ANALYTIC WORK WITH LSD 25*

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A. Theoretical Remarks

1. *Introductory Explanations*

The following paper is an attempt at evaluating the use of LSD 25 as an aid to deep analysis. No attempt is made here to enter into the discussion of the various aspects of the biochemical actions of the drug (for example, its value in exploring the phenomena of schizophrenia and their possible antidotes in terms of biochemistry).

Instead, this paper is solely concerned with the psychotherapeutic aspect of work with the drug and the way in which it can be integrated into general analytical procedure. In addition, some theoretical inferences will be drawn, as it seems that analytical work with the drug can help to throw some light on the dynamics of psychological processes generally.

However, before going into these questions, a few general data on the nature of the drug and the technique employed in the use of it may be useful.

The trade name "LSD" stands for *lysergisch-saures Diathylamid* (lysergic acid diethylamide). It is a synthetic preparation of a substance (d-lysergic acid) originally extracted from the ergot fungus, which was first prepared by Stoll and Hoffmann in 1938. In 1947 and 1949 Stoll reported (quoted in Sandison, Spencer and Whitelaw, 1954[1]) "... in detail the chemistry and pharmacology of the drug and considered that the symptoms produced by LSD 25 in the normal subject were the expression of an acute exogenous psychosis analogous to that produced by alcohol, opium, cocaine, hashish, mescaline and the amphetamines."

The state produced in the subject under LSD has in fact often been compared to an artificially-induced schizophrenia; and, since the first publications, most of the literature has been devoted to the effects of the drug on the various biochemical and physiological processes, in animals as well as humans. The different biochemical and physiological effects produced by the drug on so-called normal people, as well as on neurotics, or even psychotics, have been the

*This report is based on a paper read at a meeting of the (British) Society of Analytical Psychology in 1957.

main objects of consideration. There are also a number of papers which record psychological changes produced by the drug in normal as well as abnormal subjects, changes which all point to the fact that, through the chemical action of the drug on the human organism, the higher functions of the brain are curbed, and, as a result, normally unconscious contents may emerge into consciousness.

However, there are very few papers so far which consider the psychological changes produced by LSD from the viewpoint of dynamic psychology, and only two of these, to the writer's knowledge, those of Sandison[2] and Frederking,[3] give any psychological interpretations (Sandison mainly along Jungian lines).[2] This paper attempts to do just that.

The main feature that has struck everyone who has concerned himself with the psychological effects of LSD is their *unpredictability*. In spite of certain typical reaction patterns, no two LSD sessions are ever alike—either in different people or in one and the same person. To an analyst, this is not surprising, as the main psychological feature of the drug is a facilitation of the emergence of unconscious material, which, though it follows its own psychological laws, may appear to anyone but an analyst to be completely arbitrary. Thus the experiences of persons under LSD have much in common with dreams or visions or images of the active imagination, but they also include actual hallucinations, alterations of the body-image or drastic changes of mood to the point of actually inducing psychotic behavior, such as violence, often coupled with paranoid states, severe depressions to the point of actual attempts at suicide, phenomena of depersonalization, and phenomena of altered or distorted perception of the outer world.

With all such possible reactions, even in normal persons, it is obvious that it would not be safe to give the drug without adequate supervision to anyone who was not on fairly good terms with his own unconscious. Such supervision, if possible, should be inside a hospital.

The way to deal with patients under LSD varies from analyst to analyst about as much as analysis itself. The writer's aim has always been to use it as sparingly as possible and to keep the *main accent on the analysis itself*. The writer has had patients who, in two years of analysis, had only two or three sessions with LSD.

With others it was found helpful to give the drug weekly, fortnightly or at intervals of a few weeks for certain periods during the analysis, and then perhaps have long periods without it. It is obvious that the drug is resorted to when the patient's material is not coming forth sufficiently for the work to proceed.

This, of course, brings up the question whether it is justifiable to break through what appear to be resistances on the patient's part by using the weapon of a drug. Should not resistances be worked through in patient analytical work; is there perhaps an obstacle in the transference situation which prevents the progress of the analysis; or are there perhaps times of seeming barrenness which in truth may be periods of incubation or assimilation in the unconscious, the rhythm of which should not be disturbed by violent action? Or is it perhaps a simple insufficiency on the part of the analyst that causes the analysis to come to a standstill?*

The writer believes that it is very important for any analyst to remain awake to these problems when working with LSD (or indeed with any kind of "short cut" in analysis), and in this paper the problems will be dealt with again at a later stage. At this point it may perhaps be sufficient to remember that, generally speaking, unconscious processes are of too forceful a nature to be easily deflected, even by fairly drastic measures. As in general analysis, material which may emerge prematurely—i.e., before the patient's general development has caught up with what may be an anticipatory experience—will be forgotten or not followed up after the LSD session.

On the other hand, the danger of a change from a latent to an overt psychosis through the action of the drug seems less than one might expect, as long as the analyst is present during the crucial experiences and can represent the integrating ego-function for the patient.

Last, it seems to the writer that it is no good denying that there are a great number of cases who, for various reasons, would either, not at all, or only extremely slowly, respond to pure analysis, however skilled and well integrated the analyst himself may be, but who, with the help of certain auxiliary means—such as, for instance, this drug—can still be helped.

Because of the drastic nature of some LSD experiences, most analysts now spend several periods during the treatment day with

*Cf. editor's comment on Frederking (Ref. 3).

their patients. Each of these periods may last for an hour or more. The writer herself has, on occasions, spent up to two hours at a stretch with a patient, when she felt the need for it. Between the analyst's visits, many patients feel the need for the reassuring presence of a nurse, or at least of a friend. In *neurotic* patients there is usually a clear awareness that their experiences are produced by a drug; and, with part of themselves, they can maintain the roles of onlookers (similar to the attitude taken up in active imagination).

The closer to a *psychosis* a patient is, the more he will naturally tend to identify himself with, and become absorbed by, his visions or hallucinations; and the more necessary is the presence of an outsider to keep him "sane" or prevent him from "acting out," e.g., becoming violent or suicidal. (Regarding "acting out," see p. 747.)

In the early stages of experimentation, patients were sometimes allowed to take the drug home and have it by themselves. This had, in a number of cases, an almost traumatic effect. Nowadays, most analysts (the writer would think) would be inclined to interpret the drug-induced phenomena while they are staying with the patient and taking part in his experiences. However, the writer finds that it is best to communicate a minimum of interpretation at the time, so as not to interrupt or influence by suggestion the natural flow of the inner events. More detailed interpretation can be given in subsequent interviews, as the patient usually remembers his LSD experiences in almost all details.

