeper into self understanding. It is as if I am being spiritually or mentally born again, and wanting desperately to be released again to a new and better life. The part I need to play is to let go altogether of my old individuality. It seemed that after great suffering, everything came to a climax and I could see God, and life, and everybody and myself in its reality and true proportion. It is wonderful and full of meaning after all. The way I have looked at life for all these past years has really made it seem meaningless. But the whole experience is a sensation so indescribable that it is almost impossible to put into words.

I am busy digesting and accepting this and also trying to abandon myself to my own “re-birth” and accepting my new and true self.

Since the sessions, I have been thinking it all over. I think my attitude to life, to other people, especially to my mother and of course to my wife and son, has greatly changed... I think I am near the end.”

He had two more sessions in which he fitted the various experiences together and it was agreed that the treatment should stop.

Shortly afterwards, at his own request, he was moved to a post in the Midlands from where he wrote three months later:

“When it was agreed that I was fit to carry on on my own, you asked me to write out later on the reasons why I feel I am
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now better. I have been thinking a lot about this, and have read through all the notes of the LSD sessions because I feel what you want is really two different things: (1) What I see in myself now, that leads me to think that I am different from when I started the treatment and (2), what it is in the treatment that has brought this about.

All along I have found that nothing that comes up is really of much use until one has chewed it over in one's mind, accepted it as far as one can and generally integrated it into one's whole personality. From the vast amount of material, I will try to sort out the most significant items. But first, why I think I am different or rather know I am different, because there is really no doubt in my mind at all:-

(1) My attitude to my mother has changed. I realised to a large extent before the treatment that she has been responsible for much of my trouble, especially this came out in 1938-40 when I had the analysis with Dr. ——. But it never got to the bottom of the problem as to why she had this devastating effect on me. There were then no drugs to help such as LSD, and I suspect that since Dr. —— told me his own mother was much more possessive even than mine, he read a good deal of his own situation into mine. Now after this treatment I see my whole relationship much more objectively. I see that I am not all wrong and that my mother is not all right. I have seen very clearly from time to time in the sessions that I am beginning to be more aggressive towards my mother. This at first brought a terrible depression, as when I first wanted to feel it as a child it meant reacting against one's whole world of feeling, comfort, food and security. And this was so intolerable that I just had to let myself be sucked back. This mental tearing away from my mother has been a long and painful process. It has gone on for session after session, and only I think became complete after the 43rd session, after which my mother does not appear again in the ensuing material. The only answer has been in accepting the depression which results from my breaking away. I do not often see my mother in real life now, since we are a good deal further away from her, but she did come to stay not long ago, and I find that now in real life I am no longer under her power (which I certainly was until quite recently).

The beating of myself has completely disappeared, since early last February. It has featured a great deal in the sessions but not in real life. I have felt a slight thought about it in real life
when I have been somewhat harassed at the time of the move and settling down in a new place, but it has not been strong, and once I face it and accept it in my mind it disappears.

My sexual experience in real life has greatly changed. I now, for the past few months, have completely got back my power to have sexual intercourse with my wife, and it is much more exciting, and satisfying than it ever was before. There is now not the slightest trace of the beating fantasies. Before, in the past, I often had at the back of my mind that even in sexual intercourse it would really be even more exciting if one could be beaten at the same time. I do not often masturbate nowadays for I have no special wish to. When I do it is just to relieve my physical feelings and there is no anxiety afterwards. Altogether I feel I can really accept and enjoy sexual experience, without any inhibitions or twists.

I am able to talk to my wife more freely and frankly than I ever used to. I am not so afraid of saying what I really think even if I know she will not agree. Apart from the restoration of intercourse we really get on much better than before. That is because there was a time, which was very difficult while it lasted but which has borne fruit, when we were both quite open in our talking about the breach that had come between us. When one pretends that all is well and is afraid of speaking about how one really feels there is no hope that things will get any better. When, as has happened in our case, one has the courage to be honest then there is a very good chance that all will be well.

My son is away now and we have not seen him at all since our move as he works on Saturdays and it is difficult to get away. So I can’t really say whether I would get on better with him now. But, considering the way everything else has turned out, I believe this also would have improved in time. At any rate, I know now why I have hated him and been jealous and afraid of him, and that is a long way to being able to look at him objectively.

When I started the treatment, and until comparatively recently, I found it very difficult to have to wait for each treatment. At the beginning, even a week seemed a terribly long time. I don’t feel the treatment is necessary any more. However, I feel it is much better to have a try at managing on my own with the idea that I could come back occasionally if I need to, rather than that this is the final break and that any future setbacks or difficulties would be failure. The truth, which I see now, is that all
through life people are, and need to be, interdependent. It is impossible to live in an isolated and invulnerable security.

I am not so vulnerable to people who reject me, and I had plenty of it in my last post. The reason for my super-sensitivity in this respect has come out very clearly—that it has all been a repetition of my mother's rejection.

I have never felt violent homosexual attraction in real life except in the case of my son, but I have felt for years somehow inferior and queer, and rather ill at ease especially with successful and self-confident men. I do not feel this any longer to any appreciable extent.

I used to feel, again until quite recently, that I simply must get some sort of a job where I would be greatly in demand, where I would be able to use my special enlightenment, through the treatment), where I would be thought a great deal of by everyone, where in short I would be the great solver of all personal problems. This has now pretty well all gone, gradually and imperceptibly, but none the less certainly.

Perhaps most important of all I feel myself to be more of an ordinary human being than I ever did before and with this knowledge I believe gradually my tendency to self-consciousness is disappearing. Underneath I have always felt myself to be my mother's own special darling, and whenever this turned out not to be so I felt completely rejected and derelict. So I have all along wanted to be special in some sense, even if it could only be abnormality and mental illness, and have to a large extent dreaded just becoming like everyone else.

You asked me when I first met you what I would be most afraid of finding in myself. At the time I genuinely did not know. But I have since thought a good deal about this and I think perhaps it has been (1) that I would lose my religious faith (i.e. the intellectual belief in God) then (2) that I would be turned into a typical ordinary aggressive male, with the accent on the male, rather than the (to me, because of my mother) more special and sensitive female, then (3) in a more general sense that once all my special peculiarities had been cured and resolved I would just be entirely ordinary, and (4) (and this is the real one and applies as strongly) now that the worst thing I could have discovered about myself would have been that there was nothing the matter with me. Now that I have learnt so much about life on all levels I am only I think really just beginning to see that for me through all
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the years of my life up till now Life has not made sense. Now that I am beginning to look at it through undistorted eyes I see that it does make sense (though 'civilisation' has done its best to destroy it), that it is far more wonderful than I ever imagined.

Now, to get back to (2), what in the treatment has brought about this great change:—

I came to the treatment on the advice of my doctor, driven on by the great depression which at times and for years has made life well-nigh unbearable. The strength of this depression has its own special value in the end in that it drove me to accept all the fears of the LSD sessions, though even the worst of these were pleasant compared to the depressions of real life in that they were to some end and most of the time I could feel that they were getting me somewhere. But once I came to the treatment I felt I wanted an answer to many questions—Why did I hate my son? Why did I fall in love with him that time when we had the beatings? Why had I this passion for compulsive beating? Why was I not at all heterosexual until I was nearly 30? Why did I often wish I was dead and at any rate contemplate suicide?—even from about the age of ten? Why was I so self-conscious and liable to blush, especially at school when I was young?

I soon found that there was no easy and quick answer to most of these questions and what answer there was was an emotional one rather than an intellectual. If one could put an answer to everything it would be that I had very early tried to renounce the whole of life on the instinctual level, or most of it, certainly all of it which concerned sex. But the whole situation was really nothing like so simple as that. The solution lay, not in finding trite answers to all these questions, but in going down again and again into the instinctual level and learning to accept all the feelings and experiences of which I was so afraid in real life and had repressed. The result of all this was that in the end I had far more than an answer to all my questions. I had an insight into the very depths and foundations of the human personality. Often it was as though I was privileged to look, not at my own problems, but at the real, unspoilt, human personality in all its power and fullness. It was as though the main task was looking at life as it is in its essence, and especially at manhood in its uninhibited glory and that as a byproduct one got the answer to one's problems. But one only got them so long as one never held back, but
fully gave oneself to whatever came up, however apparently abnormal and unacceptable.

The fascination for beating must have been very early as it is fundamental and came in practically every session, also the homosexual feelings. But each time once one had accepted it one could then go on to an even more fundamental conflict (e.g. with my mother). In accepting the immature sexuality, such as homosexuality and beating, which I must have inhibited in early life, I saw how my son fulfilled what was lacking in my own early life and that I hated him on the conscious level because I really loved him, or wanted to, on the deep unconscious level.

I saw how my mother’s rejection of me was caused by her fear and horror of an early manifestation of sex in me, of how this led me to try to renounce sex myself. I wanted to be a girl, partly because my mother wanted it, and partly because I thought of women and girls as ‘pure’, a-sexual beings. Wanting to be a girl came out terribly strongly the first time I had Ritalin, and it was all carried through to its logical conclusion—a passion to be a woman with all that that implies on the instinctual level—to be a prostitute and to be beaten and raped.

Through all the sessions I seemed to go through all possible experiences and feelings. Thus rejection by my mother, horror of being born and coming out into a cold world, alone, unprotected, naked, passionate identification with Christ, specially in His Passion and Death, bi-sexuality, love and hate for my mother, extreme sadism, extreme masochism, self-hate and self-betrayal, longing for death and thoughts of suicide, feelings that I am losing my consciousness and centre of personality, dying to be reborn etc. etc. These all came out in the LSD experiences and all had their place and use once I had accepted them as a real part of me, and not tried any longer to run away from them. The deeper one went the more fully one had an answer to everything one wanted to know, and though really one is dealing with deep and strong emotions, all is found to be quite orderly and understandable. For instance ordinary people and especially religious people would simply say that suicide is unnatural and sinful. I see after the treatment that it is the only reasonable answer to an impossible situation. E.g., I am a man, therefore a sexual being. My mother rejects my sexuality and therefore I try to do so too. It is impossible to do this and the only way out is death so long as one persists in mentally rejecting one’s sexuality. To denounce suicide
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is no solution. The solution, if it is to be found at all, is somehow to accept one's sexuality and one's mother's rejection with all the pain that this will bring. This is what in a nutshell I have now been helped to do, and what has made all the difference.

I forgot to say in (1) above, that my attitude to people has greatly changed. I used to think of myself as being cured as a separate entity. Now I see that one cannot be really oneself unless one is deeply in contact with other people.”

In a separate letter and at about the same time, his wife reported as follows:

“I have given much thought as to how I can best describe what I want to say about my husband as he is now and I think the best way I can convey what I feel so strongly, is to use what, I am afraid, is rather a fanciful analogy; but it does express exactly what I mean.

If you imagine life as a sea, with every oncoming wave bringing a new experience or trial of some kind, before he began the LSD each wave either sent him hurrying to the shore, or completely engulfed him. Now he goes forward eagerly to meet each oncoming wave and is borne on its crest to the next one, and there is no thought at all of returning to the shore.

There is not much to add to this except to fill in a few details. I told you how in the past he had wanted me to beat him, but this ceased with the beginning of the treatment and has never returned. We are now having intercourse again, in a far more thrilling and satisfying way than ever before. As you know we had not had intercourse for a very long time, but when we did have it before that it always took my husband a long time to come to the climax. Long after I had had my orgasm he still hadn't had his, and this always spoilt it for me, as when one has had one's orgasm it is a little pointless when it goes on for long. Now, it is quite different, his whole attitude seems to be full of joy and far far more relaxed, and we have our orgasms more or less simultaneously. Sometimes he is even before me. This is a great joy to us both.

I have always said that my husband was gay and full of humour, and that is exactly what he is now. I used to be afraid when I first heard about his having LSD that he would emerge from it (if he ever did at all) a totally different personality, but instead of that his true personality has been able to break through the
shell that imprisoned it. I also thought it might destroy his religious faith, but there is no need for me to say anything about that, as in his account of his experiences, which he has shown me, he has expressed far better than I can how greatly his faith has been strengthened and deepened.

Our son is not living with us now, so the question of my husband's relationship with him does not arise, but I feel sure that if he were here the old tensions would not arise.

When we moved ten years ago, he found all the upheaval of the move and the work involved in getting the house straight a great strain. He was also overwhelmed with the thought of new responsibilities and of having to make contact with new people. The day after we moved in, he broke down and sobbed and sobbed as he felt it was all so overwhelming that he just couldn't cope, I got him to bed for some hours. When we moved here you cannot imagine anything more different. He had a tremendous lot to do in the house and winding up and leaving things in order in his previous post. All this he took perfectly calmly and never once turned a hair. When we got here he was so interested and enthusiastic about how we could make this house look its best that it was a great thrill, and he was eager to get out and start meeting people, not in a frantic sort of way but quite happy and relaxed.

When he came back from the last session but one he looked as though he had had a terrible time, but he also looked exactly as though a great and overwhelming anxiety had been relieved. Maureen, who is very perspicacious said at once "You look different". Last time he arrived back he looked very happy and triumphant.

I think that is really all I have to say. I need hardly add that you can imagine what all this means to me. I has also shown me how blind I have been about myself, and how my attitude to life and my own imagined perfection added enormously to my husband's trouble."

Four months later, the Sister who helped in the care of this man received a Christmas letter, from which the following is a relevant paragraph:

"All that I have learnt and experienced has been of the greatest benefit to me and I shall always look back upon the treatment as one of the greatest experiences of my life. Without it I am afraid life would have been to a large extent meaningless and very difficult to cope with".
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A CASE OF PATHOLOGICAL GAMBLING

Gambling is a popular social occupation, but the amount of scientific literature on the subject is very limited.

The Oxford English Dictionary defines the activity as “Play games of chance for money especially for high stakes; probably from Old English gamenian, meaning ‘to sport.’”

We suggest that the word has now a much wider meaning and should be regarded, in some individuals as a manifestation of severe psychopathology.

There are three different types of gamblers:

1. The normal person who gambles for diversion and is symbolized by the individual who puts a few shillings on a horse in the local point to point.

2. The professional gambler who selects gambling as his means of livelihood and

3. The neurotic gambler who gambles because he is driven by unconscious needs and who is unable to stop.

Gambling is one of the major “sports” in Great Britain. There is no knowledge available of the number of people who are compulsive gamblers but many social workers and probation officers are acutely aware of its adverse influence on family life in all social classes. Since the passing of the new Betting and Gaming Act in 1961 and the opening of some 13,000 betting shops in Great Britain, it has been estimated the turnover is now £762 million per annum.
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Gambling

In connection with pathological gambling Freud’s (2) penetrating study of Dostoevsky is particularly revealing. The latter’s gambling was an irrational, instinctive-like force. He could never stop until he had lost everything, and this urge to lose was a self-inflicted punishment. Freud pointed out how gambling is a derivative of masturbation. The irresistibility of the urge, the oft-repeated resolutions, the intoxicating quality of the pleasure and the enormous guilt feelings are present in both gambling and masturbation.

Greenson (3) has referred to the analysis of five male patients who gambled. In no case was this the outstanding problem and one is left in doubt as to the result. Bergler (1) has emphasised the underlying psychology in the majority of inveterate gamblers and Simmel (4) has also stressed the masochistic element.

As Dostoevsky pointed out, the neurotic gambler mistakes his strong yearnings for omnipotence for the feeling that he is omnipotent. The regressive character of this state of affairs is in keeping with the infantile features of the neurotic gambler’s thinking and actions which have a superstitious and magical quality.

Greenson (3) has emphasized the severely regressive character of the symptom and the stormy progress of the disorder. He is emphatic that the only adequate therapy is a complete psychoanalysis. His pessimism regarding recovery is emphasized as follows:— “The prognosis is not favourable since there are frequent relapses and often the secondary complications of gambling, namely legal and monetary difficulties interfere with the treatment. In general, the course, prognosis and treatment is similar to that of the addictions and perversions”.

In the view of this pessimistic opinion, details of a case of pathological gambling are given who has been completely relieved of his addiction under LSD and Ritalin.

Details of Case

A 38 year old married bank official earning about £1500 a year, was referred by his family doctor to another hospital on account of severe anxiety and worry over money, which had reached a financial crisis. In view of the history, he was transferred to the Marlborough Day Hospital for treatment with LSD. He had been gambling for five years and for the last three years this had dominated his life. He worked in the city and would go to one of the dog racing tracks, buy
a race card, decide on the likely winner and proceed invariably to back another dog. He recognised his compulsive urge to lose and would derive an unexplained satisfaction if he succeeded in losing about £10 in the evening. In the year prior to coming under treatment he had succeeded in losing about £700 and the family had been kept going by his wife going out to work full time in addition to bringing up their teen-age children. As he was employed by a private bank, he was paid in cash through a joint stock bank and would give his wife about £50 monthly. She hid this money in various parts of the house, but he would ransack the house on a Saturday afternoon to find some of this money and then go to the dog racing. He went on the average about three times a week or whenever he had any money. He had borrowed money from various sources and a crisis arose when he could not pay the mortgage instalment.