In the cases described in this paper, the drug was given orally, and the usual dosages varied between ¼ and 4 cc.,* according to the individual patient's response. The patient spent "LSD-day" in bed. The drug was given in the morning; and the effects of it reached their peak from two to three hours after ingestion, and usually wore off toward late afternoon. In most cases, nembutal was given at the end of the day to counteract the more drastic effects of the LSD. Special precautions were taken to insure supervision of patients in the (rare) cases of spontaneous recurrence of the "LSD shakes," a day (or even longer) after administration.

*Strength, 100 micrograms per cc.

2. *Observations on Effects of the Drug and Its Interaction with the General Analytical Processes*

In trying to describe or to evaluate the qualities of the drug and its psychological effects, one of the difficulties is that it produces so great a variety of reactions. For this reason, most observers have stressed some of the factors, while leaving out, or only hinting at, others.

The fact is generally accepted that LSD facilitates the emergence of unconscious material and that the states produced by the drug frequently resemble, in certain respects, those of actual psychosis. Apart from that, the accent has been put on a variety of separate phenomena, according to the standpoints of the different observers. (This comment is in reference to the literature as well as to lectures and discussions about the drug.)

Stress has been laid on the abreactive qualities of LSD by some observers, whereas others emphasize the need for the reintegration of emerging unconscious material. Some writers stress the value of the revival of childhood memories, whereas others lay emphasis on archetypal experiences (Sandison). In this connection the question of the reality or the symbolical quality of apparent birth-memories (e.g., as re-birth experiences) has been touched upon (mainly by Sandison[2] and Frederking[3]).

Again, some writers have stressed the extraordinary vividness of sensual perception, while others have stressed the similarity of the experiences with the drug to mystical states; or, indeed, both of these aspects have been commented on together (mainly by Huxley[4]; see also the controversy between Huxley and Zaehner). Some have commented on the synesthetic character of many of the experiences (Frederking), whereas others, like Mayhew,[5] have reported extraordinary experiences with regard to time—timelessness or reversal of time. Further, alterations of the body-image have been mentioned (Sandison).

Almost as complex as the question of the mode and the contents of these experiences is the problem of their effect on the transference situation and the role played by the analyst who administers the drug. But so far very little has been said in detail about this (see Sandison[2]).

In this paper, the writer is trying *first,* to consider the great variety of experiences from one particular angle, through which

may be discovered one guiding principle behind the variety and seeming arbitrariness of experiences; *second,* to present some ideas relating to questions of transference in the use of the drug.

Complementary Character of Material Found to Emerge under LSD

During three years of work with LSD 25 at a mental hospital with both in-patients and out-patients, the writer noticed, more often than would be due to pure chance, that the material emerging under LSD, far from being chaotic, reveals, on the contrary, a definite relationship to the psychological needs of the patient at the moment of his taking the drug.

If one believes with Jung that the activities of the unconscious are to a great extent complementary to those of consciousness, it is not surprising to find that unconscious activity observed under the influence of the drug reveals its *compensatory* character—in a similar way to that observable in dreams, visions (including active imagination) and other manifestations of the unconscious in general.

On the other hand, the writer does not believe it to be begging the question to say that the phenomena observable under LSD seem to confirm, even more clearly than those observed in general analysis, Jung's idea of the *psyche as a self-regulating* system, in which unconscious activities function as compensatory factors in the service of a striving toward wholeness. The teleological factor introduced by Jung into the conception of the unconscious seems to become more obvious when one has the chance of observing reactions to LSD in a fairly large number of patients for several years. Looking at the material obtained in this way, it appears as if something like an autonomous selective process is at work, determining the sequence of the emerging material in a purposive way—as if whatever emerges is just what is "needed" for any particular patient at any particular time, as a factor complementing the conscious personality.

The following categories are meant to serve as a guiding principle for grouping clinical material according to the idea of complementation and compensation. In grouping it, a number of Jung's conceptions are made use of, as it appears that, with their help, a certain amount of system can be brought into the seeming chaos and arbitrariness of LSD experiences.

Categories of Typical LSD Experiences with Special Regard To Their Complementary Tendencies

1. Drastic experiences through sudden activation of one or more inferior functions, for example vivid experiences of sound, color and other sensations, also experiences in the form of synesthesia in intuitive or thinking types of personality. Also, reversal of attitudes (introversion—extroversion).

2. Emergence of repressed material of the personal unconscious—childhood memories and traumata (including, possibly, genuine birth traumata) —experienced not only as memories but with the corresponding physical sensations.

3. Alterations of the body image, by bringing into prominence bodily regions of which the patient previously had been too little aware. (Physical sensations of shrinking frequently accompany childhood memories.)

4. Activation of archetypal (healing) symbolism, particularly in connection with archetypal aspects of transference phenomena (again, experienced not only as fantasy but accompanied by physical sensation).

5. Experiences which seem to resemble those of a mystical or cosmic character, something like an ultimate unity of all creation (cf. the following).

If one accepts Jung's theory of functions at all, Point 1 of the categories is of a complementary nature by definition. Point 2 would be complementary inasfar as the neglected or underdeveloped function is largely bound up with and "stored" in (repressed) childhood experiences. This shows most clearly in many of the experiences relating to alterations of the body image (Point 3). For Point 3, see the illustration from clinical material.

The complementary aspect of experiences of archetypal character (Point 4) is inherent in the very conception of an archetype (Animus, Anima, the Good and Bad Parent archetypes, etc.). As for those experiences (Point 5) which have been compared to mystical experiences (whether rightly or wrongly so is not of concern here), these are usually not only synesthetic but also contain a sudden new awareness of "meaning" (see the following). It would seem that here, too, a successful complementation, through the momentary working together of all four functions, has been achieved, to result in a momentary experience of "wholeness"—or to put it into more strictly Jungian terms, that in such experiences the archetype of the Self is, if only momentarily so, being realized. (See Scott[6, p. 156].)

Theoretical Observations on Transference with LSD (Including Question of "LSD Groups")

Before illustrating the problems of transference, in connection with LSD treatment, from clinical material, some theoretical remarks may again be of use.

As in general analysis, transference phenomena under LSD vary widely in range and intensity, and the handling of the transference varies from analyst to analyst and from session to session. The analyst may be the almost entirely objective observer who, during any one session, passively accepts projections, or he may enter into a relationship with the patient and either "incarnate" or interpret projected contents (Plaut[7]).