**Family History**

The patient was born in Armenia and the family came to this country when he was four. His parents were unhappily married and when asked about his mother, his eyes filled with tears and he said: “She is the most wonderful woman in the world”.

Since his marriage, he had rung up his mother most nights and talked to her in Armenian for at least half an hour, which was a source of great irritation to his wife. His father was English.

The patient found it essential to lay all the facts before his employers, who loaned him a substantial sum of money which had to be paid back over the ensuing year. They expressed the hope that his compulsion would be cleared up within six months.

He was given altogether 12 fortnightly evening sessions of LSD and Ritalin, and was asked to write up his experiences as freely as possible the following day. This was combined with supportive psychotherapy. He continued his work throughout the treatment and was never late for work the morning after treatment.

The following is a summary of his sessions:

**1st Session**: 40 gamma LSD and 20 mgms. of Ritalin.

“My experience was dominated by physical feelings of discomfort but I saw my present problems in a new perspective. I realized that in many ways I was very immature but felt that I never got below the surface of my problems.”
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2nd Session: 60 gamma of LSD, 20 mgms of Ritalin and later 10 mgms of Ritalin.

"This time, I felt less disturbed by the side effects of the drug and found myself reflecting on my birth in the Middle East and that my mother was a dark skinned Armenian. This led on to thinking of my father who was English and I suddenly realized that I had despised my father because he had always belittled my mother and her foreign origin. Also I despised myself for hiding from people that my mother was not British. Then my mind wandered from my mother to my wife's mother's death bed. I felt the latter was experiencing a wonderful feeling of peace and satisfaction at having lived a happy life. (His wife was sitting with him at this session): I found myself telling my wife of this because I felt she would be so happy to know it. Then I realized that I wanted to explain that this was the reason why I was not always so straightforward as she was. I suddenly realized that I was always secretly haunted by desires to excel and reach the heights in order to prove myself to compensate for my feelings of inferiority from my foreign birth.

Then I began to reflect on the stupid mistakes I had made and suddenly realized that I had turned to gambling because I thought I could reach the unattainable this way. When I realized that I would not win I realized that I obtained a strange satisfaction in the misery that followed losing, and the humiliations that followed on the financial crisis.

There was a great relief as these feelings were coming up into the surface of my mind, but at the same time I realized there were much more to come up.

Then I found myself thinking of the word sex but rejecting it. Was this also a problem? No, I could not let it come up freely like the other matter.

The next day, I felt much relieved inwardly as if I had let something out of my system. I did not feel depressed this time as I did after the first session and found myself keenly looking forward to the next treatment".

3rd Session: LSD 80 gamma, Ritalin 30 mgms and Ritalin 10 mgms.

"The self-understanding seemed to be almost instantaneous. The subconscious knowledge that I had been running for years to..."
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my mother for help and sympathy whereas I should discuss all
problems with my wife became vividly clear. I seemed to spend
a long time witnessing a conversation between my two selves—the
self ‘A’ that turned to my mother and the self ‘B’ that knew it
was wrong to do so. ‘B’ kept repeating to ‘A’ that a grown must
not give way to the childish inclination to go to mother and ‘A’
could only reply that he fully agreed because he had been aware
of this for a long time in his heart. The more the unconscious “de­
bate” went on, the more I felt as a spectator very relieved to be
experiencing this scene and the whole was so powerfully impres­
sive and seemed to be such an important realisation that no other
thoughts would come into my mind.

Then I just felt that there would be no more that night.

The general feeling the next day was a great elation at having
forced out of myself something I had not wished to admit or face
up to and I seemed to sense that the knowledge that I would no
more want to run to mother was linked in some way with my
desire to gamble. The treatment has already helped me to take a
much greater interest in my home. I was delighted to overhear
my daughter tell my wife that there has been a change in Daddy.
I believe, however, that there is still some conscious effort to keep
back the old impulses and I do not elude myself that I am pos­
sessed of a clean slate as yet, but I know I am at least on the right
road.”

4th Session: 80 gamma LSD, 30 mgms. Ritalin and 10 mgms.
Ritalin.

“The theme was sex. There was no definite pattern of thought
but a confusion of ideas centred on the basic thought: “Was my
sex life satisfactory?” My thoughts wandered throughout the ses­
sion and I wondered whether this was because my sexual life
did not play as important a part in my life as I wished “inwardly”.

I was left feeling depressed after this session except that the
severe backache (this had been diagnosed by two orthopaedic sur­
geons as a displaced intervertebral disc) which I had felt at pre­
vious sessions was not noticeable on this occasion. I feel now that
this sexual self understanding may have been the unknown “some­
thing” which I felt at previous sessions I wanted to bring out but
could not. My back seems quite released by this experience.

I feel this session had no bearing on the gambling but I feel
it was a necessary and important part of the self-understanding which seems to be coming each time.

During the last two sessions, I have felt very emotional about my mother but I feel about her in a different way now. Looking backwards, I realise now how much I depended on her and that any feelings towards her were like those of a small child. This has been a great revelation to me and has enabled me to change and become emancipated from her. This change seems to have been going on since the treatment started. In the past I always felt deeply emotional about her but now I feel on an equal footing and much more grown up.”

5th Session. LSD 80 gamma, Ritalin 30 mgms and later Ritalin 10 mgms.

“The effect was very quick and I was carried away into my unconscious thoughts. I saw myself as a school boy and then found myself travelling back in time. Then I suddenly felt the firm conviction that I was in my mother’s womb waiting to be born. I seemed fully aware of all that was going on in the outside world although I was not yet born. It was evening and there was a great deal of worry. The birth was going badly. My mother wanted my father but he was not at home but out drinking. I felt myself struggling to be born.

Then it was all over. I was free of the womb but everyone appeared to believe that I would not live. I felt frantic to “prove” that I was alive and I felt myself straining to give a cry and have been told by the nurse that while under this treatment I wailed like a little baby. It was extraordinary how strongly I felt the emotions of a newborn child. This was an amazing experience”.

6th Session: 80 gamma LSD, 20 mgms Ritalin and 10 mgms Ritalin.

“In the early part of the session, everything seemed confused, but after the second injection of Ritalin, I felt totally different. I became strongly aware of religious thoughts and subsequently to see myself as it were through the eyes in turn of each member of my family.

At first God and the Devil appeared to be really there engaged
in combat for my services and then I began to appreciate that their presence was only in my thoughts and represented good and evil and I was able to argue in the guise of God with the Devil and master him: I was very relieved and happy at this victory and felt that I had gained something great from this experience and "seen the light". Then I seemed to pass into the mind of my wife then my children, one by one, and see myself exactly as they do and again I was very rudely awakened by the successive pictures that I saw.

Altogether this seemed to me to be a most harsh and cruel self-analysis which I felt must make me stop and think whenever I am on the brink of some unfortunate action."

7th Session: LSD 80 gamma, 30 mgms Ritalin and 10 mgms Ritalin.

"Many weeks have passed without my gambling in any way and I can now resist the urges which I still have. Nevertheless, the idea of gambling is still very much in my thoughts.

As soon as the treatment began my thoughts went at once to gambling, and I tried for several hours to feel about gambling and why I am at least able to conquer the urge before I go to the dog track. I believe now that a full cure is possible, but this time I was unable to get the answer but I have a strong feeling that it will come soon.

The following day I was dreadfully tired. I must have made tremendous efforts to get at the "answer". At home there is nothing but continued improvement. We are again friends and lovers and the atmosphere rebounds on the children to their benefit also".

Shortly after this treatment he went to the dog racing with the avowed object to winning as he was very hard up, and won £20. In discussion, he realized the futility of this activity and realized the change in motive.

At the same time his wife reported that he was much more mature and loving to her and to the children.

8th Session: 80 gamma of LSD, 30 mgms Ritalin and later 10 mgms Ritalin.

"As soon as the drug was injected I saw unfolded quite clearly the progressive reasons for my lack of desire to lose at gambling and the reason why it still appeals to me."
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I saw that gambling was a form of erotic escapism derived from my unsettled childhood. I was basically a rational person and in consequence I could no longer tolerate the emotionally disturbed part of me. Hence I would in future resist not only any attraction in gambling but also any other activity which might represent an escape.

Why then, the thought of gambling still if I knew now that in the event I would not gamble any more? The answer was that I was now wondering whether I could win some money (previously I knew I always had to lose) to help out the family. Our income was much reduced owing to the regular repayment of the loan from my employers.

Having realised all this under the drug, I determined that I must explain it to the psychiatrist but also to the Bank, to get them to see that although I was cured of my obsession to gamble and lose, my shortage of money tempted me to gamble to win."

Patient's report on progress after 8 sessions

"As stated in my previous notes, I have no real desire to gamble and the only reason why I think about it any more is as a possible means of getting the money that my family need so badly.

For this reason, I have attended three dog races at which, because my basic approach is no longer the same as before, I have won several pounds all of which I have given to my wife to help out with the household bills.

Nevertheless, I am very disturbed that I have weakened in this way and I have become depressed as I fear I may do it again and perhaps lose money we can ill afford.

I felt that the evening had been spent trying to arrive at a solution to this impossible position and that I probably would not.

The problem is very difficult and my mind is in such a turmoil I really do not know what to do next."

9th Session: 80 gamma LSD, 20 Ritalin and 10 mgms Ritalin.

"I felt depressed and apprehensive when I arrived for treatment and feared that the session would only make me even more aware of my predicament. The real desire not to gamble any more and
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having of necessity to try gently and simply to make some money seemed to be in conflict with one another.

I felt the evening would be spent trying to arrive at a solution of this impossible position and this in fact happened. At the end of three hours turning it all over, I was no wiser than before. The problem is very difficult and I do not know what to do next. The session left me very depressed.”

It was felt that the patient would benefit from a rest to “digest” all the insights that had come up and he agreed.

His subsequent report was as follows:-

“I felt on the verge of complete success and readily agreed to very much more settled inwardly, my whole approach to the problem seemed much more mature and I found myself lacking all desire to yield to the old gambling urges.

As the days passed by, I found that without the help of the treatment and the regular contact with the psychiatrist, I had to make some conscious effort increasingly to resist the “urges” which still came to me.

As the rest period progressed, I became more irritable. In my calmer moments I tried to explain to my wife how I was and how much I relied on her forbearance. She is by nature a very down to earth person and I think she failed to grasp just how much a nervous type such as myself can inflict self torture to a point of breakdown and she told me that I had best pull myself together. Of course in a way she was right but it never did any good to tell a child to stop feeling sorry for himself.

With an increasing depression I more and more felt drawn to inflict some self-punishment once more until finally I went off on a gambling spree with the usual disastrous results.

Having lost all my money, I then felt equally compelled to make a full confession to the manager at the Bank and as it were, invite a lecture and the severest of reprisals.

Afterwards I felt “purged” and ready to start again and my self confidence returned. I look forward to the future with a great deal of optimism.”

10th Session: 75 gamma LSD, 20 mgms Ritalin and 10 mgms Ritalin.

“My first reaction was to see rows and rows of skulls all grinning sardonically. Then the skulls changed into monkeys which
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caloped into a variety of queer and prehistoric types of animals. The animal and jungle scenes were replaced by visions of hanging. This was a depressing sequence with a background of death and thoughts of suicide.

After the second injection of Ritalin, everything suddenly changed. I thought only of my wife and children. I realized to the full their true value to me, with a determination to make up to them for the past and a determination to take further constructive steps in the future.

The after effects of the last injection of Ritalin (10 mgms) were so powerful that I have made further arrangements about my finances, namely, that the whole of my pay should be paid into my wife's account and thus be under her direct control.

In all I think it was a most rewarding session both practically and because I felt that I was becoming increasingly mature."

11th Session: 75 gamma LSD, 30 mgms of Ritalin and 10 mgms of Ritalin.

"I had a very satisfactory reaction on my previous visit and was therefore looking forward to this session. However, things went badly at first and for the early part of the evening I experienced no worthwhile reaction.

The reaction generally was very disjointed, there being no clear pattern or sequence of ideas, but just a series of unrelated thoughts and fancies.

I felt surrounded by shadows which seemed to be closing in on me. Just as they were about to embrace me the whole scene changed into a sort of Walt Disneyland in which I was surrounded by all kinds of fairy creatures. The gloom of the opening scene was thus replaced by one of charm, colour and happiness.

As I attempted to define a meaning in the fairyland it, too, disappeared and was replaced by countless "eyes". There were not in depth, but seemed to be on a flat background, and as I studied them they gradually began to form the main theme of a series of Picasso-like paintings.

Following the first injection of Ritalin, I had a period of interpretation or understanding of my experiences so far. I seemed to understand that these were not so meaningless or unrelated, but were intended to show me that I was very much a person of moods, sombre and dejected one minute, and incredibly
dreamy and optimistic the next. I also understood that the last sequence of "Picasso" pictures was meant to show me that life is a continual superimposition of varying moods and patterns, and that we must all accept this and adapt ourselves to the process of living.

At this stage another injection of Ritalin was given, and with it came a complete change of reaction. Now I had a feeling that I would understand the very root of my basic problem. My thoughts turned entirely to my parents, I saw that they were two diametrically opposite characters who had naturally been pulling away from each other throughout their married lives and whose contrasting ways of thought and life had left an image on me which resulted in my unconsciously living or attempting to live two lives, one modelled on my father and the other on my mother, with the result that I could not settle down to being just "me". This I now clearly realised was the basic reason for my turning to the excitement and excessive motions of dog-racing. I had discovered that the excitement and atmosphere found at the tracks provided an "escape valve" to the periodic excess of pent-up emotions and frustrations brought about by my inner problems, and so I was drawn there like a magnet just as one might be drawn to the cupboard where the headache pills are kept if a headache is felt to be coming on.

Having "seen through" the attraction of "the dogs" I now felt convinced that never again would I wish to go, or at least never again because of the old compulsions, and that it is all pretty much a waste of time.

At the end of the session, and more so the next day, I was really delighted with myself. The "mumbo-jumbo" effect of the drug "dog-racing" had now been stripped of its magic and magnetic powers.

I felt that as far as that particular problem was concerned there was no more to got out of any further treatment, and I was looking forward to settling down to a calm and orderly way of life.

Following this session it was decided to see how the patient progressed, and six weeks later the patient and his wife were seen separately. There was some conflict of evidence but it was evident that the patient had not yet completely resolved his problem. His wife described him as variably irritable, unhelpful in budgeting for the family.
and sexually disinterested. His mood fluctuated a good deal. It was felt that he needed one or two more sessions to clear up his problems and it should be emphasized that it is always advisable to keep in touch with patients for some time after treatment. In some cases it is clearly evident to therapist and patient that all the basic problems are permanently resolved, while in other cases patients behave as in this instance, and further treatment is clearly indicated.

The patient's description of his feelings in this interim reads as follows:

"Contrary to my expectations I found myself unable to settle down as I had expected, to a calm and problem-free way of life, although having lost all desire to go to the "dogs" and in fact feeling almost sick at the thoughts of going.

As the days went by I became more and more unsettled and moody, and I put it down more and more to my resentment of my wife and family's lack of appreciation of the efforts I had been making, and now apparently with success, to give up the curse of gambling. This resentment was particularly strong upon my finding that a late arrival was automatically put down by my wife as due to a clandestine visit to the "dogs".

Acceptance of an invitation to an office party and another latish arrival home was also considered by my wife with great doubt, and I felt that although, night after night, I met her and travelled home with her never to go out except in her company, every rare occasion when I was out would be regarded by my wife with suspicion.

In a fit of pique and after a violent quarrel I did therefore go off on one occasion to the "dogs" with the object of winning, and in point of fact won a few pounds. When I got home I immediately informed my wife where I had been and this in itself seemed to prove to me how much she deserved such treatment if she was not going to treat me right in the first place.

It is quite extraordinary how the invitation from the psychiatrists to renew contact with them once more seemed to come just when I might have started really to go off the rails again, not at all necessarily by going to the dogs, but by quarrelling with my family generally because I felt so hard done by in view of my apparent success in giving up gambling. My fault having been cured I could not see that our failure to get on with each other could now be due to anything but faults in the people around me."
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Following an interview with the psychiatrist, I was asked to come up for a session, and I did so, now knowing what I could now hope to achieve, but simply because I felt there was a very great deal owed by me to the doctors and the least I could do was to trust them implicitly.

I arrived at the Hospital wondering what the session might have to reveal since I was now quite convinced that my original illness of gambling had been cured.”

12th Session: 75 gamma LSD, 30 mgms of Ritalin and 10 mgms of Ritalin.

“The first injection of LSD brought only a feeling of expectancy but nothing else. The next injection (of Ritalin) however, quickly took effect and I spent the next hour or so seeing myself in a most lucid and simple way analysed and explained in a remarkably convincing way.

It is strange that what is so hidden from us is revealed to be obvious and simple, once the treatment takes over.

I quickly understood just why I had been so unhappy and unsettled in the past two months and appreciated just how this was very much to be expected.

I had always been using the false excitement and escapism of the dog-track as an outlet for all the bottled up frenzy which periodically mounted to danger-point in me. Suddenly the escape-valve was taken away, and the visits to the dogs ceased, what more natural than that I should feel lost and confused until step by step I could learn to control and be rational.

A further injection of Ritalin (for which I asked because all this seemed so wonderfully constructive thinking) served only to reinforce the belief that my first problem (gambling) having been cured, I must now learn to live without it so to speak, and that this was a problem in its own right which I feel needs a certain amount of treatment to be fully solved.

A big step in the right direction is my verdict on this Tuesday’s session. I have been able to sit down and talk it all over quietly with my wife. She follows the logic of it all very clearly and agrees that as a changed person I have to learn to live again, and that further treatment may well be the quickest way of appreciating simple truths which are not otherwise so easily apparent and which help so much to establish a good understanding in our home life.”

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Subsequently the patient reported as follows:—

"Having attended the session, I can only say how very glad I am to have done so. My muddled thinking was replaced by a great deal of understanding and I have been able to have a long talked with my wife which I am sure is the first step in the building up of a really firm basis of understanding between us."

Following the last session the patient and his wife were both seen three weeks later and independently reported that he was very much more settled, at peace with the family and had not been to the "dogs". Despite the obvious improvement, the patient asked for another session and his report on this was as follows:—

"The first impression was of short duration and was followed by a frightening realization that I had been remarkably close to a breakdown through the wearing effects of months of financial strain.

There still seemed a great deal of unsettled tension inside me which was released by a second injection of Ritalin.

This was followed by a spell of deep self-understanding in which I felt a strong need to renew contact with the Church. This was followed by a great sense of peace and a sudden deep understanding that none of us can live only for ourselves alone. This was followed by a strange and rewarding feeling of release associated with a realization that I was really a grown up man with responsibilities and privileges. After that everything seemed to fall into place and I felt really at peace: All the previous sessions seemed to fit together and make sense and I felt at the end that I had really solved all my problems."

A month later, he and his wife independently reported that they were very happy together and he stated that gambling no longer had any interest for him as he was now at peace with himself.

The patient also stated that his work was much more effective at the Bank, where he had been put in charge of the department for some months while his senior was abroad.

Six months later, they were both seen again and reported that married and family life was extremely happy and that they were cooperating closely in family life. The sex life was happy. The patient
stated that he was no longer in any way interested in gambling which he now regarded as an escape from oneself. He felt at peace with, and emancipated from, his mother and he now felt for the first time in his life, a grown up man.

It was felt that this man is now completely released from his compulsion to gamble and that his social and occupational future is assured. We would like to give credit to the staff manager of the private bank for whom he worked, who proved most co-operative throughout and is an example to some of his less enlightened colleagues.

REFERENCES TO CHAPTER VIII

(1) Bergler, E.

(2) Freud, S.

(3) Greenson, R. R.

(4) Simmel, E.
IX

A CASE OF IMMATURITY

An unmarried woman secretary of 28 was referred by the family doctor in 1959 because of her fear of being sick, for which he could find no organic cause.

She was the only daughter of middle class parents and lived at home in comfort in a London suburb. She was of superior intelligence and a first class secretary. The details of her social relationships showed evidence of marked emotional immaturity and she was leading a social life appropriate to an 18-year old girl.

Prior to treatment she had little insight into her problems from a vague feeling that she was not really grown up. She agreed intellectually that there might be some connection between the latter and her abnormal fear of sickness. She was a pretty girl who looked substantially younger than her real age, and had good motivation towards understanding herself.

She had nine sessions under LSD, together with supportive psychotherapy and got married, about a year after the cessation of treatment, to a very equable man. The marriage has proved most happy and they have one baby.

The patient did not keep detailed notes of each session so she was interviewed with a tape recorder two and a half years after the cessation of treatment.

For a year before this interview, she was aware that her mother was dying from malignant disease. The mother died six weeks before the patient came for interview.

At the recorded interview there was evidence of her maturation and happiness in her marriage, but she still looked substantially younger than her years.
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The following is the record of the interview:

_Psychiatrist_  
You will remember that you were first sent in 1959 when you were unmarried and aged 28. Looking back on that time, would you care to discuss your problems?

_Patient_  
I see now that I was terribly immature and very very greatly influenced by my mother, who had the most tremendous power over me. It was quite unconscious on her part, but she was my God, and that is what I saw under the treatment. It all started off, by this awful fear of sickness. I wasn't sick but I was absolutely petrified that I was going to be. I think is was the fact that when I was sick, I associated that with being ill in bed and therefore under Mummy's power completely. I was very much worse after I had glandular fever, which I had very badly, and I was in bed for three weeks.

_Psychiatrist_  
How old were you then?

_Patient_  
About 25, and I was in bed for some time. Mummy was then my God again as my whole day and night revolved round her and she used to read to me. I was pretty ill and my fear of sickness got very much worse after that. It also got worse every time I fell in love with anybody. I had lots of boy friends, but twice before I met my husband I fell in love, and then this fear of sickness became very much worse. Every time I went out with a boy friend to a restaurant I got quite panic stricken that I was going to be sick, and of course, I felt sick because I got in such a state about it that I made myself feel really sick.

_Psychiatrist_  
What happened to the boy friends, did they get tired of this?

_Patient_  
Oh! I didn't tell them. These affairs fortunately ended, and I
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am very glad they did now. With one, I just got tired of him, and then a young doctor I went out with was more astute, because he told me he didn’t think I was ready to get married. He said he thought I had too happy a home life, too many interests and hobbies and things centred round my mother, and he said that if I married him, he might be going to Australia, and he didn’t feel I was ready to give up these things. This was his polite brush-off, which I only too gladly accepted and thought “Oh good, I haven’t got to get married yet after all, and I can carry on at home.

Psychiatrist

You were then 25?

Patient

25 or 26.

Psychiatrist

Which you will agree, looking back on it, was rather immature behaviour for a girl of that age?

Patient

Oh yes, terribly, but of course I put it down to the fact that I couldn’t have loved him sufficiently, or I wouldn’t have cared two hoots about going to Australia. I dismissed it just like that.

Psychiatrist

In those years were you ever really capable of being really deeply in love with anybody?

Patient

Well of course, having been married for two years, and knowing what real love is, I would say no. I used to get these “little pink cloud” romances, which is the sort of thing that happens to teenagers, which was merely infatuation, but it was never a really deep love.

Psychiatrist

I remember we used the word “flapper”. Do you think, looking back on it, this was a fair word to use when you were 28?
Immaturity

Patient
Yes, I can see now what you meant. It was a very shallow existence but I look back on my single days with great happiness. I had a job that I adored, a very good home, although my mother had this incredible influence and power over me, she didn’t restrict me in any way. If I brought home boy friends she didn’t approve of, she was always most tactful. I belonged to tennis clubs, an operatic society and a dramatic society and I loved it. Looking back on it, it was all very shallow. There was no real meaning to my life. I wasn’t doing anything particularly worth while apart from enjoying myself. Now I am still finding the treatment working, and since my mother’s death I should think I have grown up even more.

Psychiatrist
What were your chief experiences under the drug?

Patient
Well, when the treatment started, as soon as the drug began to take effect, the first thing I did was to suck my thumb. The first treatment I sucked my thumb the whole time and I was biting it. The next morning, it was completely raw, and for the first three treatments, I sucked my thumb the whole time.

Psychiatrist
You became a real little baby?

Patient
Absolutely, which showed, I suppose, that I was emotionally a baby.

Psychiatrist
But was your behaviour in the outside world that of a girl of about fifteen or sixteen — a teenager?

Patient
Well I don’t think any of my friends would have agreed with you because I developed a very good veneer, outwardly.

Psychiatrist
But inside you feel very different now?
IMMATURITY

Patient

Completely. You see, it was abundantly clear, all the time I was pregnant, the hold my mother had on me. It was the most intangible sort of thing. For example, when I was expecting my baby, unlike most people who feel sick in the morning, I got it in the evening and couldn’t face dinner with my husband. Mummy suggested that I had a meal with them at mid-day, which was a mistake. My husband too saw it was a mistake. He has a very good insight into the relationship which existed between Mummy and myself. He respected it, and didn’t interfere but from time to time, he pointed out to me that it was time the bond was broken.

I was told before I was married, that Mummy had only two years to live, and I realised that if I started to draw away from Mummy, she would have been hurt and bewildered by my behaviour.

Psychiatrist

What did you learn about your mother?

Patient

Well, my mother had a most unhappy childhood. She was completely and utterly starved of love. She had a mother but she was a complete invalid and died when my mother was fourteen. It was a pathetically sad story and Mummy was a pathetic person because she had a tremendous craving to be loved.

Psychiatrist

Did you see this yourself under the treatment, or is this what she herself told you?

Patient

A little bit of each; I cannot be quite certain. When I myself was under treatment, I simply saw a ‘precipitation’ of myself, as a little tiny rosebud that was withering into middle age without having bloomed, and I knew I must open out, I must flower, blossom, become a woman.

Psychiatrist

Otherwise, you would certainly have remained a spinster, wouldn’t you?

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IMMATURITY

Patient

Yes, I am sure I would have done. But going back to my mother, because I find this very interesting, she craved adoration. Daddy is a sweet, kind dependable sort of chap, but I don’t think he could give her the passionate love she required. He is a solid old poppet, a wonderful husband and father, but as I say, a typical English bank manager. When I was born, all her passion, or most of it, was showered on me, she adored me and in return she expected me to absolutely adore her, which I tried terribly hard to do because I always wanted to please her as much as I could. She wanted everyone to love her, and indeed everyone did. She was fun, she had the most wonderful sense of humour — any party she went to she was an absolute riot, she had everyone in fits of laughter.

Psychiatrist

Wanting to be loved again?

Patient

Yes, that is what it was. And she subtly commanded this love from me all my life and after I was married.

Psychiatrist

But after you were married, and after the treatment you were able to see the mechanism that was going on between you?

Patient

Oh, completely. Funnily enough, anticipating our interview, all this came up in discussion last night and I was nattering to my husband about it and saying that because I know Mummy had only two years to live, I couldn’t behave as I ought to have done and say “Look mama, I am grown up, married, and a mother so will you please leave me alone”. It would have broken her heart, because she had no idea at all of what she was doing. I was telling my husband that for a certain time during the treatment, I had a bitter resentment towards Mummy which I couldn’t understand, because all my life I adored her, worshipped her. If she said black was white, then it was. And for a little while I resented her like hell because I thought “That is what you have done to me.”

Psychiatrist

This was after the treatment?
IMMATURITY

Patient

During one treatment, the only thing that I saw was a bitter ugly hatred. All that session was just hate, hate, hate.

Psychiatrist

Against her grip on you?

Patient

I don’t know what it was exactly, it was a mixture of hatred of being sick, hatred of everything, and it was the most beastly emotion I had ever experienced. Because I was brought up never to hate anything, I must be a perfect, beautifully behaved little girl, and I can remember crying out under treatment: “For God’s sake, leave me ALONE”. It was always, don’t do this, don’t do that, etc. etc. I could hear all these voices telling me what was right, what was wrong. I was the one little girl in a family of grown ups. Grandma and Grandpa, and my parents, and I was never allowed to let off steam. Kids have to get rid of their surplus energy and go out in the garden and get dirty.

Psychiatrist

Was there a great emphasis on cleanliness when you were a little girl?

Patient

No, not particularly, it was just that I must be perfectly behaved, never never be rude to anybody and even now I am not very good at sticking up for myself with strangers.

Psychiatrist

Under the treatment, did you see anything about toilet training?

Patient

No, but I can remember one thing under the treatment, and that is mummy saying to me, “When you are a big girl, you must be sick in the lavatory.” And I always had rather a peculiar feeling on holiday about strange toilets.

Psychiatrist

Difficulty in using strange toilets? Has that gone now?
IMMATURITY

Patient

Oh, completely, yes. I still don't like it if I feel sick but I should imagine that is a perfectly normal reaction because everybody loathes it. I don't think there is any problem now. I feel completely mature. What I was going to say was that after my daughter was born, Mummy came over every day with a cooked lunch for me and she did it with the best will in the world.

She would take some washing home for me, she would wash nappies and help tremendously, but I felt like screaming because it was making me feel incapable of looking after my home, husband and child.

My husband and I had some very straight talks about it. I knew only too well, but as I said to him: "I don't know when my mother is going to die, it might be next month or in six months, but in any event, I simply cannot hurt her feelings in any way because I should never forgive myself.

Psychiatrist

Yes, well this is human kindness.

Patient

Of course.

Psychiatrist

Was this a different reaction from what you were feeling before treatment? Would it be true to say that formerly you did blindly what your mother told you to do, while after treatment you acted a part and continued your dependency from a sense of duty?

Patient

Yes, she would say to me "I should do this dear, or that dear" and I would say "yes mama" but then go and do just what I felt was right without of course letting her know. But having had four months of this, since my baby was born, Mummy was suddenly taken ill, and I was completely on my own, looking after my family, giving my father lunch every day, and running the house like clockwork.

Psychiatrist

Do you think you are a much more competent person that you used to be?
IMMATURITY

Patient

Well, at the risk of sounding conceited, I think I was always pretty competent, but if anything went really wrong I would always have to turn to someone, nearly always my mother, for help. If I couldn’t do anything then I would say to myself “Oh I can’t do it, and that is the end of it, I must have someone else to do it.” But now I will go ahead and do it.

Psychiatrist

I don’t think you were incompetent, you were always an intelligent girl, but I was wondering if you felt in your “flapper” days, whether you were able to use your abilities to the full?

Patient

Oh no, I don’t think I did. I think my personality was repressed because Mummy had the most tremendous personality and she completely overwhelmed me. I can remember mildly reproaching her because if we ever met anybody, or anyone came to the house, I was never able to utter a word without interrupting, which of course was against my upbringing. She would talk the whole time, and afterwards I would say “Mama, your friends will think I am such a drip, you don’t ever let me say anything”, then of course she would be deeply hurt. This is terrible to admit but I feel so much happier without her, because I feel I can now become a person in my own right. Mummy overpowered me. But looking back we also had the most marvellous times together, and she adored me.

Psychiatrist

So really you feel, following the treatment, and aided, shall we put it, by her death, you have really become a grown up woman now?

Patient

Oh, I should like to think so. My looks are still against me, people still think I am twenty two or three.

Psychiatrist

Well, good luck to you, but do you feel differently about things?
IMMATURITY

Patient
Oh completely. I would say, the treatment showed me what I was like and what I ought to do, but I couldn’t really put it into practice until mummy died. I feel so disloyal and so horrid saying this because I did love my mother very dearly and I miss her horribly now, but emotionally I have grown up. I have been able to put into practice what I knew I should do, since she died.

Psychiatrist
That you attribute to the treatment we gave you?

Patient
Yes, when I was talking to my husband about it he felt that I would have worked it all out without treatment.

Psychiatrist
Do you think so?

Patient
No, I don’t think so because I was so completely and utterly unaware of the set up and what I was like. I was quite unconscious of the power Mummy had over me. And I couldn’t believe it. The treatment to me was completely unbelievable.

Psychiatrist
It took quite a while for you to digest it all didn’t it?

Patient
Oh yes. I understood it all straight away and when it was over I thought “Now you have got to do something about it” but of course while Mummy was still alive I couldn’t.

Psychiatrist
You got married. You fell in love much more deeply than you had before.

Patient
Oh yes, with all the boy friends I had it was just infatuation which of course didn’t last.

Psychiatrist
And this infatuation was repetitive, wasn’t it?
IMMATURITY

_Psychiatrist_

Oh, pretty well, yes. I had lots of boy friends that I felt no sexual attraction for at all. I liked them as people.

_Psychiatrist_

Did you tend to run away from the sexual side of life?

_Patient_

Well, there again my upbringing on that was most strict.

_Psychiatrist_

You saw this under the treatment, did you?

_Patient_

I didn’t see anything sexual under the treatment, except that I must be a woman. I also saw that I must have a baby. A voice said to me “You must have a baby”. I don’t think I was particularly repressed sexually, well, no more than any other “good” girl of 28 that was not married. I was brought up to believe that intimacy before marriage was the most ghastly thing to do, and I didn’t like it if any boy tried to take advantage of me, and if anyone did get a bit fresh then I would make it quite clear that I was not “that sort of a girl”.

_Psychiatrist_

Are you still feeling the effects of the treatment? Still getting self-understanding?

_Patient_

Oh yes. In fact I have now developed quite an interest in psychology, and I have read three or four books, and having digested the contents of those, I thought I must stop. I think you can get too wrapped up in it and start analysing things and people too much.

I do understand myself very well now, and I think probably it is still going on. I have done it now, but it has all taken about three years.

_Psychiatrist_

And you feel that you are now a mature woman and behaving maturely in your marriage?
IMMATURITY

Patient
Oh yes. Of course, my husband is the most adult person I know.

Psychiatrist
Then there are two adult people.