As, however, under LSD the ego-threshold is rather suddenly lowered and the patient's defenses against the impact of emotional and instinctual or archetypal contents are suddenly weakened, a greater amount of anxiety may be engendered than is usual in general analysis. Due to this, there is a much greater need for reassurance which, just because of the relative absence of rational ego-forces, can at times only be satisfied by the most direct and elementary comforting contact, that is, physical touch.

As the drug is instrumental in producing a state of regression to a phase of development before the ego was strong enough to cope with the id-forces, it is obvious that the *contact by touch,* the only thing the patient can understand at such times, revives and represents (as *pars pro toto*) his first experiences of security in the physical embrace of the mother (if not, indeed his experience inside the womb), thus reviving the experience of the "primal temenos"* in a more direct way than is usual in general analysis.

At the same time—because of the proximity to the archetypal sphere—it is precisely at such moments that the transition from the personal to the archetypal (healing) experience can take place.**

To obtain needed reassurance it is, at times, not even enough for the patient to feel the analyst's hand touching him, but he himself may have to touch the analyst, or his clothes, etc.** In the regressed state into which he has been plunged by the drug, he has a new chance of experiencing the processes of co-ordinating sense

*G. Adler's term (following Erich Neumann's) for the primary state of mother-child relationship.

**See case examples.

impressions (including touch and the sensual experiences of his own body) with his emotional experiences (both old and new ones). In this way, a reorientation in his object relationships can take place on a level more archaic than that of language. Because of the retention of part of the patient's adult consciousness, integration may take place almost simultaneously. On the other hand, experiences of a predominantly archaic character may persist for a certain length of time; it is, in the main, the task of the analyst to find the right moment for breaking the archaic experience and integrating it, by interpretation or action, into the patient's consciousness.

Obviously not all reassurance through contact is representative of the mother-relationship; other early relationships, too, may be revived or re-experienced in a new light in this direct way (by skin contact), as will be seen from later illustrations.

There is another controversial point regarding the handling of the transference. It concerns the long time spent by the analyst with patients under LSD. This, again, is largely determined by the patient's greater need for the analyst (in his various roles), due to the sudden breakdown of ego defenses.

In discussions about the value or otherwise of treatment with LSD, one hears occasionally two arguments which, on closer inspection, seem to be mutually exclusive. The one is that LSD is too dangerous because it may "easily precipitate a psychosis"; the other is that the material produced under LSD is largely due to suggestion—particularly in hospitals where patients talk about their treatment and consciously or unconsciously try to conform, to produce what they believe is expected.

These arguments, if used in this unqualified way, cannot very well be true together; for the drug cannot both be so potent that it causes latent psychoses to become overt, and so impotent that it does not really touch the deeper layers of the unconscious at all and only produces results by suggestion.

However, partly due to the dosage, partly due to the individual ego-threshold of the patient, it is true that occasionally, either phenomenon could happen if the analyst were not aware enough of the part played by the transference. It is true that in near-psychotics it is probably the ego-representing function of the analyst more than anything else that checks the danger of lasting psychosis.

On the other hand, where suggestion does enter into the material produced under LSD, it is again, the analysis of the transference mechanisms behind it (e.g. the patient trying to "please" the parent-analyst, etc...) which can separate the genuine from the falsified; and in the very process of analyzing this, the transference relationship itself can be analyzed.*

However, contrary to some other analysts,[1, p. 505] the writer feels that this should be done in individual sessions rather than in "LSD Groups." The writer has usually discouraged patients from discussing their LSD experiences, not only outside the consulting room but also during group treatment. When occasionally LSD did become the subject of discussion in a therapeutic group session, the danger was felt to be threefold.

First: Though the danger of simple suggestion under ordinary circumstances may not be very great, there is a more forceful factor at work in group discussions of LSD. Due to the extraordinary power and fascination of some LSD experiences, the analysis of any member of the group may become greatly complicated—and his subsequent LSD sessions prejudiced—through contamination of his own unconscious contents with those of other group members, if LSD experiences are recounted and discussed in detail.

Second: Potential harm may come from the opposite direction as well. Through group discussion, the LSD experiences may, in retrospect, be shifted into the ego-sphere and become "encapsulated" there; they may take on the character of something "frightfully interesting" or sensational and, for instance, be subjected to competitive or other drives of the patient's egos, (e.g., the greater or lesser "beauty," "depth" or "originality," etc. of the differing individual experiences). Of course, this, too may be used as material for analysis, but the writer believes that, in the process, the LSD experiences may lose some of their essential values, which lie precisely in their pre-rational, symbolic and pristine character. Like dreams, they ought to be handled with care, not intellectualized or socialized.

Third: It appears to the writer that the transference situation is likely to become greatly confused by the simultaneous impact of two rather heterogeneous phenomena (LSD experiences and group-relationships) of which the one tends to introvert, the other

*See case material.

to extravert the patient's libido. For example, archetypal experiences under LSD may clash with almost simultaneously experienced problems of object relationships in the LSD group.

It follows from all this that the writer is also bound to *disagree with Sandison's view* that patients in LSD groups should either have no individual analysis at all, or should not be analyzed by the group therapist.

Doubting, for the reasons given, that group discussion is the right tool for the assimilation and integration of LSD experiences, the writer thinks that the danger is that unassimilated (or only partly assimilated) LSD experiences will remain like "undigested lumps," often charged with anxiety, in the patient's psychic system. The writer believes she has seen instances where such split off, anxiety-charged islands of very powerful unassimilated material left over from LSD experiences caused blockages against further psychological development.

The matter of *frequency* of giving of the drug is sometimes experienced as the giving or withholding of parental affection. This, too, can become a valuable tool in itself in the handling of the transference connected with problems of feeding and weaning. Giving and denying are thus experienced in a very direct and physical way.*

The general problem about the use of the drug is that of the value or lack of value of introducing physical experiences as "short-cuts" into the process of pure analysis and the interrelationship between them. The same problem is inherent in a previous paper of the author on the inclusion of "body experiments" in the analysis.[8] It appears to the writer, from clinical experiences, that all these short cuts, if used in the right way (that is, if consciously integrated into the analytical process as a whole), are not only permissible but may be even necessary, not only in view of the urgency of the problem of treatment of neuroses, but also because of those cases which would otherwise be regarded as "inaccessible" to analytical treatment.