Patient
I don’t know that I am as adult as my husband. Well, yes I think I am, but I haven’t got his brain and he is a different make-up from me. He is pretty much on an even keel always. He is never right up in the heights, or down in the depths. I will go into rhapsodies over music or painting but my husband will just say “very nice dear, yes”. We are just different temperaments, but we complement each other.

Psychiatrist
Looking back on the treatment, do you think we gave you enough sessions?

Patient
I think probably another one or two might have been a good thing. I think that might have brought me to where I am now, only a bit sooner. But not absolutely necessary because it had done its work.

Psychiatrist
And since then you have been digesting and absorbing what the drug helped you to understand about yourself?

Patient
Yes, quite. There is one final thing I would like to say and in effect the most important thing the treatment did for me and that was to give me a real and true understanding of the love of God. Before treatment my mother was my God, but now I have been shown the true meaning of the love of God and that alone has done more for me than anything.
A CASE OF CHARACTER DISORDER

A married couple with two young children came under care in 1959 complaining of a complex and unhappy relationship. For various reasons the wife elected to have treatment first. They have both gained great insight and the marriage is much happier.

This chapter is concerned with the experiences of the husband, aged 45, holding a combined academic and administrative post.

He was the second of two children. His father was the Minister of a Nonconformist chapel in Wales and on the surface the parents' marriage was reasonably happy. Both parents were Welsh.

He won a scholarship to a minor public school and subsequently took a first in Philosophy. During the War he was employed on security work in the R.A.F. and got great satisfaction out of the company of his "long haired fellow intellectuals", to quote his own words.

Since the War he has been engaged in various academic posts and has done well in his career. He married age 36 and prior to this never felt he wanted to settle down.

He is a man of great charm and personality with a fine mastery of English. He is very widely read in academic and contemporary philosophy and before treatment had read a good deal of dynamic psychology.

His treatment was spread over a year during which he had 18 sessions with an average dose of 75 gamma of LSD and 30 mgms and 10 mgms. of Ritalin.

His notes after each session were extremely lengthy and involved and it was considered that a tape-recorded interview would present a more accurate account of his experiences than an attempt to summarise his own reports.
CHARACTER DISORDER

The following is the record of the interview:

Psychiatrist
In your case I had the opportunity of helping your wife to start with. Was that the reason that led you to have this treatment?

Patient
Yes, we heard in 1959 from our family doctor regarding the efficacy of LSD in some cases of marital difficulties, and we both spontaneously felt that it would be an enormous advantage to us to understand ourselves and each other. My wife, being very much younger than I am more or less insisted on having treatment first, I think quite rightly. I am glad that she did. I think it was much easier for me to accommodate myself to her emotional disturbances than it would have been the other way round.

Psychiatrist
Perhaps you would care to outline what sort of person you were before your treatment?

Patient
Why, yes, certainly. First of all there was a great deal of assimilation to be done and that was why I did not want to be in a hurry over the treatment. Obviously a lot of what I understand now about myself is hindsight, because what I now know about myself throws enormous light on what I was like then, but I knew, and have always known that I lived far too much within myself and that real emotional relationships were not in effect with the outside world but with the contents of my own mind. I lived largely on my own sublimations, mostly music, academic and contemplative philosophy.

Psychiatrist
What do you mean by contemplative philosophy?

Patient
Well, by this I mean that I had no doubt, and still have no doubt in my own mind as to what I believed about the nature of my own existence. My real failure was to communicate it through my personality. There was an absolute gap between my social behaviour and my innermost beliefs. My emotional understanding of this gap has been tremendously broadened and deepened so that there is no longer and real gap at all.

I have found my LSD experiences extremely easy to assimilate because it all seemed to fit into what I had read and intuited
about existence but my real difficulty was a sort of encapsulation — a narcissistic myth of self-sufficiency.

I was too self-sufficient, I lived too much within myself. I didn’t marry until I was thirty-six anyway, and I failed to communicate the sincerity of my real feelings about life by reason of my own defences. My social adaptations, necessarily false, got me involved with people who, had they known what I was really like, would probably not have involved themselves with me. It is difficult to explain. I had a very artificial and very over-adapted exterior which was completely at variance with my unconscious inner life.

_Psychiatrist_  
Which is a facade, or persona, isn’t it, like the Greek masks?

_Patient_  
Yes, very much so. I find the word “persona” very evocative, very useful. I would say that my persona was in direct conflict with my imago, as I think you would say. Now, they have fused. I realise that I’ve not only deceived other people, but have certainly deceived myself by supposing that I could keep the things that I really felt deeply to myself and live among other people without communicating with them. I think one of the fundamental features was that I felt an awful disinclination to hawk my wares in the market place. I felt somehow that all the things that were very important to me had somehow not to be communicated. I think also that my relation to the things that really mattered was rather passive, because the appreciation of music, which meant an enormous amount to me is a very passive activity. One has to open one’s self to it rather than manipulate it. My other difficulty was that my chief defence mechanisms was in the habit of manipulating other people orally, through a kind of pseudo-intimacy. I made a very direct and rapid relationship with people, but nevertheless it has been basically a false relationship. It is an intimacy which is designed to keep them ultimately at arm’s length I think.

_Psychiatrist_  
Allegedly a characteristic of your race?

_Patient_  
Well, I think so, yes, undoubtedly. The Welsh. It’s very odd I’ve often accused other people of being secretive but I appreciate
that the Welsh are secretive in a much more radical sense than the English. There is a kind of racial mystical inclination, which particularly in my case, my father having been a clergyman with strong mystical leanings, makes one disinclined to advertise one's deepest feelings.

**Psychiatrist**

Well, your formative years were in a Welsh chapel atmosphere, were they not?

**Patient**

Well, my first six, which are of course formative from the psychological point of view, were spent entirely in that atmosphere.

**Psychiatrist**

Did you see a great deal under LSD in the relationship between you and your father?

**Patient**

Yes. Well that was the thing that was most deeply repressed, and LSD showed me absolutely conclusively that I had identified myself with my mother. It took me a considerable proportion of the sessions to realise that the identification with my mother did not mean that I loved her; on the contrary that I identified myself with her in order to be made love to by my father. It was a rather surprising revelation, in a way. I had this very deep involvement with my father, which was a difficult one because he was a very very neurotic man indeed. He was a chronic asthmatic, had a terribly strong dependence on other people, and a yearning to be loved, which he expressed by switching on with great facility attacks of asthma whenever he felt slighted or unappreciated. Thus my infant life was lived in an atmosphere of psychological menace. At the same time my father's awful yearning for love from his own mother, who was a very cold woman, produced a sort of telepathic resonance in me. I was attracted and repelled by it simultaneously, so that, as I discovered under LSD, this deep yearning need for my father, which frightened me.

One also discovers obviously under LSD, or presumably any other form of analysis, that it's one's deepest urges that one most strongly represses. I also find that the easy things come up first in any particular relationship.

As regards my relation to my father, I recovered the need and
love for my father and only towards the end of treatment did I experience the infantile guilt and hostility associated with this feeling.

I would say that basically my problem was not a sexual one in the physical sense, but a lack of genuine spontaneity and warmth. I realised under treatment that I had a pseudo-warmth and a false animation that I have since recognised in other members of my race.

_Psychiatrist_

Your race has no monopoly of this, my friend.

_Patient_

I quite agree. I don't think that these racial attitudes are profoundly important but there are culturally determined attitudes as well as purely family determined attitudes. I am much more concerned with the enormous relief, which I have only in the last two sessions. I realised that what I had really done was to repress this central need for my father, which came up so clearly. All the events under LSD are undoubtedly sexual, and it seemed to me that I had repressed the knowledge, or if you like, the phantasy, that I needed my father's penis in order to become effective as a man.

I had taken refuge in identification with my mother, I think as a flight from this enormous involvement with my father, and partly also, because if I identified with my mother I could become the focal point of my father's love. I had a tremendous early session in which I hated my father for having access to my mother's body. It seemed very central. But right through LSD every single emotion has been absolutely ambivalent. I've hated and loved everybody in rapid alternation.

_Psychiatrist_

Of course, with your academic background and your wide reading sceptics might say that you are just reproducing some of the pages of Freud.

_Patient_

Ah, they might, and they'd be perfectly justified. That hasn't worried me at all; this is almost the first thing that occurred to me when I started doing LSD. The answer to that is that the storehouse in which all one's experiences persist, is not organised. Dreams are surely the best proof, aren't they? The unconscious
helps itself to what it finds lying about in the preconscious, and the answer to that is that this applies to anybody who has explored their unconscious under LSD. The vocabulary with which one describes one's experiences is absolutely secondary, I think. It happened in my experience.

After all, I've read Freud and I've read Jung. At one time I was very much inclined to veer towards Jung. My feeling at the moment is that, as a result of all I have experienced under LSD, as compared with Freud, Jung represents an almost total flight from sexuality. A marvellous man, marvellous intuitions, but I think nevertheless the Freudian approach is anchored in physical reality and the physical events in themselves symbolise something which probably cannot be expressed verbally or even symbolically other than in physical terms.

I am not worried myself by this objection. I take the line that the unconscious absolute validity of its own, there's no question of it. I think that the psyche as a whole is a self-regulatory mechanism and that the object of self-understanding is to produce free communication between the conscious and the unconscious. As you know, under LSD, time and time again I emerged into a totally impersonal consciousness, which seemed somehow to include me but not to belong to me in any way; this has been very important. I find it very difficult to judge at this stage which was the more important, the actual clinical self-understanding that comes up from these sexual events or this incredible release that arises from the knowledge that one is organically connected with reality as a whole. To me that is almost the more important side of the whole process.

**Psychiatrist**

Would you say that you are no longer encapsulated?

**Patient**

Correct. I was, admittedly, yes. Not perhaps, entirely, but vis à vis certainly some people. This raises, of course, the whole question of underlying homosexuality. I have never denied that my relationship with men was invariably more intimate that with women.

**Psychiatrist**

Emotionally intimate, you mean?
CHARACTER DISORDER

Patient

Well, yes, I think that I might have disguised this slightly from myself. I was always very much aware of the fact that I needed male companionship, but I had always thought this was culturally determined in a way. After all, men are more active, more educated by and large, more diffuse in their training. One can discuss all manner of things with men that one can’t obviously discuss in the same terms with women. That was my limitation, in a way, a definite unconscious homosexuality.

Psychiatrist

Do you think you have become more heterosexual as a result of your experiences?

Patient

More polymorphous, I should prefer to say. I haven’t the faintest inclination now to homosexuality. One’s relationships with reality are intrinsically physical, and that’s all there is to it. I think that heterosexuality, as I am anatomically equipped as a male, is the only logical relationship with human reality. I never did have any feelings of particular shame or rejection of homosexuality. It’s always struck me that life is necessarily bisexual on the whole. I’ve never really had any overt homosexual relationships, except when I was away at school, and I regard that as virtually normal.

On the other hand, I did have a lot of homosexual phantasies under LSD. Of course I learned that my father’s repressed homosexuality was a very strong force, and I think this is important because the link between my father and myself. Then I had this breast feeding experience which was also very important. My mother had what was presumably puerperal psychosis, anyway, a so-called nervous breakdown when I was born.

Psychiatrist

Did you see this under LSD or was it part of the family tradition?

Patient

No, I saw and felt this terribly clearly. All I had learnt from my mother before I ever had treatment, was that she was ill for some months after my birth. Under LSD I had the experience of birth. First I felt myself in the womb and later I felt being outside, but a discarded object.
CHARACTER DISORDER

Psychiatrist

This feeling of being discarded was after your birth?

Just after birth, yes. I was very much aware of the shifting analogies between excretion and giving birth. I felt like an abandoned faeces, as well as an abandoned baby, and it seemed to me that I heard my mother saying "Oh God, I don't care, take him away," and so forth. Then I felt, either in that session or in a later one, that my mother was in a state of acute suicidal depression. It was at about that point that I began to realise that my mother, who is still alive, 79, well-adapted, nevertheless had an absolutely excessive unconscious need for her father's penis which dominated her and has dominated me in fourteen out of the sixteen LSD sessions I've had. Quite fantastic.

I don't think that there is the faintest hope of establishing that anything one attributes to one's parents or grandparents are true at all because as one approaches the end of treatment, it is quite obvious that one is using parent substitute figures to project conflicts which are one's own and nobody else's. I think that's terribly important. I got stuck for several sessions when I was supposing that it was my grandfather who wanted to rape my mother. In practice as it turns out, the infantile phase of one's development is quite extraordinary, because one is both one's mother and one's self, one's father and one's self. All the attitudes that one attributes to one's parents are also one's own attitudes towards them and vice versa; there are no boundaries to the ego at this particular stage.

I did ultimately realise that what I had thought of as my grandfather's unconscious sadistic desire to rape his daughter was also my unconscious sadistic desire to punish my mother for having no milk in her breasts, and even though you may think that my attitude is infected by Freud I can assure you that it has helped enormously for me to experience this under treatment. No one, I think, can deny that the structure of the ego is determined by its early physiological experiences, and I know beyond any doubt that the absence of milk in my mother's breasts was of enormous importance to me.

Psychiatrist

Was it a frightening experience to you, or a depressing one?
Patient

Distressing, I think is the word. I can’t say that I was depressed. I had one short depression in the whole course of LSD which was relieved by a dream that night. I have found that whenever I got a block or a depression, that by admitting its existence, and thinking about it, it usually relieved itself in a very telling dream on the same night. I have never had what I would call pathological depression lasting more than a few hours.

As I have often said in my notes, I have this so-called manic defence, which is an awful liability perhaps in certain ways, but which turned out quite useful as far as LSD was concerned. I had a very optimistic view about LSD from the beginning. I’ve felt absolutely convinced all along that I was being released with wave upon wave of release from all sort of misunderstandings.

Psychiatrist

Do you think you are a very different sort of person now?

Patient

Certainly, entirely different. LSD hasn’t done any violence to sense of selfhood, in fact it has eliminated certain basic blockages in my self-awareness. I feel able to communicate with other people, I feel that I don’t need this instinctive defence mechanism, this awful compulsive oral defence which I used immediately to put up between myself and other people. And the disturbing thing about this particular defence was that it didn’t really defend me, but it involved me with people in the wrong sort of way. It was a very curious vicious circle, anyway.

Psychiatrist

In your academic work do you feel that your capacities have changed very much as a result of your experiences?

Patient

That’s a tricky question because my work doesn’t take up very much of my time and I have always, for some reason been surrounded by willing helpers. My secretaries are always very devoted and efficient, and my staff are always happy and cooperative. As as matter of fact I have never had any difficulty in my work at all.

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Psychiatrist
Am I right in saying you had an element of restlessness about you?

Patient
That has been resolved by the treatment. I knew, in fact, that I was doing a job which involved a small fraction of my energies and certainly a minute fraction of my abilities. Now this proves to be an advantage because I am able to use my leisure which my work gives me to write and to organise my thought and it has enabled me to start writing again with enormous creativeness. I know at last what it was that prevented me from writing, really. I did write for a time, intermittently, poems and articles on music and things of that kind. I stopped about ten years ago simply feeling that none of these activities was essentially what I wanted to do, that there was something more central that I needed to learn about before I could really start writing creatively.

Psychiatrist
You had what we call a writer's block, really, didn't you?

Patient
I had a block, yes. But I don't regard myself as a writer. I never have.

Psychiatrist
Do you now?

Patient
No. I regard myself as a person who has something to communicate, which has arisen out of my experiences under LSD. It won't necessarily be about LSD, I think it might partly be. Basically I am temperamentally in another culture. I would have been a mystical philosopher, probably.

Psychiatrist
You would like to be a mystical philosopher now, d'you think?

Patient
I won't say that I would like to have been, I think I simply would have been, that's all. In a way, though, it may not be an
advantage I have never had the faintest flicker of ambition to be anything other than what I am, but inevitably I have been affected by the ambition of those about me. I have been urged all my life to do this and be that but none of the things I have been urged to do have been very relevant. Now I think I can communicate.

*Psychiatrist*

Because of the release?

*Patient*

Because of the release, I can do what I consider to be my business, which is communicating intuition of reality not necessarily original but at least genuine and sincere. It was a lack of sincerity, it's very difficult to define, but I think that there was a very deep fear of humiliation, a fear that what I had to say would be rejected. Ah yes, this does of course raise the whole issue of my faeces. I had a very telling session about half way through the treatment. It had come up once or twice intermittently, connected with the fact that my faeces were invariably removed by my nurse and never reached my mother and this proved to be terribly important emotionally. Yes, I did know about it before intellectually and as an analytic theory certainly, but I don't think this is necessarily very relevant. It was enormously important. I wept and wept and wept because I think it is terribly important that faeces is the first piece of the infant body that detaches itself. This in itself was a significant emotional experience. They were my products and I wanted my mother to have them and she never got them. They were discarded.

*Psychiatrist*

Thrown down the lavatory? Earlier on you referred to a lack of milk in your mother's breasts. Was this a very basic experience for you?