Resistances and Defense Mechanisms Revealed In Patient's Reaction to Drug

It is usually possible for a patient to resist, to a certain extent, the effects of small doses of LSD. The writer believes that the

*See case material.

amount of resistance put up and the form which resistance takes can be revealing with regard to the patient's psychopathology, as well as to the transference situation. It seems, therefore, possible to use the study of amount and form in the analysis of the patient's defense mechanisms and resistances in general. For instance, many patients will not surrender to the effects of the drug unless or until the analyst is present. In fighting the drug, defense mechanisms, which play a part in the patient's make-up anyway, seem usually to became reinforced and thus made more clearly distinguishable for the analyst, and, if interpreted, for the patient as well.

In this way, the hysteric tendency to escape from unconscious conflict situations into physical symptoms (by conversion or substitution); or the schizoid reaction of libido withdrawal, can often be demonstrated particularly clearly in resistance against the impact of unconscious drives activated by the drug.

The most straightforward form of resistance seems to be that of the obsessive. In his case, the defensive character of his symptom seems to have undergone less transformation than in cases of schizophrenia or hysteria. This is probably the reason why, as has been observed before, obsessions respond particularly well to treatment with LSD. It almost appears as if there were not only a more direct connection in this case between the defensive function of the symptom and the warded-off tendencies, but also a greater readiness for the defenses to "burst" and allow the unconscious—and complementary—activities to come into consciousness. The reason for this may be that in obsessional cases a more closely circumscribed part of the personality is affected than in other disorders.

As for phobic states and anxiety cases, they would appear to be related to hysteria rather than to any other forms of neurosis in their reactions to LSD. However, more clinical observation would be needed to substantiate these tentative ideas.

B. Illustrations From Case Material

In selecting the following samples of case material to illustrate the preceding ideas, there has been an attempt to group them as far as possible according to the different aspects of the complementary factors involved in LSD experiences, which have been discussed. As, however, most of the examples given exemplify a

variety of aspects it is difficult to adhere rigidly to this kind of grouping, without referring at the same time to the other aspects involved, as well as to problems of transference.

Examples of Inferior Functions and Attitudes Coming into Prominence

One of the most frequently observed features in LSD experiences is the vividness of sense impressions. To the writer it would appear that this feature is particularly dominant in subjects who normally have rather poor perception (that is, persons who, in Jung's sense, have an "inferior" or "undifferentiated" sensation function).

Characteristic of this, was the experience of a professional man —an intellectual and intuitive type (or, in Jung's terms: a man with thinking and intuition as main functions)—who, during his first LSD session, was struck by the sensual impact of things in his everyday surroundings. Colors, especially yellow, appeared "unbelievably bright." On the other hand, this individual was horrified by the shabbiness of the paintwork and the tarnished brass on the house he had known for years. The sudden realization of sense impressions—resulting in elation about the appearance of so much golden yellow in his surroundings, and in depression connected with the sudden realization of shabbiness and decay—could be regarded as a typical way in which an inferior function (Sensation), linked with another one (Feeling), was suddenly brought into play to shed light on one of his major (metaphysical) problems. That was the threat made against the world of the Spirit (expressed in color symbolism as "golden yellow") by physical decay (shabby paintwork and tarnished brass).

Similarly Huxley, in describing a mescalin experience,* after stating that he had always been a "poor visualiser," gives many pages of description of the most vivid and detailed sensual impressions. He, too, in looking at everyday objects and works of art with this newly awakened capacity for receiving sense impressions, obtains through the senses a new understanding of the *meaning* of the picture or the intentions of the artist.

In a similar way the "meaning" of dance and movement as a "language of the body," equivalent to word language, had become apparent for the first time, to a professional woman whose main

*Huxley: The Doors of Perception, Ref. 4.

difficulties in her relationships with other people, particularly with men, had been her too-exclusive reliance on world language. Under LSD, she saw visions of dancing women (of various European cultures, in addition to Oriental); their movements partly resembled ceremonial activities, and partly expressed shades and nuances of human relationships which, as she realized for the first time, could never have been expressed as perfectly in any other medium.

As has been observed, sexual neuroses (perversions and obsessions) respond particularly well to treatment with LSD, partly because the drug frequently heightens the awareness of sexual urges. This in itself may have biochemical causes, but it seems that the particular form of the sexual experiences—or the fight against these—is determined by the "Type" of the patient and the stage of his psychological development.[9] Just as external sense impressions are experienced with so much greater vividness under LSD, so those of the body itself are frequently experienced with an amazing degree of differentiation by subjects who normally have only small relationship to their own bodies. However, corresponding to certain psychological situations, the body may also be experienced in a distorted way (see in the following, alterations of the body image).

The following examples, again, are meant to illustrate the compensatory and complementary character of sexual experiences under LSD.

Connections between Superior Functions and Sexual Drives in Two Compulsive Patients

A rather sedate middle-aged man, an introverted type, suffered from various compulsions, such as a need for checking and counterchecking (inability to close a book for fear of having left something in it, searching the floor for possibly lost objects, and so on). Further, he had an almost fetishistic fascination for women's shoes and provocative underwear, to the point where it had begun to wreck his marriage. He was shy and retiring, with a slight stammer. Thinking was his main function—his Sensation was rather poor.

The typical pattern of his LSD experiences was this: A strong activation of the sexual urge, coupled with visions of sex as the primal mover on all planes of life (expressed in images of a largely

archetypal character), was followed (usually toward afternoon) by speculation and attempts at integrating his visions and sensations into his conscious system of philosophical ideas and moral values. With regard to the transference, the main function of the analyst was to help him in the process of integration through understanding the symbolism of his visions, apart, of course, from the reassurance given by the "good mother" during the revival of up-to-then repressed sexual and masturbatory urges and activities. As will be seen, his experience can be viewed as the coming to life of his inferior functions (sensation and intuition). In this case, sensation was particularly closely linked with sexual repressions. Under LSD, they burst together into consciousness. Here are some of his reports of his experiences:

"Among the first reactions was one of shrinking to a smaller size... It was as though I was trying to draw myself up into as small a compass as possible... My breath was coming in long deep drafts as though I was undergoing great physical exertion. My bones felt supple and pliable, and I was perspiring. The next feeling was one of savage intensity. I felt like a wild animal with fangs bared, breathing heavily, snarling, ferocious and untamed. My arms felt like the front paws of a wild beast with claws. I had the feeling that here were the laws of the Jungle... the survival of the fittest as it were. It was as though I could sense, all at once, the whole of the primitive forces of nature. The fight for life itself and the continuance of it in procreation, with all the elements involved in this, the fight for survival against enemies; the fight for food; the fight for a mate and the protection of her and her young...