*Patient*

It was. This came up very early. First of all when I was born I remember being applied to the breast. I used the dummy for these occasions while under treatment. During this session I was dismally aware of the fact that I wasn't getting anything out of the breast, and later on in further sessions I was aware of the sadistic impulses that arose from the failure of my mother's
breasts and I had a vast amount of sadistic impulses towards my mother. And then in another session I had acute feeling of physical pain in my stomach, pure hunger, immediately followed by the sensation of being given the bottle, and a certain relief because I was getting some actual nourishment.

*Psychiatrist*  
Did the milk taste nice?

*Patient*  
No particular taste. It was warm and gratifying, and it was a relief.

*Psychiatrist*  
Did your mother's milk taste sour at any time?

*Patient*  
I got nothing as far as I can gather out of my mother's breast. I was unaware of getting anything at all, and I was acutely conscious at the time of being rejected by my mother, although it turned out later in these sessions it wasn't so much rejection as I think an almost complete psychotic withdrawal for a time on her part from reality. She was suicidally depressed.

*Psychiatrist*  
Could we just enlarge on that. Is this again what you felt and saw under LSD?

*Patient*  
Yes, well my own feelings under the drug, especially when I was my mother, were of blank depression, and the depression rose directly. I was quite conscious of it in my second session. I was my mother having a tremendous phantasy about having sexual intercourse. My father was a sexually rather ineffective person, being a repressed homosexual himself, but it revolved around what may have been a phantasy about her father masturbating on her body, which may have been something that happened accidentally in bed. It could well have happened when she was a child, which seemed to be absolutely central to me.

When I was born, I felt I was then immediately my mother again. "Oh God, if only I'd had some fun, if only I'd had an
Character Disorder

orgasm, if only I'd had some pleasure out of this whole business’, but I'd already known, you see, earlier in this particular session that she had not had an orgasm, was incapable of having one, and longed unconsciously, of course, for one. I spent session after session titillating my anus, which had been my mother's vagina throughout the whole treatment, as though I had inherited this awful sexual frustration of my mother’s. I never had, even in phantasy, a vaginal orgasm under LSD, but felt the need for it all along. This was resolved much later in the treatment.

Psychiatrist

It linked up with your homosexual feelings, didn’t it?

Patient

Oh, very much so, yes. Plus the fact that my father also had homosexual feelings and it linked up with a desire to be sexually assaulted by my father. All most reasonable, I felt, really. My general feeling about LSD and the formation of the ego is that there is a constant sort of interminable battle between the mucosa and the erectile tissue. I mean it doesn’t matter as long as I’ve got a nipple or a penis in my mouth, or a penis up my rectum or in my vagina when I’m being my mother. It’s immaterial, there’s something absolutely basic about this. The need which can switch itself you know, from mouth to anus, without any trouble at all, but it’s there, there’s no doubt. Fascinating, I think.

The whole meaning of all this is that the most intense physical sensations in infancy arise from the mucous membranes, and that with these intense sensations comes an intense feeling of one’s own existence.

I mean it follows that one’s sense of one’s own existence is proportionate to the intensity of one’s own sensations, and I could feel all the way through the treatment my infant ego building itself up out of fragments of sexual excitation in various quarters. My nipples, too; oh yes, indeed.

Well, I know that I am very adipose and I’ve got fairly flabby pectoral muscles. Under LSD it was obvious that I was getting very erotic sensations from my nipples, and that these phantasies which I attributed to my mother were mostly about her being raped by her own father and having his penis inside her, while he manipulated her nipples. No, I must confess I haven’t had the
faintest misgivings from the beginning as to the truth of this particular approach to one's own pathology or etiology, whatever you like to call it.

Psychiatrist
Do you think you've matured a great deal?

Patient
In one respect enormously. In the past two sessions perhaps more than any before. It will take me years to assimilate all that has come up, but at last I've put my finger on the basic duplicity in my character, and that is the repression of my need for my father, which may in its turn symbolise something else, it doesn't matter terribly. I had a very significant phantasy in the last session in which my mother was sucking my penis while my father sexually assaulted me, and this absolutely resolved a number of things which had been worrying me. I realized that in this narcissistic identification with my mother I had been very one-sided in my development by excluding my father. There was a certain pleasing symmetry about having both my parents involved in this basic sexual phantasy, and after that I got up great big fountains of repressed feeling about my father and realised that I'd needed him desperately. Very crudely, my problem has been simply the lack of a viable father-figure. My attitude has been too feminine by far. It has been in many ways useful and creative to have a feminine attitude, but at the same time my father's penis symbolises in some very real way something that was lacking in my relationship with reality. In fact the role I played most of the time was as my penis. Very interesting, and this I didn't know. I came across this later on, that the attribution of a penis to one's mother is a very typical homosexual phantasy. I hadn't actually known that before.

Psychiatrist
You came across this out of your own unconscious, d'you mean?

Patient
No. I came across it in an article in the Observer quite recently. There was a criticism of a book on Leonardo da Vinci by a psychoanalyst, and this came up in the article, but of course, obviously very true in a way. It wasn't so much that I really wanted
my mother to have a penis, it was clear that I was, in fact, her penis. I got involved terribly in her castration phantasies. Her birth, by the way, figured prominently as a castration phantasy in her own mind, and this accounted for her terrible depression. When I was born she felt castrated. I had a terrible nightmare between sessions, in which I felt something very menacing moving behind me in the bed, and it turned out after free association that it was my mother just after my birth, aware of having lost her penis, and she somehow wanted me to reincorporate me, reattach me.

**Psychiatrist**

So altogether you had an enlightening year, didn’t you?

**Patient**

The most enlightening year or my life. I’ve only talked about the quasi-psychoanalytical side of my experiences but what happens in the later part of each session has been just as important for me.

**Psychiatrist**

Would you care to enlarge on that?

**Patient**

Certainly. From very roughly the seventh session onwards I’ve found that these very confused sexual experiences suddenly gave way to an incredible feeling of absolute release from these confusions. My centre of self-awareness shifted completely from these infantile involvements and I became deeply self understanding. It’s as though all these mystical experiences had, in fact, an enormous relevance. They bring up with them in their train further personal events. Thus on one occasion the mystical, that is the impersonal release from the limitations of my own ego, started with the rediscovery of my penis. That was a very significant event, when I managed to retrace the sort of route from my anus back to my penis. I realised that all these scattered sensations were in some sense focused in my penis.

It was exactly as though I had escaped through my penis from myself entirely, and that something which might be called love took over. I think of it as love. Love as being not a demand made by one person upon another, or even a relation between people,
but as a genuine order of reality in its own right. This happened again and again. On one occasion this happened about two hours after I had had another Ritalin.

On another occasion this particular event again occurred and again I lost the limitations of my normal consciousness. I felt absolutely free, without the faintest trace of conflict anywhere at all. Ultimately I became increasingly conscious of that fact this extraordinary epiphany was happening in me. I concentrated on this to find out where in me, in what sort of myself it was happening. Of course I discovered emotionally what I have always believed intellectually, that the essence of reality is self awareness—selfhood. I don’t particularly mean egohood but I mean that the awareness of selfhood is essential reality. It has an ontological status which seems to me to be universal. I was quite certain, and have been every time its happened that what is most personal to me is what is common to all—the whole of reality—all sentient beings, in fact. I hesitate to put this forward. I’ve got a lot of thinking and sorting out to do, but in my own mind there’s no question that there’s been a tremendous metaphysical break through.

**Psychiatrist**

Your whole treatment you mean?

**Patient**

The whole experience, yes. What, however, at a strictly practical and social level is important is that I simply no longer feel the need to defend myself against other people. Of course it’s perfectly obvious to me now that my defence is a form of aggression, always the best form of defence, but I don’t feel the need to be aggressive any more.

**Psychiatrist**

So far, we have discussed your personal experiences and the associated changes in your personality. Would you care to comment on your present attitude to religion, as clearly your early chapel atmosphere had an important influence on your development.

**Patient**

“Religion” is one of those heavily imprinted words like “God”, that trigger off so many infantile mechanisms that it’s almost impossible to answer any direct question about it without creating
great waves of unconscious apprehension in the questioner. In general I should say that self-understanding never destroyed anything but delusions. If you’re committed to any particular religious belief (which I’m not) LSD will undoubtedly modify your attitude towards religion by revealing the ambiguity of your motives for believing. Fixed beliefs strike me as an attempt to avoid the disturbing process of self-understanding by short-circuiting it or unloading it on to some other person or group or institution. The whole point of LSD is that it forces one to accept the entire responsibility for one’s own mental processes. Anyway, conscious belief is obviously a defence against unconscious doubts, which in their turn arise from unresolved repressed conflicts. It stands to reason that in understanding one’s repressed conflicts one’s bound to modify the beliefs they’ve given rise to.

But I don’t think religion is in its essence a matter of belief at all. Reality is reality, whatever you choose to believe about it, and for me, at any rate, LSD means seeing what is, not speculating about what ought to be. If you start off with fixed beliefs about the way things ought to be, you’ll only prevent yourself from seeing what is.

However it seems obvious that religious beliefs and rituals are cultural accretions that ultimately obscure, rather than reveal, the central experience of reality from which religion originally arose and what LSD did for me was to take me back to an ontological experience infinitely more direct and real than any truth, however profound, that could be meditated by an established creed or ritual. As the Ch’an teachers used to say, it’s like drinking a cup of cold water: you can only find out for yourself what it tastes like, and nobody else can tell you. Consequently, I can only say what LSD means for me, centrally, and in the depths of my own being.

And it really is very simple. Awareness of selfhood, as distinct from ego-awareness, cannot be mediated by the environment: neither the inner nor the outer environment. Mother and father, nipple and penis, mouth, vagina and anus do not in any case constitute selfhood. Sexual greed is activated by fear and hatred, and has nothing to do with love, nor with selfhood. Greed is a peripheral disturbance that merely distracts one from one’s own central reality, which is love or God or silence or emptiness or whatever you feel like calling it. It doesn’t matter what you call it, because the greed for names, too, is just part of the peripheral
disturbance. Hang on to the name, and you lose the thing. My own, entirely personal, conclusion is that all opinions, religious or otherwise, and all greed, sexual or otherwise, constitute a flight from the love and tenderness which arises from within, when one stops projecting one’s fear and hatred on to other people.

So obviously, if you think your particular brand of religion is the one-and-only truth, you’re unconsciously identifying yourself with a group because you feel insecure, and merely expanding yours at the expense of non-believers, on to whom you’ll inevitably project your repressed destructive impulses. And if you attach more importance to your beliefs than to self-understanding, you’ll probably need an awful lot of LSD: I just can’t judge what LSD will do to people who start off with strong group-identifications, religious or otherwise, but my feeling is that even LSD can’t force freedom upon people whose self-awareness depends mainly upon identification with group-attitudes.

In the other hand, whatever LSD may do to people’s religious beliefs, it can hardly fail to strengthen and deepen their religious intuitions: the experiences of one’s own direct dependence upon an inward reality infinitely greater and more immediate than any of its outward forms. Attachment to forms is flight from reality, from love, from the self. Yes, that’s it, I think. There is, ultimately, only one neurosis, one psychosis, one unhappiness: the flight from reality, from love, from selfhood, which are the same.

In the last resort I can only say that religion of any brand stands or falls, for me, by its success or failure in pointing the way to self-understanding, and that the effect of LSD on a patient’s religious orientation is bound to be genuine in one’s religion, while freeing one from what is false. I can quite honestly say that my understanding of Christianity, for example, has been immeasurably deepened, through LSD, though my natural inclination has always been, and still is, towards philosophical Tao’ism and Ch’ an Buddhism.

Obviously these remarks throw more light on me than LSD, and I might as well come clean and admit that LSD has confirmed and strengthened what was already genuine in my religious intuitions, while progressively freeing me from the marginal anxieties that tended to obscure or falsify these intuitions. These anxieties arose from the unconscious delusion that my personal identity was derived from my environment, in particular from my parents. I now know that the genetic and environmental
determinants of my character and personality have absolutely nothing to do with my central sense of identity, which springs directly from the heart of reality, and is not subject to birth or death. All other problems pale into insignificance by comparison with this irreducible truth, the practical consequence of which is to remove the unconscious impediments to loving. Is there any other problem, in fact?

**Psychiatrist**

This is a very interesting concept of religion and I am glad the LSD has strengthened your basic religious feelings. Would it be true to say that you are now at peace with yourself and capable of loving deeply?

**Patient**

Yes, unbelievably so. I had a most revealing year and I am still learning more and more about myself.
XI

A CASE OF ANXIETY

A single man of 32 was referred by a psychiatrist in 1959 with a history of severe generalised anxiety for many years. He was employed as an executive in the City.

He was the only child of middle class parents whose marriage was superficially happy. He was brought up in rather isolated circumstances in a London suburb and went to a minor public school where his career was uneventful. This was followed by Army service and being later commissioned after passing through O.C.T.U. He was able to conceal his basic anxiety from the Army authorities and had an uneventful Army career.

On demobilisation, he secured a minor executive post in the City and has done quite well in the Company. When first seen he stated that he was unable to use his capabilities to the full.

His adjustment to women had always been unsatisfactory. He had never had a deep love affair, was frightened of women and felt destined to be a permanent bachelor. There were no overt homosexual difficulties.

Prior to treatment, he was living at home because he felt too frightened to set up on his own, but he always felt uncomfortable with his parents. His social life was circumscribed and he had never passed any professional examinations although he realised that this would be very advantageous for his future.

He was a man of superior intelligence, with a good mastery of language and was evidently covering up a great deal of anxiety. Before treatment with LSD, he had had about 200 hours of psychotherapy spread over the preceding six years. He had 65 sessions with LSD, at first combined with Methedrine, later with Ritalin and his final sessions were under LSD alone. He has written voluminous notes about his sessions which would be difficult to summarize, so he readily agreed to tape record his experiences. He has also had interpretative psychotherapy during his LSD treatment.
The following is a transcription of the interview:

**Psychiatrist**
Perhaps you would be kind enough to outline your main problems in 1959 before starting LSD.

**Patient**
Certainly. As you know, I started getting down to my problems about ten years ago and the psychotherapy kept my head above water and helped me to cope with my anxiety. However the anxiety neurosis remained and I did not know what happiness meant.

**Psychiatrist**
Could you put that into everyday language?

**Patient**
Well, I worried about almost everything. My whole motivation, which I have now realised, was to obtain other people's approval. I know now where it came from and even during previous psychoanalysis, I was still desperately trying to live my life with the object of satisfying people. That was my state before I had the first LSD, which was in March, 1959.

I just felt about once a year what I feel all the time now. This would occur for a short time if a girl told me she loved me.

In other words it was a state of unhappiness the whole time with acute worrying and acute anxiety about all sorts of little things. I was concerned as to whether the manager liked me, whether I sent a cable correctly, everything was a worry, everything was a strain.

As regards my relations with people, I had had quite a number of rather unsuccessful attempts at getting close to the opposite sex, but this just led to nothing but unhappiness. Although I had succeeded in having sexual intercourse, I didn't enjoy it, and now and then I mucked things up from a mechanical point of view, so that my sexual relationship was worse than nil because it merely added to my anxiety. My relationships with men were very strained all the time. I was completely terrified of people although I wasn't aware of it, I never admitted it, and I think that people's attitude to me was that I was cold and arrogant and not a very nice person to know. I wasn't friendly, I was very quiet, serious and withdrawn. That was really a picture of my state before I started LSD.
Psychiatrist
Before you had LSD, were you ever really able to be in love?

Patient
I had one or two strong attractions towards girls, but it wasn't real love. It definitely wasn't love in the true sense, it was an expression of the sexual urge with the anticipation and near certainty that it was going to lead to unhappiness. I never dare get near a girl emotionally.

Psychiatrist
So before the LSD you never were really deeply in love with anybody?

Patient
No, because I wasn't able to give out anything myself.

Psychiatrist
You weren't able to give love?

Patient
No.

Psychiatrist
Financially, in those days, you could have got married, couldn't you?

Patient
Oh yes. I could have got married ten years ago. I now know that it was as a result of my early experiences with my mother that I just felt that I couldn't trust women.

Psychiatrist
Before you had the treatment you had a basic mistrust of women?

Patient
Complete, yes. And I was scared of men and of women.

Psychiatrist
Now could you tell us something of your experiences under LSD?
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Patient
Well, the sessions have changed quite a lot over the period. I’ve had sixty-five LSDs and they’ve changed in character a tremendous lot. For about thirty LSDs my experiences were very superficial (This was under LSD and Methedrine—authors).

My problems have been so complex and complicated, and so riddled with fear and guilt that the sessions were very piecemeal. I used to get up one particular thing such as the hate of my mother, which I hadn’t accepted before. That would come up, and gradually I would accept it, and then fear of my father would come up and I would gradually accept that.

Since then the experiences have changed. For about six sessions I would lie quiet and all these feelings were going round in my head. Then for a dozen sessions I was very talkative, and I realise now that I was speaking as a means of defence, as a way of stopping myself thinking and feeling really deeply.

Psychiatrist
And when you did think deeply, what were the outstanding features of the experiences?