"Then there appeared a lot of female forms, swaying in a rhythmic, sensual way. Next the rather savage animal form returned. This time it was directly connected with sexual feelings. It was a feeling of a male animal, something like a stag, with a large herd of female animals, and one by one these female animals were held down with the front legs while the sexual act was performed. There was a rhythmic movement of the loins accompanying these feelings. This then changed to human form and I became aware of my own sexual organs in realizing that I wanted to pass water. There was again a completion of the sexual act with the female form clasped tightly to me in a rather savage, passionate way."

On a later occasion, this patient again had similar sexual experiences in the course of which he suddenly realized that his usual way of sexual intercourse with his wife was unsatisfactory (due to what he then felt to be the wrong position) and that he would have to reverse the position in order to experience the satisfaction characteristic for the male partner. This completely spontaneous discovery which had come to him with great force in that particular session, was, at the same time, linked up with the general problem of self-assertion. It crystallized itself in the following picture:

"I saw myself as a little cell on the ground. The whole world seemed to be trampling over me, and at one stage I was almost pushed down a sewer by the throng hurrying overhead. I clung precariously to the side of the abyss (a kind of grid it seemed), just managing to hold on as it were from total extinction, and my thoughts began to turn to considering what lay inside that little cell, I knew that if only it was allowed to open up and expand and take its rightful place in the world, there lay inside a wonderful power, a living mind with all the ingredients to enjoy life and participate in all its facets..."

It was after these experiences that not only did the patient's relationship to his wife change considerably, but his capacity for self-assertion in general was freed to an extent which, the writer believes, would without the drug have taken many months to achieve.

At another session he relived early shocks after some secret masturbatory activities when his fear of having been discovered by possible traces left behind caused him years of anxiety. The vividness of those relived memories by far exceeded those experienced in general analysis as the body-sensations of those past experiences had a quasi-hallucinatory character: The patient felt himself shrinking to the size of a baby or a small child and re-experienced the world as if with the body and the senses of the adolescent, just as he had experienced the Male within himself to the extent of actually "becoming" the stag or the male wild beast.

After those experiences, he spontaneously connected his obsessional need for "checking" with his sexual fears: that of not being able to hold his sexual forces in check, and his fears of leaving traces of masturbatory activities behind. He also recognized his stammer as a form of "checking" and holding back, again a sym-

bolic attempt at coping with his sexual problem, though this particular symptom was—perhaps even more so than the others—overdetermined. It would go too far to inquire into all the determining factors here.

His attitude of "holding back" had, in fact, permeated the whole of his character. He could not let go in any way, and his fear of being "discovered" had caused a general vagueness in his way of talking, a habitual avoidance of the pronoun "I" (by which he would have committed *himself*) and substitution for it of a vague and general "one" or "a person"—padded by many little expressions to safeguard himself, like an unnecessary "perhaps" or "as you might say."

All this was analyzed in connection with his LSD experiences. His inability to "let go" was overcome at one session when he discovered the following connections: His fear of not being able to keep his sexual forces in check had, at an early age, linked itself with a fear of bedwetting, urination at that point probably having been stimulated by, and partly substituted for, masturbation. The fear of his inability to check either sex or bedwetting seems to have led to a repression which had become so complete that, as a reaction formation, a fear of sexual insufficiency had ensued. It was this which he felt had to be overcome by the extra stimulus provided by high heels and especially provocative clothes. This whole complex became clear to him, mainly in the experiences of one particular LSD session. Here is his report of that day:

"As the drug began to take effect, I started to stretch myself out to my full height and to square my shoulders back. I filled my lungs with air and felt confident, self-assured and able to tackle anything without any hesitation. This sense of power then made itself felt in my sexual organs and my penis felt as though it was the center of this force. I saw myself sitting at a desk, doing various jobs and making decisions without any need for checking them. While I was doing this, an attractively dressed girl came into the room and stood close by. I felt that she was trying to distract my attention from what I was doing and to make me feel emotionally disturbed by her sexual charms. This did not succeed for I carried on with what I was doing with complete control and only when I had finished did I get up and go over to her.

"I then took hold of her, pulled her towards me and had intercourse with her. The vision I had of her while this was taking

place was as she had first appeared, in a fully dressed state. This happened several times, the girl being different every time. None of them were girls I knew. After this I saw a mass of colored lights. It was like a large control panel with a series of indicator lights all over it. These indicator or warning lights kept flashing on and off. I don't think I actually saw this, but I had the feeling that every time one of these lights flashed on, it showed a question mark. I thought that this was my brain and that each of these lights denoted a nerve cell. All these thousands of cells were asking the same questions: *Why? Was it safe? Are you sure?* Everywhere I turned, I was confronted with this question mark until I felt that I was hemmed in on all sides and could not escape. I felt that everything was unstable and that I desperately wanted to find something that was safe and sure so that I could have some anchorage and some firm starting point.

"I began to feel a desire for sexual intercourse again, but this time I felt unsure. I felt that I wanted to find a safe container for my semen. I wondered if I could trust the shedding of my seed into a chaotic and insane world. Eventually I could hold back no longer and had an emission of semen. Shortly after this you came in to see me, and, during our talk, I said that, although I usually felt that it was a sense of insufficiency which worried me, I could now feel that the original fear was one of having too much in the way of sexual feelings and that these had to be suppressed and held in check. You suggested that it was following on this suppression that I had eventually got to the stage that I felt that I hadn't enough and that I had found I needed extra stimulus in order to awaken my desires.

"After this I felt I was having intercourse again with girls who were all providing me with this extra stimulus in one way or another. I was conscious of their bodies from the breast downwards and they were all wearing underwear, stockings and high-heeled shoes. Suddenly I became aware that I didn't need this extra stimulus any more and that I could perform quite adequately without it. I felt that I was in complete control of the situation and that when I was ready I could let go my semen with complete freedom and safety. There was nothing to fear, and it could flow away from me unchecked. When this moment came I had a most wonderful feeling of complete freedom and relaxation. The semen

flowed away from me unhindered and with a sensation of absolute pleasure. There was no holding back, everything was let go.