Patient
It’s difficult to say. There were so many. Hate of my mother was the first feeling that came up.

At first I didn’t dare accept that I hated her. I also found under the drugs that I greatly feared my father. Fear and hate of my mother and father have dominated my life for thirty years, and these inter-related feelings have been gradually released under treatment. They were the main early experiences.

The sexual relationship that I had with my mother came up later in the treatment. It wasn’t until the last three sessions that I really experienced the associated guilt, which has proved extremely important to me.

Previously, I had been suffering a great deal under treatment. I had really been punishing myself, a sort of mental flagellation. I suddenly realised under treatment that unless one is feeling guilty about an early experience, there is no need to suffer.

I also became increasingly aware of the tremendous aggression that I have always had towards my mother. This terrified me because if as a small child I hated her and wanted to kill her, then if she got angry, I assumed that she wanted to kill me.
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_Psychiatrist_

Would you care to enlarge on this sexual relationship between you and your mother when you were a child?

_Patient_

Yes, my mother is a very neurotic, infantile person who married my father when he was quite old. He was badly wounded in the first world war, and I do not think she had a satisfactory sexual relationship with him. Being a very affectionate woman, on a certain shallow level, she desperately needed love. In consequence of her need for love, I saw under LSD how she and I had sexual play together on several occasions when I was about three or four. She used to play with my genitals and used to play with hers. I also used to fondle her breasts and I used to adore this. I feel that a basic sort of sexual urge was developed at an early age.

_Psychiatrist_

This sexual play, you were telling me about; it had a pretty profound effect on you?

_Patient_

It certainly did. I think the reason it did was that I enjoyed it tremendously. It was obviously giving great satisfaction to my mother, which she wasn’t getting in other ways, and I enjoyed it tremendously, because it forged a sort of bond between us beyond the normal relationship between a mother and a son.

I think it formed a more heterosexual relationship in a sense. I don’t know whether that’s possible at such an early age, but it meant a tremendous lot to me. It sort of drew us together, and I really loved playing sexually like this. The trouble was that she had a tremendous lot of guilt about it, and we were discovered by my father. Of course he was furious and I was blamed for it.

This I think has been the core of my problem. No, it wasn’t entirely the core. At that moment under the drug, I realised my mother was, in fact, a weak, neurotic, unreliable woman, and I desperately wanted to have a wonderful reliable mother.

The fact that on the one hand I had these wonderful experiences that I wanted to tell everybody about, as children do; they want to talk about what they enjoy in life, and have nice thoughts to dwell on. I wanted to tell everybody about this. Under the drug I saw so clearly that my mother realised what she was doing and
what she had done, and she was terrified about telling people. She had to, by one means or another, shut me up, and the way that she did it was to confuse my mind. First of all she would tell people that I was talking nonsense, and that they weren’t to rely on me, and secondly, she would deliberately confuse my mind by telling me that these things hadn’t happened, when they in fact had, and this of course caused an awful lot of doubts in my mind about myself. She used to shake me and I was convinced at one time that she was going to kill me, but that is not entirely related to the sexual experiences.

I received my terrific feeling of guilt directly from my mother’s mind because she felt so guilty. We were discovered by my father and it was an appalling traumatic experience for me, because I found that she lied about it and said it was all my fault. I found in this instant, because it all happened so quickly, that my world collapsed. I realised emotionally first of all that what we had done was not wonderful but terrible, and secondly that she was all wrong, she was a bad woman, and thirdly that I couldn’t love her any longer, while I desperately wanted to love her. This sexual business is very much to the point in my problem.

Psychiatrist

How do you feel about your mother? Are you at peace with her now?

Patient

Yes, I am. I am leading an independent life now. I realised in the last few sessions how deep is her desire, her need for love and reassurance.

You see, what I realise now is that when a neurotic woman brings up a child, a woman who is weak and desperately needs love, she will bring up that child as part of her, as a sort of love machine to give her continuous love. She will desperately try and avoid any signs by the child of independence or any signs of flying away, which is natural for all children to want to do.

In the past I was never able to carry on a normal conversation with my parents throughout my life and this difficulty goes back to these experiences with both of them.

I see now so clearly that the reason why my neurosis has been so deep is that as I was growing up, she could see I was learning new things all the time. This frightened her and unconsciously, as
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a form of protection for herself, she deliberately confused me on dozens of fundamental things in life. In other words, if she said something was right, it must be right, regardless of what my reason told me, and as she's a very unintelligent woman and as I was a fairly intelligent child, over and over again I realised that she was in fact telling me untruths, and I gradually built up these two sides to my life.

There was the one side where everything was wonderful as my mother told me it was. This was a sort of facade, a superficial facade where I loved my mother, she loved me, she was wonderful and everything was happy. The other side, the side which I couldn’t face in my conscious mind, was this unhappiness underneath, which my conscious mind under the drug told me was so.

I realised that she was weak, unreliable and bad and I couldn’t bring these two sides of my life together. When, finally, something snapped in my brain at about five when we had this terrific row about our sexual play, I think it really came to a head, and I couldn’t carry on with these two sides of my life any longer. They clashed, and I just couldn’t find any basis for a proper relationship with my mother knowing what she was, knowing her demand for love, and knowing her demand for implicit obedience. I couldn’t find any way of living with her, and therefore I had to cut her out of my life, which I have done for the last thirty years, and with her, of course, all other deep human contacts, particularly with women.

Psychiatrist

Despite this cutting her out of your life, when you came back from the Army you went and lived at home again, didn’t you?

Patient

I did. I was completely withdrawn, and never at ease, never happy, but weighed down with a feeling of weakness. You see, when a mother brings a child up she can either give that child a sense of confidence in life or communicate her own unhappiness to the child. My mother did the latter, and I felt under the treatment that she trained me to believe all sorts of false sentiments. One was that I needed her desperately, another was that if you don’t belong to somebody you’re out in the cold, and various other things like this that I was urged to accept as basic premises of my life. I couldn’t accept that they were false because it would have meant
accepting that my mother was no good, and that's why I stayed at home because of these invisible ties.

Before treatment, I didn't know why, it just seemed natural that I stayed at home because my mother wanted me to be at home, and she influenced my life a tremendous lot.

As I said, I unconsciously cut myself off from her with one side of me, owing to my loss of faith in her. I also found that I felt a need to be cut off from her as I was utterly convinced in three LSD sessions that at about five, I was being killed by her. With help at the right moment in the session, I was able to juxtapose reality on the one and "I am at this moment dying" on the other hand.

Now this feeling "I am dying" has been an absolute certainty, a fundamental spring in my life and in consequence I have had to please other people, otherwise they will kill me.

I was convinced, utterly convinced, that at about five years old my mother was going to kill me, and that was an additional reason why I had to shut her off.

Later, under treatment, I saw why I felt this would happen. It was largely that I would get back towards myself the homicidal rage that I felt deep inside myself towards my mother. I saw the reason why I felt the need to be punished severely that I talked about earlier, was really due to this hidden rage towards her and the guilt that it produced.

Since realising these two interrelated feelings, I have had a great sense of release. Now I realise that this life-long need to get other people's approval was dictated by the feeling that otherwise they would kill me.

In the past I was never able to give out aggression without a terrible lot of pounding and fear in my head. I have never been able to give out aggression to anybody except in certain circumstances, where I was convinced I was right and I didn't see how they could hurt me.

**Psychiatrist**

Did this affect your War service?

**Patient**

I didn't see any active service. I spent my time in this country. I wasn't a good soldier because of my terror of people. Intellectually, I found the Army easy, and I became an officer, but
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I wasn't an officer in the true sense of the word because I wasn't able to lead men. From the point of view of man-management, these basic terrors right down deep in my mind prevented me from getting close to the men for whom I was responsible.

Psychiatrist
Presumably you went through O.C.T.U.?

Patient
Yes, but looking back, I used my intelligence to cover up my inner fear, and they never spotted it.

Psychiatrist
Sceptics might say that this sex play between you and your mother is a phantasy. What would your comments be on that?

Patient
No, I'm convinced it isn't because too much of what I've brought up points to it being true. I have felt myself under LSD talking to her about my feelings and clearly felt her confusing my mind repeatedly. I can think of no other possible basis for all that knowledge that I feel I've got in LSD other than these sexual experiences. I am convinced that it is so. I had very close relationship with her, I played very closely with her genitals, and she with mine, and it was a lovely experience, and I am convinced that that couldn't have been in my imagination.

What in fact must have been phantasy was the feeling of dying but I discovered the basis for this feeling towards the end of treatment.

I had to conceal my aggression because I saw clearly that it hurt my mother and this made me feel guilty. This pent up aggression gradually became a neurotic homicidal rage.

During an incident with my mother I let out this homicidal rage and had a fantasy of having killed her. This resulted in tremendous guilt and I tried to kill myself, to get away from the agonising feeling; I could not face life if I had killed her.

Psychiatrist
Now with the release of all these feelings, and the self understanding you have obtained, do you think you have changed very much as a person?
Anxiety

Patient
I don’t see how I could have changed more than I have. Now life to me is thoroughly enjoyable. I can’t explain why, but it just is fun. I get a tremendous lot of pleasure out of living, and previously I just didn’t know what happiness was. I am a lot happier than most people I feel and I am going on learning more about myself and getting a firmer basis for this happiness. I have been in love twice in the last two years and I now feel able to love and have a full life. The two basic causes for this are the release from guilt over my aggression and my sex-relationship with my mother and the realisation that my fear of death, which has been deep in my mind for thirty years, was a phantasy. These two feelings are related, of course, and the release from these two gives me the power to love deeply.

Psychiatrist
You were referred for treatment for your anxiety and general unhappiness. Do you think the treatment has helped you as an executive in your Company?

Patient
Yes, it certainly has. Basically I am now an extremely good executive because of the release from all the fear and my increased self knowledge. I am able to use my good brain to much better advantage. This is in addition to an improved judgment and a remarkably improved memory, both of which are of course needed in business. I think that there is no comparison between me now and what I was four years ago. None at all.

Psychiatrist
Were you able to release any of this deeper material under the orthodox analytic treatment you had previously?

Patient
No. Not on a deep level. My previous treatment was valuable in as much as it lowered the pressure of my anxiety and my analyst taught me how to cope with it to a certain extent. In this way I was able to keep on an even keel, otherwise I am quite certain I would have had a nervous breakdown because I was getting in a bad way.
ANXIETY

Psychiatrist

You have had virtually all your treatments in the evening. Would you care to comment in this?

Patient

This has been of great help. Nobody knows of it. My family don't know about it nor does my Company which is very fortunate.

Psychiatrist

Do you think you understand your fellow executives and your staff better?

Patient

Yes, far better. My personal relationships are far better and on a superficial level they are really good. I still think there is room for improvement, and this improvement is happening all the time. There has been a tremendous change from what I was like four years ago.

Psychiatrist

On account of these early experiences with your mother, you have until recently had life-long difficulties vis à vis women. Have you had problems as regards homosexuality?

Patient

None at all overtly. But in the last LSD session I became very much aware that one of my problems with men is my dependence on them emotionally. I have never recognised this before consciously but there's no doubt that it is there. Fortunately I am much more heterosexual than homosexual but there was a of unacknowledged and guilt-laden feeling of homosexuality there, in which I would be the passive partner because my mother brought me up as a very passive person.

Psychiatrist

I think you have covered the ground very thoroughly. Is there any other point on which you would care to comment?
Anxiety

Patient
First of all, I would say that instead of maturing at the usual age of fifteen to twenty, I have matured since I started LSD. The process is still going on.

Secondly, I seem to have brought up so much important material. It has come up at different times: during LSD sessions, on the whole the actual experiences under the drug have been the most rewarding.

Psychiatrist
Do you think it's an unusual drug?

Patient
Extraordinary, yes. I think it's a wonderful drug. It has completely made my life worth living, which it certainly wasn't before.

In conclusion, it should be stated that this case has taken much longer to complete than many and that for business reasons, there were long gaps between sessions.

He has now nearly completed his examination for a profession qualification and is able to work for this in the evenings with great concentration. His treatment has been combined with approximately 100 sessions of psychotherapy and the end result is certainly rewarding.
A CASE OF PSORIASIS

Psoriasis is one of the commonest diseases of the skin, and according to Sequeira (7) accounts in England for 6% of all skin diseases.

It exists throughout the civilised world and it is of interest that Professor Driver (2) of Oxford, who is supervising the new translation of the Old Testament, states that the frequent references to "leprosy" were in reality cases of psoriasis.

All contemporary authorities such as Mackenna (4) in Great Britain and Sutton & Sutton (8) in the U.S.A., emphasize its chronic character. Thus the latter writers state:—

"Psoriasis is a chronic relapsing disease of unknown cause, characterised by the eruption and persistence of reddish, rounded lesions. Once established, the disorder persists, with remissions for many years or for life.

Complete remission is extremely rare".

Murrel & Murrel (5) have described psoriasis as the disease of specialist frustration. They emphasize that the psychological aspect must not be neglected as most patients are at least as discouraged as their physician.

Although British and American dermatologists are equally fatalistic about prognosis and treatment, the French, judging by Dupenat’s (3) textbook are more impressed with the psychological aspects. Thus Dupenat writes:—
Psoriasis

“We do not know what psoriasis is. At the same time, a number of hypotheses are worthy of consideration, particularly the psychosomatic. Bolgert & Soule (1) have found a psychic factor in 90% of cases, with a psychosthenic state in 52% and an anxiety state in 16%. Psychological aggression and frustration are found as the certain basis in 48% and a probable factor in a further 20%. All these facts are interesting; they confirm the well known cases of the appearance of psoriasis after a violent emotional shock, such as one sees during wars, but the response to psychotherapy is disappointing.”

Wittkower (9) has contributed much to the study of psychocutaneous disorders, which include neurodermatitis, urticaria, rosacea, dermatitis factitia and psoriasis although in general the results of treatment seem disappointing. An excellent review of the whole field of psychocutaneous disorders and their psychological investigation is given by Seitz (6).

As regards psoriasis, Wittkower (10) investigated 86 patients with psoriasis by means of psychiatric diagnostic interviewing. He reported that the disease is not bound to any one personality type. However, the number of emotionally maladjusted patients was far in excess of a cross section of the general population. No uniformity of psychological conflict was evident in these patients, who tended to develop psoriatic lesions in association with emotional crises of a nature specific to the individual rather than to the disease.

This was a diagnostic rather than a therapeutic approach and no attempt was made to treat these cases psychotherapeutically.

We suggest that psoriasis should be regarded as a psychosomatic disease that is amenable in appropriate personalities and under suitable surroundings to complete amelioration under Lysergic Acid and Ritalin. The following is the detailed record of a case so treated:

Case history.

A 15 year old girl, who will be called Mary, with severe psoriasis was referred by a well known child psychiatrist who had failed to improve the condition after considerable psychotherapy.

Mary was the illegitimate child of Irith peasants and was born in hospital in Stranraer, Scotland, and was adopted by her foster-parents at the age of 3 months. Her Scottish foster parents have one elder daughter aged 18 and are equally devoted to both girls. The foster-father is a scientist. The foster mother met the natural mother
once and described her as dark haired, pretty with a long neck and with a higher level of intelligence than is usually associated with Irish potato pickers. There is no knowledge regarding a family history of psoriasis.

After her adoption, Mary made a good adjustment to her foster parents although she was always inclined to “needle” her foster mother. When aged 6, she developed severe psoriasis which has persisted ever since. She was seen by two consultant dermatologists who separately made the diagnosis and prescribed ointments.

In 1960 the condition became so bad that she was admitted to a London Teaching hospital for 2 weeks to be cleared up with tar baths. Ung. Picis Carbonis was prescribed for the body and Ung. Cocois for the scalp. The condition was temporarily improved.

The consultant dermatologist at the teaching hospital explained most sympathetically to the foster mother that the disease was incurable and that it was essential that all steps should be taken to help the girl to live with her disability.

Shortly after discharge, the psoriasis relapsed and has got steadily worse over the last seven years. It usually improves in the Autumn and becomes worse in the Spring.

She went to boarding school aged 10 where she is treated sympathetically by the staff and the other girls. Prior to treatment, the headmistress gave a most helpful report, of which the following is an extract:

“Mary is, of course, very highly strung and inclined to make heavy weather over minor difficulties, but she is most conscientious and anxious to do well . . . . I am most sympathetic with this terrible affliction and only hope that you may find some means of alleviating it”.

During the summer holidays prior to treatment, Mary showed increased emotional instability, would not wear shorts, avoided bathing and contact with young people as far as possible. This coincided with the onset of adolescence and it was evident to the foster mother that the girl was ashamed of the body owing to her skin condition and was trying to remain a child. At times she was very depressed and spoke of suicide. The foster mother took these threats seriously as she felt Mary was overwhelmed by her intractable psoriasis and looked on the future with fatalistic despair.
**Condition prior to treatment**

Mary was seen twice and a good rapport was obtained. It was evident that she was very apprehensive. She said that of course she could never marry but would love to look after babies. She became emotionally disturbed when discussing her skin and was fully aware that her condition was regarded as incurable. There was some jealousy towards her elder sister and the latter's normal prospects in life. She was tense, anxious and admitted to being mixed up about her early life. Her motivation towards alleviation of her condition was excellent. Her whole body showed characteristic severe psoriasis which at that time was dry and scaly.

The patient was given 12 sessions of LSD and Ritalin at fortnightly intervals and her foster mother stayed with her throughout. The treatment was given during the daytime and the foster mother drove her home. During the term, the girl stayed the night at home and went back to school the next day. The foster mother visited her at school between each session.

1st Session. 40 gamma LSD and 20 mgms Ritalin.

Patient alternated between quietness, anxiety and a desire to talk about her problems. She showed strong ambivalence towards her foster mother.

Her description of this session was as follows:—

"Yesterday I don't think I got back to my childhood much but only skirted it. I remember big grey eyes filled with tears. Otherwise my worries that I told, were about recent things".

2nd Session. 60 gamma LSD and 20 mgms Ritalin.

The girl was apprehensive of the treatment and was given a grain of Amytal. Later she became quiet and for a considerable time was in a state of reverie. This was followed by much confused talking and childish impatience at not being as other girls.

Her report of the session was as follows:—

"I felt very strange, all alone and very helpless; the one thing I wanted was company.

My hands were the funniest things as they felt so small and even looked in my sight as though they belonged to a small child. My nose felt funny too, just like it did a long time ago, like a button, and I could not understand why my hair was so long.

Everything in the room was so big, the skirting on the wall and the ashtray. I put everything in my mouth, including Teddy's leg. I enjoyed having a dummy to chew."
Psoriasis

I wanted to know what time I was born, and what my real mother’s name was. I asked the nurse about a mark on her stocking, she said it was a darn and I said, of course, we can’t afford new stockings. Is this because Mummy said my real mother could not afford to look after me?

It all adds up to one thing. The reason that I have psoriasis is because of my adoption, although I tried to convince myself and Mummy it wasn’t.

I found it easy to get back to sleep last night, except I woke up and slept with Mummy for company”.

Three days after the second session, the foster mother wrote as follows:

“After the first treatment, Mary was much gayer and lighter in spirit, more optimistic about the future and spoke hopefully of marriage when she was grown up.

After her second treatment, I felt she was a more understanding and definitely happier person, almost as though the first step had been taken towards coming to terms with herself”.

At this point, the girl went back to boarding school and came up every two weeks for a session. In between she was visited by her foster mother who went over the previous session informally, listening quietly and saying little. There is no doubt that the intuitive understanding and help provided by the foster mother was of great assistance in enabling the patient to get to the roots of her problem so quickly. During the term, written reports from Mary were infrequent owing to pressure of schoolwork.

3rd Session. 75 gamma LSD and 20 mgms of Ritalin.

The patient attended again with her foster mother and became rather distressed. There was great uncertainty in her mind as to whether she would ask for a second and smaller injection of Ritalin. It had been explained that this would help to clarify her problems and she was clearly very ambivalent about this.

Two days after the session, the foster mother wrote as follows:—

“The drug was effective almost immediately after the second injection of Ritalin (20 mgms intravenously). The problem of another injection of Ritalin was uppermost in her mind. Her thoughts and feelings as she spoke mostly to herself, were like overlapping circles; her mother, her worries, her
Psoriasis

psoriasis, her thoughts of the future, e.g. marriage. She would like children. Would her skin clear or would she have psoriasis for ever? If so it would be much easier to die. This third injection, what will it do? This question of what it would do began to hold great magical promises. She knew what was expected. She had been told to let her mind go right to the beginning and she had tried, helped by the hand mirror. But she was afraid, afraid to let go (already having seen in her hand mirror a shadowy standing figure), afraid of the pain she sensed would accompany seeing the face of the lady with the long neck. At this point she broke the hand mirror.

Repeatedly she stressed “If only I knew what my mother looked like, I know my psoriasis would go” and wanted and believed the third injection would give her the courage to overcome her fear but could not agree to have it; hence her disappointment when apparently she could not disentangle all her jumbled thoughts.

She feels and is convinced that seeing her mother’s face would end all her worries which she is sure, from what she has already experienced, started at the time of her birth. She has had the experience of being put on one side, just after she was born, looking and feeling like a jelly, while her mother, who was collapsed, was given an injection.

Later she put the second hand mirror away from her saying — “Oh, how horrible you look, you are crying and your face is all lines and wrinkles. (Second time she had seen this).

I felt she wanted to try to be free, at peace with this other mother who was the source of all worries, who still held part of her affection, at peace with herself and with me.

The following day at home she was quite happy and said she felt we were all well on the way”.

4th Session. 75 gamma LSD and 20 mgms Ritalin.

The girl was less apprehensive about her session and said that she felt much more at peace with herself. She again had a mixed session during which she was in a state of reverie and later verbalised a great deal of what was welling up in her mind.

Two days later Mary wrote as follows:

“At first I saw glimpses of myself when I was almost six and I asked Mummy to sing me a song she used to sing when I was a little girl. Later I saw a picture of a young woman with a long neck and tears in her eyes but it was just a glimpse. I wanted to see her and was frightened to”
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5th Session. LSD 75 gamma and 20 mgms of Ritalin.

Her general behaviour was much as before and she got great security from sucking a dummy. She was feeling a great deal and admitted to having mixed feelings about letting herself go. During the session she poured water from a glass on the floor and found this symbolic act a great release.

The following is a summary of the session from her foster mother:

“Mary took a little time to settle after the session, as though too many thoughts were clamouring for attention. The most predominant were those concerning her natural mother.

Sympathy for her mother's position, no parents, no husband, only an illegitimate child. As she said under the drug: “Poor mother, how lonely she must have been with nobody at all, poor mother I can see your eyes full of tears and all the lines of worry on your face. I am the cause of all your worry. I am illegitimate, I have no father and you cannot go home because you are too ashamed”.

It was almost as though Mary was blaming herself for being born and causing so much unhappiness. Then she felt angry towards her natural mother: “Just a little seed that grows and grows and then goes pop and is kept on one side and forgotten. Who could love me? I am ugly, all the Gallahers (her mother’s name) are ugly.

Lastly the constant worry: “What did she look like, if I could only see her face I am sure my psoriasis would go; each time I worry, another little spot appears, nothing but spots.

I am all twisted up inside like this dummy. I should just like someone to straighten me out, then I would shoot straight up into the sky like an angel and I would have no more psoriasis just lovely smooth skin like anybody else”.

This is the gist of Mary's worries as she felt them. She remembered her baby's bottle and the colour of her cot in our house, which was green. Then she said she was born near a railway line as she can remember the sound of trains as a tiny baby and has always found the sound of trains soothing.

I feel the spilling of the water was an important emotional release and she now has tremendous confidence that she will be cured. With each treatment her skin gets clearer and clearer”.

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In order to verify the authenticity of this girl’s infantile memories, a letter was sent to the Medical Officer of Health of Stranraer who replied as follows:

“Your patient is correct when she states that the sound of trains can be heard from the hospital. The Town station is about 300 yards from the hospital, and although some of the trains are now diverted to the Harbour station, it is still quite possible to hear them quite clearly especially during the night. I confirmed this with the Matron who resides in the hospital”.

It is alleged by some critics of this form of treatment that it is impossible to recall infantile memories but we suggest that this is clear evidence to the contrary.

Mary has never been back to Stranraer hospital since she and her natural mother left after the confinement 15 years ago. Her foster mother knew nothing of the position of the railway line. *

6th Session. 75 gamma of LSD, 30 mgms and 10 mgms of Ritalin.

The girl attended again with her foster mother and the session was much as before with periods of reverie and a good deal of verbalisation.

Two days later, the foster mother reported as follows:

“When Mary came up from school I found her expectant but anxious about what might happen. Her fears were very strong. She knows that seeing her mother involves pain.

For three successive visits she has started the sessions by wanting to cry, deep unhappy crying which she has held back.

This time she was very close to her mother, closer than at any previous time. She remembered the feel of her arms, the warmth and security of her presence, the feel and smell of her skin.

For long periods it was evident that she was almost toying with the idea of seeing her face, but shying away when she remembered what she thought would happen. As she said: “I imagine she will come through the door and smack my face and make me cry”. She repeated once or twice: “I want to love somebody”.

The third injection (10 mgms of Ritalin) enabled her to release anger mostly directed at me. I felt she was making me responsible

*We have had similar confirmation in the case of a well known American writer aged 35 who had a very frightening experience under treatment of being born “all surrounded by something”. The Chicago hospital where he was born sent a photostat of his notes in which it was clearly stated he was born with a caul.
Psoriasis

for her position, my fault for making her leave her mother, my fault for making her Mary . . . It was a kind of passing the buck, easier and less painful than seeing her mother. I now feel she does not want to let go completely in front of me in case she hurts and upsets me.

I feel that seeing mother must be private, perhaps a little sacred.

Her skin seems to get steadily better and she is much happier at school. Everyone is commenting on how she is changing as a person, becoming much calmer and happier."

7th Session. 75 gamma LSD and 30 mgms and 10 mgms of Ritalin.

The patient came two weeks later and the foster mother's report was as follows:

"I feel a lot of progress was made with signs of a breakdown in her resistance and I think she accepted for the first time that her breakthrough is something she must do for herself.

I had the feeling she had matured with treatment and had acquired more self confidence and optimism.

I think she is a little lost and helpless and afraid because the pain she fears cannot be spared her.

Her psoriasis is much clearer than it has ever been since it started seven years ago which in itself makes her happy."

8th Session. 75 gamma LTD, 30 mgms and 10 mgms Ritalin.

The patient approached the session with much more confidence and worked through a great release of feeling.

The foster mother's report was as follows:

"Mary came this time determined to finish her treatment if possible.

At first she only played with the idea of seeing her mother. Then suddenly the idea took grip and she saw her, the picture being the one I remember the day I adopted Mary. At first there was disbelief then certainty. She cried, a quiet hurt little cry, but not for long. She was surprised the experience was not more painful and said "What was I afraid of? I thought it would be like a blow in the face".

She was greatly relieved it was all over and was very thoughtful for a long time and appeared to have used up the drug very quickly.

Later she started talking, analysing all her friends but I felt she could not tackle me as a problem. I was something that
would take time to sort out, she was eager to go home quite early. She had accomplished all that was necessary and wanted to leave it behind, not to be bothered, not to have to think about it, almost a little sad and not quite understanding her lack of emotion, on seeing her mother.

She is an imaginative child and had built up pictures of her mother as beautiful, gracious and talented and until now had rejected this ordinary everyday one, and it would all take a bit of digesting. I felt she almost preferred me despite my shortcomings — not beautiful, not talented and too old. In the past she was so often critical of almost everything about me, particularly my middle-aged appearance.”

Progress report from the foster-mother:

“I found over the school holiday a happiness, security and almost an understanding of my shortcomings. I felt I was no longer being goaded into competition with another unknown personality.

She fusses about her looks and her endowments by nature but there is a big difference. Before treatment there was an air of despair, nothing was right and nothing could ever be right and it didn’t matter as no one would ever bother about her. Even I didn’t care as long as she passed her exams, nobody knew and nobody cared how she felt.

That has all gone. All her self-criticism is a building for the future which appears bright and hopeful, rosy even for the first time. She has an evening dress such as she never hoped to wear and is conscious of her potential attractiveness to the opposite sex. Marriage is now an eventual possibility. She would like to have sons.”

Afterwards the foster-mother reported:

“I feel she doesn’t want to speak of her treatment. Her past is a horrible nightmare which has gone, and although she knows it will not return, she will not dwell on it just in case all her worries and ugly thoughts take control and she is back where she started. This is why I feel she must write you, to bring all her boggy men out into the open and examine them”.

Some days later, her foster-mother wrote again:—

“Mary has decided on one or more treatments. She says she
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knew it would be necessary as the picture of her mother was incomplete”.

9th Session. 75 gamma LSD, 30 mgms and 10 mgms of Ritalin.
The patient appeared much calmer in herself and seemed much more co-operative. Her foster mother sat with her throughout the session and as before Mary fluctuated between silent reverie and verbalisation of her experiences.

Her foster mother's report of the session was as follows:—

“Mary used the mirror a great deal and saw again the face that frightens her. “It is horrible, a drooping eye, all the skin all wrinkled and spotted”.

She would not continue to look and it makes me wonder if it is the matron of the old ladies' home who took her from her natural mother and brought her to me.”

(The foster mother explained that Mary and her natural mother left Stranraer hospital two weeks after the birth and they were lodged in an old ladies' home for some weeks until the adoption arrangements were complete.

As stated previously, the foster mother met the natural mother once but she actually received the baby from the matron of the home whose appearance was very unprepossessing. The matron was in her late fifties. — Authors).

“After putting aside the mirror, Mary concentrated very hard after the first injection of Ritalin which seemed insufficient to let her go back and see herself as an infant.

She then asked for another injection as she seems to have a much more composed understanding of the treatment. (She was given 10 mgms of Ritalin intravenously — Authors).

Immediately after this injection, she felt happy and said she felt warm and peaceful inside.

She later asked for a baby's bottle and drank the warm milk with a smile of real happiness. She was sitting on my lap like a baby and said . . . “I have never been so happy in my life before—This is what I have been waiting for all my life”.

She asked to have her back patted to bring up her baby wind.

This was obviously a most important experience for her, something to hold on to and she tried to recapture it, but without success — Afterwards I caught her taking long looks at me and there was no longer any resentment against me.
Condition of Patient Before Treatment (i)
PLATE II

(Photograph Unit, R. Soc. Med)
Condition of Patient After Treatment (i)
(Photo Unit, R. Soc. Med)
Condition of Patient Before Treatment (ii)
(Photo Unit, R. Soc. Med)
Condition of Patient After Treatment (ii)
She wanted me to sit close to her and hold her hand. She was very tired on the way home.”

A week after this session, the girl wrote as follows:

“I feel happier in myself and not depressed. I don’t have tension any more, and I don’t feel as though I stick out any more than anybody else. I feel in myself that I am more understanding towards others and I have a lot more patience. I find it easier to get along with others, and easier to mix”.

Her social improvement is evidenced by the following report from her Headmistress:

“Mary is much steadier and more reasonable this term. Her calmer attitude should help her to achieve a very high standard. It is very gratifying to see the beneficial results of the treatment she has been receiving.”

10th Session. 75 gamma LSD, 30 mgms of Ritalin and 10 mgms of Ritalin.

Following the previous session, the foster mother reported that Mary was much calmer and more relaxed. Shortly after her return to school she wrote saying that she felt that there were still a few problems to be settled and that she would like to come back for one more treatment.

In this connection, it is our experience that the patient knows from their inner feelings when treatment is complete.

The following is the foster mother’s summary of this session:

“I think she freed herself from her mother. During the treatment, she told the Sister to leave the room with great emotion and the Sister represents her real mother to her. This was a great releasing experience, but I do not believe the treatment is complete”.

Two weeks later, it was evident that Mary still had some residual tension, and asked for another session.

11th Session. 75 gamma LSD, 50 mgms of Ritalin and 10 mgms of Ritalin.

The foster-mother’s report was as follows:

“Mary came for treatment thinking there was just an odd pocket to be cleared up, but left at the end feeling frustrated and
Psoriasis

edgy. She had asked for additional injections (of Ritalin) but could not reach that elusive something causing her so much discomfort”.

This discomfort continued and she could hardly wait for her next treatment. She arrived, determined to find the reason but with no idea where to start.

12th Session. 75 gamma LSD, 50 mgms Ritalin and 10 mgms Ritalin.

“This session was wonderfully rewarding, and she tried hard to understand what still had to come to the surface. She asked for another injection (of Ritalin) and shortly afterwards asked if she would die. She said this feeling was concerned with her birth. She felt she nearly died when she was born and had a taste of blood in her mouth. Then she had a dreadful sensation of dying and was terrified and crying just like a baby.

Later she refelt this experience of nearly dying at her birth and afterwards said how much she hated the summer. I felt her fear of the summer was really a fear of dying, a repeat of when she was born; she was born in July. I feel that this apprehension is one of the main factors in her psoriasis.

Following the last injection of Ritalin, she once more felt as if she was a baby dying, but more at peace than before. She cried again like a new born baby, and then asked me to leave the room so that she could sort things out for herself”.

Following this last session, Mary became progressively calmer and two weeks later said she did not need any more treatment.

She had a very successful term and wrote saying that life was now a wonderful place and that she felt peaceful inside.

Six months later she and her foster mother were seen again. Mary said that all was well and she now looked forward to growing up and marrying. She had set her heart on having sons.

The foster mother reported that she was now a happy peaceful schoolgirl and that she was mixing normally with boys, in whom she now showed considerable interest.

Her skin condition reflected her equanimity as evidenced by the photographs between pp. 156—157.
Summary

Here then is the detailed description of the alleviation of a case of psoriasis under LSD and Ritalin.