"Suddenly I pulled myself up with a start and realized that not only was my semen flowing away from me but my urine was also. This brought back two incidents in childhood, round about the age of seven to ten, when I had dreamed that I was passing urine and that it was flowing away from me with complete freedom only to wake up and find that it had actually happened. After this I had always had a secret dread that this would happen to me again and that I could do nothing about it. This fear usually came to me when I was sleeping away from home in somebody else's bed. One of these incidents happened at home and I can remember my father explaining that there was nothing I could have done about it as it came in a dream. The other time was away at camp at the seaside and I kept this to myself and said nothing about it.

"The only other experience I had was when recalling the question-mark picture which I had seen earlier in the day. While thinking about the feeling I had had for the need of some starting point, I saw a stone slab with a cross at one end of it. There was a man kneeling down on this slab and I felt that this was the 'altar of truth,' the place where there was no deceit, no lies, no falseness or excuses. Was this my conscience?"

The question arises whether the accident of bedwetting that occurred under LSD could be regarded as an act of abreaction. To the writer, it does not seem that it was only the abreaction in the "temenos" of the transference, together with the understanding of the meaning and interconnection of his symptoms through interpretation, which had the beneficial effect, but that it was the direct experience through the body—which was complementary to the patient's habitual way of experiencing life "in the head"—which gave an impact rarely felt in general analysis to the experience.

By way of contrast to this case, the second to be discussed is that of a very severe washing compulsion. In this case the differentiated function was sensation and the prevailing attitude extraversion. In the course of her analysis, and particularly under LSD, the patient was led into a greater introversion, and her thinking function became more conscious.

The patient was a young married woman with children, whose life and that of her family had become unbearable through her fear of contaminating others, mainly after touching anything that might have been in—direct or indirect—contact with lavatories, feces, or certain parts of the body. In this case, religious problems and sexual guilt feelings, social inferiority and the problems of death, old age and decay, had all been mixed up. There had also been incidents of infantile sex play and adolescent sexual curiosity—all of which had never been sorted out or understood by the patient, who had been a vivacious girl with rather strong sexual urges.

Under LSD, she had, on various occasions, seen images of writing projected onto the wall of the room. Parts of these writings contained either passages or half-sentences from the Bible, other parts were reminiscent of the rather cheap sexy literature she had indulged in as an adolescent girl. Under LSD, too, a good many childhood experiences had been revived, most of which centered around the clash between her mother's extremely narrow-minded moral outlook and her own sexual fantasies and activities. Physical sensations, stimulated by the drug and in conflict with her spiritual and moral problems, caused a great deal of anxiety. (This, she had managed to ignore before, by an exaggerated extraversion.) This anxiety, caused by the simultaneous experience of conflicting opposites (accompanied by physical sensations), subsided when her thinking function (symbolized as "writings") became activated, and she began to reconsider and to analyze her ideas and values. The role of the analyst in this case was that of the permissive mother, as well as that of the interpreter strengthening the inferior (thinking) function. The symptoms began to disappear when the patient understood them in their symbolical meaning (washing as attempt at *moral* cleanliness, and so on).

Alteration of Body-Image Transference

The next example is meant to illustrate how, through transference experiences as well as through the capacity of the drug to elicit early memories "stored" in the body, the body image may be altered, which, in turn, helps to "unfreeze" formerly repressed parts of the personality.

The case was that of a young man with severe symptoms of depression; depersonalization; attacks of mental blankness; mild

claustrophobia; and a general muscular rigidity, which showed among other things in a—literally—stiff upper lip (which caused his speech to be almost inaudible at times). Further, he complained of headaches and a "dead" feeling of the whole of his left side, particularly of the left side of his face. He had spent his early years with a psychopathic father who, in the end, had committed suicide. After that, the patient had gone back to his mother, a hard and very extraverted woman who, after her separation from her husband, had dreaded that her children might turn out like their father and freely gave expression to that dread.

The patient looked like his father. He was an introverted child who, after an unsuccessful period during which he had made an attempt at adaptation in an extraverted way, had begun to go into a schizoid withdrawal when he came for treatment. His mother's repeated statements that he was "just like his father" had eventually caused an unconscious identification with the father, so that his attempts to blot out his father within himself resulted in unconscious attempts to blot himself out as well (depersonalization symptoms and suicidal tendencies). His "dead" left side, as well as his general muscular rigidity, was expressive of his deadened emotional life. His functions of feeling and sensation had remained undifferentiated, as he had almost exclusively relied on thinking (mainly in the form of speculation) for access to life. This, however, had naturally reinforced his sense of isolation and thus, probably, aggravated his depersonalization symptoms.

His first LSD experiences were almost exclusively concerned with reliving the years spent with his father and the horrors attached to some of the events of those years. These had largely been repressed. After this, his relationship with his mother came more and more into prominence under LSD, as well as during the analysis in general, preceded by a brief spell during which his relationship with his sister was in the foreground. These periods culminated in sessions in which suddenly, through the transference, a violent breakthrough of emotion and sense perception occurred, which seemed to melt, within a few hours, the rigidity of years' standing. During the first of those sessions, the following happened:

He wanted most desperately to hold the writer's hand. When it was given to him, there were, first, all the signs of relief; then he began to feel the hand shrinking until it was the hand of a

small child—about three years old. In fact, it was to him the hand of his little sister from whom he had become separated when she was about three. When they were reunited, the sister was about seven and they had, in the meantime, led very different lives. Since that first separation, he had carried around with him the dreadful secret of his life with his father, about which he had not been able to talk before his analysis. At the moment when he held the writer's—that is, his little sister's—hand, he was able to pour it all out as he had wanted for years to pour it out to her and to share it with her. It was through the pressure of the writer's hand that he recaptured the memories of his early mental *and bodily contact* with this little girl who was his sister, whom he had loved and lost, and to whom, what he poured out to the writer at that moment, was in reality addressed.

On the morning after that session, he brought one of those little folded paper airplanes which, as he said, he used to make in numbers when he was at the age to which the LSD experiences referred. He told the writer that all through those years he had forgotten how to make them, but that, after feeling the writer's hand and talking to her as if she were his sister, the memory of how to make those airplanes had suddenly come back into his hands. (See "storage" of memories "in the body" p. 734.)

At the end of that session he wanted to hold the writer's other hand as well. For some minutes he held his hands, with the writer's inside them, on both sides of his head, so that a circle, like a closed circuit, was formed of his arms with the writer's. During those few moments he experienced a feeling of complete peace and unification of his left and his right sides which ordinarily he felt were split up by a dividing line right down his middle.

It was only after this that he dared, in the two following sessions, to let go enough to permit the projection of a mother-anima image to come into consciousness. Here are parts of his reports:

"Dr. C. comes in, she looks a bit stern—feel I've got to tell her what's going on but it's a great effort. Wish I could pull her inside me. When I can get myself to look at her she seems after a while to look very beautiful in a wise and understanding way. Am looking at every line and feature of her face... Want to tell her how beautiful she looks but feel very foolish. She smiles and seems to understand this... Wish she was my mother—I look away and see or rather feel what my mother is like—indrawn features,

and always gesticulating... begin to cry... Remember girl friends and women—looking into them and seeing for a tiny instant the simplicity and love which is behind them... Dr. C.'s face changes as I look at it—she's younger and I see her as a girl. ... Can see a broad bright background to her. It's like looking into a bright light..." (This was followed by fantasies of killing his own mother.)

The next report starts with descriptions of experiences of dances and colors; it continues: "When you came in my first reaction was to try to cover up these fantasies. This sort of thing happened anyway in real life, when I would be scared stiff that someone outside myself could read my thoughts... I looked across at you sitting by the bed and you seemed to be doing all sorts of things. First you'd float away in a yellow sea... then frowning at me, then laughing at me and I was thinking, 'Damn, you've got this drug in me and I'm completely at your mercy!' I wanted to pull out of it so I could get you under conscious control again. Then I began to think 'What's the use of that sort of thought—get her inside with you,' and with a bit of effort I stretched out my hand and you took it and sat on the bed.

"Immediately it changed. You looked friendly and I wanted to laugh. Suddenly I remembered lots of occasions when I've been with girls and my imagination used to take wings... Suddenly I wanted to laugh and say anything. I felt full of energy and wanted to take you and rush out on the sand and sea that I could see in my mind's eye. To go leaping all over the place and have a really abandoned time—the sort of thing I never experienced with either my father or my mother... because there was always this problem. Suddenly I wanted no longer to feel ashamed or guilty for being me... I just wanted to like being me and revel in being me, with no one to stop me being me ... it felt fine..."

With regard to the first part of his report: the patient had, in fact, been staring at me for a number of minutes, with wide-open eyes and the expression of a child scrutinizing and studying a new person for the first time, wondering whether it was safe to trust. He kept scrutinizing every corner and every line of expression on my face, and I felt I had to present myself as it were without any protection or defense to his judgment. If I had contracted out of the direct encounter at that moment and hidden behind the mask of The Analyst, it would probably have defeated the

whole process. As it was, I had to allow a mental "photograph" of my personal face to be taken by the patient and I could only hope that what it expressed might be "sufficient" to serve as the reassuring mother he was searching for. This does, of course, not mean that the personal face would not be permeated in the patient's experience with archetypal features, yet there was at this moment, through nothing but the medium of facial expession, a directness of "question" and "answer," which, due to the more deeply regressed state of the patient, was more intensive than that usually experienced in pure analysis.

After this, there followed a period during which he alternatingly looked at me and stared at a vision of his own mother—obviously also with archetypal projections. Whenever he stared at that image his face tensed up and showed an expression of pain and even horror. Groans and exclamations of despair alternated with outbursts of hate and fantasies of killing her. Then back to my face again and renewed studying of every feature, with the liberating of little laughs and relaxing of his whole body.

This instance, especially the detail of the "interpenetrating gaze," resembled that cited by Moodie in his paper on counter-transference (which, however, came to my knowledge only long after this incident had occurred).[10] It is perhaps also characteristic that my case was that of a deeply regressed patient in whom processes were at work similar to those in children, who, as Moodie also remarks, "encourage the spontaneity of the analyst..." In this case, too, it was probably the fact that I had "offered" myself for judgment without any defense, and with a good deal of doubt whether my face would be found "sufficient," which reassured the patient enough to lead him to come out of his reserve and to free himself from the grip of his negative mother image (expressed in a loosening of his muscular rigidity). I had to look back at him and allow my face to express exactly what I felt at the moment which, if put into words, might have been something like this: "Yes—this is me—with all those human weaknesses which may have left traces on my face—I can only hope that it will suffice, all the same, to represent a human face that can be trusted..."

It was after those two sessions that his left side came to life. It stayed alive for several weeks; but it was very obvious how, in the daily contact with his mother, he gradually became tense

again. However, with continued analysis and some more LSD experiences of a similar, though less intensive, character, his mother-anima problem gradually solved itself. With that, his left side had finally come to life, and he felt free and relaxed.

Projection of Archetypal Images and Transference

Symbolism indicating the transition from the personal to the collective sphere. An interesting phenomenon which the writer has observed on various occasions is the sudden *projected appearance of an archetypal image behind a personal memory* which itself had been recaptured and relived in the more or less hallucinatory way characteristic of the LSD experiences.

Here is an example. The case is one of an unmarried woman in her early 30's who had come to the hospital with severe depression. In the course of the treatment, strong paranoid tendencies had become apparent. The transference was strongly ambivalent, and during its negative phases it was usually coupled with paranoid reactions. During such phases the patient became wildly hostile and aggressive. She distorted and misinterpreted what was being said or done. During her "sane" periods, she was extremely "sane," and nobody would have suspected psychotic tendencies. Facts from her history: a possessive mother, a rather weak father, sibling rivalries—in particular with one brother who, in fact, had had many privileges over the patient. Accordingly, there was an ambivalent relationship of the patient to her mother who, even in earliest dreams had appeared as a monstrous crab and someone who constantly stood between her and the men's world. Under LSD, religious experiences, which left the patient elated, alternated with experiences of utter misery. Often there was a quick succession of the two types of experience, even in one session.

One morning, about an hour after she had taken the drug, the writer found her in a room out of which she had thrown all bedding and all furniture with the exception of one chair. She was sitting on her bare bed, trembling, with a face distorted with fear, hatred and horror, begging me to leave the room as otherwise she was sure she would strangle me. She also kept repeating, as she often did under LSD, that she must take her own life. She then fell to the floor and said the floor boards were sloping. Mixed up with a genuine hallucinatory experience there was some hysterical exaggeration which, however, disappeared after interpretation.