There has been a fundamental change in the personality of this girl. Prior to treatment, she was afraid of growing into a woman which she realised meant rejection by young men on account of her severe and repugnant psoriasis.

Today she is a happy adolescent who has lost her psoriasis, has gained full confidence in herself and looks forward to the future with justifiable hope. She has matured remarkably and is at peace with herself and her family.

It is to be hoped that this change is permanent and is due to the release and acceptance of her mixed feelings of love and hate towards her natural mother from whom she was separated at the age of three months.

Of course it is not contended that all psoriatics have this sort of background but judging by Wittkower's findings and the result with this case, it is suggested that all such individuals have severe unconscious problems. Individuals who fulfil the criteria for LSD and Ritalin treatment should be able to release these conflicts and thus alleviate their psoriasis. As the condition is so disturbing to the patient and to others, the conscious motivation is likely to be good. Further research with large numbers of cases of psoriasis and other forms of neuro-dermatitis is clearly indicated.
REFERENCES TO CHAPTER XII

(1) Bolgert, F, & Soule, G.

(2) Driver, G. R.
Private communication, 1962.

(3) Dupenat, B.

(4) Mackenna, R. W.

(5) Murrell, S. & Murrell, P. J.

(6) Seitz, P. F. D.

(7) Sequeira.


(9) Wittkower, E.

(10) Wittkower, E.
The previous chapters of this book have been devoted to the practical methods of using LSD and Ritalin and to cases illustrating their effects.

It is hoped that these contributions will have been of interest not only to practising psychiatrists but to anthropologists, sociologists and social workers all of whom are concerned with man's deep emotional life.

Quite apart from its practical applications, and limitations, there are many pure scientists who are concerned with the theoretical aspects of the action of LSD.

For their benefit, this chapter attempts to epitomise current scientific thought and publications up to the end of 1962.

There are already 900 references in the world literature so that any survey has to be selective, and we apologize to the many research workers whose contributions have not been noticed, and which may well prove of outstanding importance in a field of knowledge where there are still so many complex gaps and where advance is so rapid.

The Psychopharmacology of Lysergic Acid and Ritalin.

Hallucinogens and a number of other drugs have been used for centuries to produce transcendental experiences, relieve anxiety, attempt to communicate with one's ancestors, produce religious states and enhance self-understanding.

As Cerletti (3) has pointed out, the first scientific discovery and description of the hallucinogenic drugs was by the Spanish conquistadores of the Aztecs in the 16th century. Spanish historians described the drugs in detail and the symptoms they produced but this information was subsequently suppressed by the authorities.
In 1888 the German pharmacologist Lewin had brought back from Mexico a plant subsequently named in his honour, and a few years later, the pure active principle had been isolated by Heffter and called mescaline because scientists had erroneously associated it with the Aztec’s inebriating beverage—mescal, and they had transferred that name to what the Aztecs had called peyotl.

In 1898 Havelock Ellis (6) described an experiment with mescaline that he had conducted on himself and Weir Mitchell described analogous experiences in the British Medical Press (14).

Amongst the known hallucinogens the most extensively used in recent years for psychotherapeutic purposes is LSD. Of all the psychomimetics this one is the most powerful but as yet the mode of its action on the central nervous system is not fully understood in spite of the fact that over nine hundred publications connected with this drug have appeared to date.

The history of these investigations goes back some 40 years. In 1923 it was found that ergot alkaloids possess central non-toxic action, and inhibition of depressor reflexes was described. LSD is the link between the naturally dehydrogenated and partially synthetic alkaloids of ergot.

Rothlin (16) quotes most of the relative findings. He describes how Hoffman in Basle in April 1943 working on the synthesis of lysergic acid in the hope of producing an anaesthetic, injected some of it accidentally into himself and subsequently experienced sensations of vertigo, restlessness, lack of concentration, distortion of shape and interference with imagination.

**Pharmacological Data**

The presence of an indole ring in Lysergic Acid producing its resemblance to Serotonin and Reserpine has suggested some of the mechanisms by which this drug may act. The tartrate of LSD is readily soluble and can be given by mouth. The drug, whether given by mouth, intravenously, or intramuscularly is rapidly circulated to all the tissues of the body. Clinically it is unwise to inject it intravenously. The highest concentrations are found in the liver and lowest in the brain. From the liver it is rapidly excreted with the bile into the intestinal tract. This excretion takes place within 2 or 3 hours as measured by using labelled carbon atoms. In human beings the psychological symptoms do not set in till about 20 minutes after administration. These facts make it difficult to believe that the psychological effects of LSD are purely chemical. It seems that there
is a general interference with a number of transmitter mechanisms in the central nervous system. At one time it was thought that the action of LSD was due to its antagonism to Serotonin. This hypothesis was found untenable as there are other substances whose antagonism to serotonin activity is equal to that of LSD, and which do not produce the psychomimetic action of the latter. The converse is also true. Mescaline, which is a strong psychomimetic, is not an antagonist of Serotonin.

Toxicology

Rothlin (16) points out that the sensitivity of LSD differs from species to species. Poisoning is not specific, producing both autonomic and somatic symptoms including mydriasis, piloerection, salivation, vomiting, increased reflex activity, ataxia, and spastic paralysis. In experimental animals, death occurs from respiratory failure following massive dosage. Experience has suggested that there is no cumulative effect and that tolerance is usually produced slowly. Clinical experience suggests that in some individuals the drug continues to act intermittently up to about a year after treatment. It is difficult to say if this action is pharmacological.

Distribution in the Body.

As already mentioned the absorption is rapid and LSD appears in all organs of the body. Axelrod et al (1) found LSD present in decreasing amounts in body fluids, plasma, bile, lung, liver, kidney, brain, intestine, spleen, cerebro-spinal fluid, muscle and fat. Axelrod et al also showed for the first time that LSD passed into the cerebro-spinal fluid in measurable amounts. He and his colleagues found that the guinea pig liver is the only tissue that metabolises LSD in vitro.

Action of LSD in the Body.

Rothlin and Cerletti (17) have shown that there are two basically different types of action, one being a direct peripheral action and the other the action on the central nervous system.

1. Direct Peripheral Action.

There is a constriction of the rabbit’s uterus, 1.5 times weaker than with ergometrine. There is also a constriction of the vessels of rat’s kidneys and rabbit’s ear. In the intact animal the depressant action on the vasomotor centre results in a fall of blood pressure. There was found to be a selective antagonism of Serotonin but also an imitation of its action. Gaddum (9) showed the antagonism in the isolated uterus of the rat and on smooth muscle of other organs.
2. Effects on the Central Nervous System.

Marrazzi, (11) has shown that these are both sympathetic and para-sympathetic. He suggests that the net result depends on the type of the synapse involved, being either axodentric or axosomatic. Mydriasis has been found in the mouse, rat, rabbit, and man. There is an increase in the blood sugar. Action on the heat regulating centre increases the temperature in the dog, cat and rabbit while small doses may produce decreased body temperature. Piloerection is induced in various animals. Rothlin et al (18) have shown that all these autonomic responses are sympathetic and of central origin since pre-treatment with ganglion blocking agents or sympatholitics inhibit them (Rothlin et al), (18).

There are also para-sympathetic responses, such as salivation, lachrymation and with higher doses, nausea and vomiting. Blood pressure is not affected significantly by small doses but higher doses in the cat may produce bradycardia through central vagus stimulation and a fall in blood pressure through depression of the vasomotor centre. In man when the psychic effects are at their maximum, blood pressure is slightly raised. There is no significant change in cerebral blood flow, vascular response, oxygen consumption, glucose utilisation, arterio-venous oxygen differences or respiratory quotient. Other autonomic affects are disturbance of urination, such as diuresis or retention, and occasional uterine cramp.


These are both pyramidal and extra-pyramidal with uncoordinated intentional movements and unsteadiness of gait proceeding to spastic paralysis with massive dosage. Higher doses may produce catatonia.

4. Psychic Effects.

There is a marked fluctuation of mood and behaviour. The subject experiences hallucinations which are mostly optical with distortion of body image, depersonalisation and psychic states. All these simulate a functional psychosis, but without gross impairment of memory, orientation or awareness. Rothlin (18) stresses the fact that characteristic of the psychological response is the individual reaction and that all components of the experience may fluctuate within a space of seconds. Consciousness may remain clear with occasional upsets of feeling, intoxication or frank confusion. Powers of self-observation and introspection are increased. Judgment, memory and insight into the experience is nearly always retained. There can be pre-occupation with one idea, or attention and concentration vary.
throughout the session. There may be fluctuating euphoria or depression with appropriate manifestations, while occasional apathy progressing to stupor has been reported with high dosage. This is clinically undesirable.

In the perceptual sphere there are pronounced hallucinations, the visual sphere is particularly distorted, perspective is incorrect, distances over-estimated and colours seem brighter and shadows very intense. Hallucinations may consist of flashes of light or be more complex, such as geometrical figures of objects or signs. In the realm of hearing, Rothlin stresses hyperacusia and illusions with occasional tone hallucinations. There can be hallucinations of taste and smell. Some patients describe hypo-aesthesia and para-aesthesia, together with feeling of being wet from urine. Many patients, with problems arising from their toilet training, secure great emotional release from urinating in the bed while in the session and this receives full approval from the therapist.

5. Depersonalisation and Derealisation.

In the somatopsychic sphere there is a feeling of strangeness or distortion and displacement of parts of the body. In the autistic sphere there may be the impression of looking at oneself from a distance or being cut off from the rest of the world associated with autism, withdrawal and indifference.

Theories of Action of LSD

Cohen (4) has summarised some of the conflicting views very succinctly. He points out that LSD facilitates the transmission of impulses along specific afferent pathways, e.g. visual and auditory, and inhibits axodendritic synaptic areas which are involved with body image, the maintenance of ego-identity and defensive mechanisms against psychic pain and anxiety. Thus there is a loss of ego boundaries and the breakdown of ego defences giving rise to depersonalisation, derealisation, oceanic feeling with transcendental or mystical experiences. This may be a return to an earlier developmental egoless relationship with the environment and a return to the pre-logical state similar to the Freudian primary process.

Elkes (7) believes that LSD alters the coding of sensory information reaching the brain. This may be compared with sensory deprivation. Margaruzzi (11) suggests that the experiences may be produced by direct perversion of normal patterns of neuronal activity, or indirectly, by such inhibitors impeding the flow of impulses from higher controlling centres. This releases the more primitive symptoms and less well adapted patterns of activity that we call abnormal.
Recent Views about the Action of LSD.

As pointed out in the preceding paragraphs, there is no general agreement as to the actual site and action of LSD on the central nervous system. The difficulties of the investigations have been partly due to the minute quantities of the drug needed to produce effects in man. Elkes & Bradley (2) were amongst the first to point out that LSD produced an arousal effect and more recently Bradley (2) has observed that the central action of LSD is related to the afferent collaterals of the reticular formation, although it does not act directly on the collaterals themselves. Rothlin (19) stresses the fact that LSD in a general activator of the Central Nervous System stimulating the reflexes of the spinal cord, centres in the medulla and brain stem. He observes that LSD is a specific antagonist of Serotonin in vitro, but in vivo this action does not seem to be as direct or as simple. The same applies to the inhibitory effect of LSD on cholinesterase. Monroe (13) stresses the importance of Purpura’s (15) work who observed that LSD affects differentially synaptic transmission in the central nervous system. Other workers have suggested that the overall picture is sympathetic over-stimulation accompanied by periodic para-sympathy, while direct action on the hypothalamus seems doubtful.

Smythies (20) points out the close chemical relationship between important constituents of the brain and hallucinogenic agents. He writes as follows:—“Catecholamines and tryptamine derivatives such as 5 — HT are found in those parts of the brain concerned with the highest control of the autonomic nervous system. Simple chemical modification of these similar compounds leads to the production of potent psychotomimetic agents such as mescaline, DMT, psilocybin and bufotenin. Furthermore, most psychotomimetic agents seem to act as central stimulants of the sympathetic nervous system and as peripheral sensitizing agents to the action of adrenaline”.

Elkes in 1958 (7) pointed out that the turnover of naturally occurring catecholamines effects the storage or releasing of old and formerly coded integrating parts including those effecting emotional expression and experience.

As stated previously, LSD in appropriate doses accentuates anxiety by the release of these archaic and repressed experiences and feelings, referred to by Elkes. In the past many patients found the treatment very frightening, and the coincident use of Ritalin has provided a major advance in the use of LSD clinically. The Ritalin certainly modifies the LSD and at the same time enables patients to face up to their problems with penetrating clarity.
The Action of Ritalin.

Ritalin was synthesized by Ciba in Basle in 1954 and is Methylphenidate hydrochloride. It can be given orally, intramuscularly or intravenously and is a mild cerebral stimulant. Drassdo and Schmidt (5) and others have proved its efficacy clinically while its pharmacology was described by Meir & Tripod (12) who reported that it stimulated co-ordinated motor movements in normal animals and is free from circulatory side effects as was also emphasized by Ferguson. (8)

Ritalin is a central nervous stimulant with an action intermediate between that of the amphetamines and caffeine. Its action is much smoother and less likely to cause agitation than amphetamines. It has no significant effect on the blood pressure, respiration or heart rate.

Hess (10) has postulated that the subcortical system consists of two mutually antagonistic divisions, the trophotropic and the ergotropic divisions. The trophotropic division integrates parasympathetic and somatomotor activities to produce behavioural patterns that conserve and restore energy. Trophotropic stimulation results in sedation, increased parasympathetic activity and decreased muscle tone.

The ergotropic division integrates sympathetic and somatomotor activities to produce patterns of behaviour which prepare the body for positive action. The ergotropic division results in arousal, increased sympathetic activity, enhances skeletal muscle tone and produces an activated psychic state. Mescaline, LSD, the amphetamines and ephedrine stimulated the ergotropic division. Ritalin also stimulates this division, but it has only a minor direct action on the peripheral autonomic system.

The combined action of LSD and Ritalin.

LSD belongs to the group of psychomimetic drugs. These differ from other psychotropic drugs as they produce a profound and acute change in the sphere of experience, perception of reality, appreciation of place, time and consciousness of self. Taken in minute doses either orally, intramuscularly or intravenously the drug, while preserving consciousness, enables the subject to experience a dream-world which may seem to him more real than the customary one.

This state has been labelled as reverie, fantasy, dream, transcendent-al experience, or religious experience, according to the nature of the perception and the persuasions of the observer. Persons, objects, and perception may alter in their physical form, intensity, emotional component, symbolic character, and intrinsic
meaning, depending on the personality of the patient, on the stage of intoxication and the dose of the drug. This means that what a person experiences is the result of some 500 million years of evolution as well as the person's personality and circumstance.

It is an understandable fact that throughout all anthropological studies man has been found to look for an answer and meaning to life and to escape from or adapt to hostile internal or external environment with the aid of drugs.

Throughout the many thousands of years of evolution, a number of adaptations had to be made in order to allow man to integrate the various stimuli and to develop a system which would enable him to remain alive and reproduce himself and to function as a social unit.

New areas of the brain had to be developed not only to integrate, but also to inhibit primitive, survival-orientated impulses and to enable him to store stimuli and act on them later. It is this ability to defer action and to act in a purposeful and objective rather than in an instinctive way that distinguishes the well-integrated man from the child, the primitive man or the neurotic.

As man’s awareness of himself as a separate character developed, new problems arose out of the need to identify, without which he could not sense the needs of others, and without which he could not feel personal guilt. The awareness of oneself as a separate individual and the creation of anxiety which had to be coped with rationally, created the need of a secondary process by which the individual can learn to cope effectively with internal and external threats. Thus we can reconcile the idea of the ego-formation and the physical idea of inhibition.

Ritalin modifies LSD and enables substantially smaller doses of the latter to be used. Why the combination should have such a penetrating effect on patients is not clear but the evidence based on patient's subjective experience, emphasises the very marked difference between Ritalin and Methedrine from all points of view. Ritalin and Methedrine. In our estimation Ritalin has irrevocably replaced Methedrine from all points of view.

Although Ritalin has rather similar effects to the amphetamines, it has the following important advantages:

1. The action is smoother and far less likely to make the patient 'jittery'.

2. It improves the patient's mood without the excessive elation produced by methedrine. The self critical attitude is unimpaired and is much deepened.
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3. Both the onset and waning of effect are more gradual with Ritalin than with the amphetamines, so that patients do not have marked swings of mood.

4. Unlike Methedrine, Ritalin has little effect on the circulation.

5. Ritalin has an extremely low toxicity and is equal to caffeine.

It has been used both orally and intramuscularly in conjunction with LSD but with uncertain results. When given intravenously to patients under LSD it has an immediate and penetrating effect.

It is to be hoped that this brief summary of the pharmacology of these two drugs will be of value to those concerned with the research aspects of the subject but the subject is vast progress in knowledge is rapid and a number of scientific disciplines are involved. The years ahead may well witness a major breakthrough in scientific research that will be of value not only to medicine but to religion, philosophy and law, and most important of all, Man's real knowledge of himself.

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