Here is part of her report:

"It began by my feeling myself growing smaller. I was in a small, strange room, I did not know where. Then I felt I wanted to strangle someone, and when the nurse came in I wanted to put my hands round her throat and squeeze the life out of her. Next I wanted to strangle myself. After she had gone, I strongly felt I must tear everything up. I got a blanket but could not tear it. Then I had the idea that I must get rid of all the things in the room, so I threw out the bedclothes and all the things I could move. I could not even bear to see the flowers on the dressing table, and I wanted to tear up the calendar and the picture of the dog. I just had to get it all out of my sight. I wanted to go into the office and tear everything up. Somehow, a chair was left in the room... suddenly I was so furious that I caught hold of the chair and threw it. I wanted to smash it. Then Dr. C. came, and while she was talking, I noticed that the floor boards were slanting. I remembered that the floor boards in the small bedroom in the cottage [her childhood home] slanted.

"Then the chair began to change and I saw that it was the one that my father had cut down for my mother to nurse my brothers in. I also remembered it used to stand in the corner in the boys' room where I kept my toys, and I used to be frightened of it because I thought a witch used to sit in it. I afterwards felt I wanted to smash everything, and again later I wanted to tear things up and I prayed that nurse would come and bring some papers so that I could just tear and tear. It is certainly an enlightenment to me to realize that a little child could feel all these things and keep them hidden inside himself, but it was also a great shock to me when I threw the chair, but I realized that I had indeed felt this dreadful anger as a little girl but had never really known about it and certainly not let it out.

"Later... I saw my mother driving the sheep down the lane, and I saw a full-sized bear walking among the trees and peeping at me. I saw a wood where the trees were growing almost trunk to trunk and the ground was covered by undergrowth. Then the wood appeared again, but this time someone had started to clear away the undergrowth and also some of the trees, and it came to me that LSD was used to build up as well as break down." (She means it the other way round.)

In this experience collective images, mainly of the Mother-archetype, emerge behind, or just after, her memory of her real mother in the nursing chair. The wood—the trees—the bear—the witch. The witch was actually seen, sitting on the chair in the clinic room. On another occasion, the image of the bear was projected directly onto the Analyst after the patient had experienced "deep longing" for her mother:

"I just felt that I wanted to climb upon her knee... I grew very small and wanted to nestle close to her but realized I could not... the longing for her became more and more urgent until I felt I would have to go to her. I later began to feel that I had got to commit suicide. When Dr. C. came, she looked like a big brown bear. I also remember feeling that I would either have to do away with my mother or myself."

In the first of these examples, the bear was comparatively friendly, and light had begun to penetrate the wood, a result, probably, of the analytical work done in connection with her mother-fixation. Yet there was then no straightforward development "out of the wood." That was going backwards and forwards for a long time. Feelings of jealousy of other patients (brother projections) and feelings of inferiority on her part kept surging up.

The following quotations from some of her reports exemplify how certain archetypal images changed their meaning for the patient during an LSD session through the impact of the transference, so that, within seconds, images assumed a positive instead of a negative character.

"I began to feel that I was lying at the bottom of a pit. I felt that rubbish was being thrown in on top of me and I had to fight my way out."

I suggested that she should stop fighting and I reminded her of the story of Joseph, thrown into a pit. She then relaxed and again experienced a feeling of growing small. Then she heard the ringing of a sawmill saw, and then remembered that she was born near a sawmill. "As I lay, I had the growing conviction that I was going to be born and that it was absolutely essential that Dr. C. should be with me." She then felt that she was "attached to something by a cord, and I could feel my limbs beginning to swell, then I began to feel that life was flowing into me and that I was fed by this cord. I was not actually born, but the feeling

I had was that, if I could retain this feeling, I could ultimately break away from my mother... and that people would have to accept me and my ideas instead of my always trying to conform to theirs."

And here is another occasion where, through the transference, an experience of horror became transformed into one of *integration during the LSD session.* At the beginning:

"I felt I must run away and kill myself... I felt I wanted to jump off a cliff... then I wanted to smash my way out through the window, and Sister locked the shutters. I begged Sister to leave me and lock me in so that I could bash myself to death. I felt inferior, inadequate, and felt that there was nothing worth living for, and there also came a fear of men. I remember Dr. C. coming and telling me to lie down and just let things come. While she was with me, I felt that something was coming from her into my body and that it was giving me strength... When my eyes were closed I felt that there was a room inside me, with red plush carpets and dark red velvet cushions and something inside me went into this room and rested for a while."

As the pit had turned from a place of utter humiliation into an archetypal "womb," so her inner storm center had turned into a center of stillness. In both these instances the presence of the analyst as the "good" and "nourishing" mother had still been necessary; later it was the process of introversion, with or without the actual presence of the analyst, which provided the "womb" inside which rebirth experiences could take place.

In this way a pattern, frequently repeated under LSD, had evolved for this patient. She used to start the day in a panic, with frightening pictures projected onto the walls, the furniture or the people around her, and moods of paranoid aggression or abject depression. If then she succeeded in letting go—and by remembering experiences like that of the changed character of the pit—adopted an attitude of "giving up fighting" (which under LSD she could do much more easily than at other times), these moods were usually followed by images similar to that of the "inner room." There were inner gardens of great beauty, caves into which a light was shining, fountains inside herself, or experiences of "God coming into her," these last usually connected with perceptions of a golden light or with sudden feelings of "a great love" taking hold of her.

Once she saw a cherry tree "standing alone in the middle of an orchard."

"It was a most beautiful shape and covered with white blossoms. After a while I felt a bit of anger creeping in, and as I grew angry the trunk of the tree became misshapen and the blossoms started to drop. I lay quietly and after a while the feeling of love surged over me again and the tree began to grow straight and the blossoms grew profuse again. Sometimes the room changed color... I noticed that these colors had something to do with the way I felt at the particular moment. Mauve seemed to indicate love; green, hatred; and gold seemed to me to indicate reverence and humility (like feeling that I was in the presence of God)." (See Huxley's observation[4] on the quality of LSD experiences as "Heaven" or "Hell," according to the psychological state of the patient.)

These experiences seem to illustrate the capacity of the drug, not only to facilitate the emergence of complementary unconscious material, but also to help to bring about a reversal of "attitudes" (in Jung's sense) in the service of compensation and complementation. In this case the patient's need was for introversion. Granted this, her intuition could be turned from paranoid (extraverted) constructions ("*they* are plotting against me") to genuine spiritual (introverted) experiences.

From her history, it would appear that the patient had been an introverted child who, under the influence of her family, had tried to train herself in a (secondary) extraversion. In the beginning of her treatment, her LSD exeperiences had largely been inner images, frequently projected, the symbolism of which was often surprisingly evident to her at the moment. (At other times, however, the symbolism had to be worked out in subsequent interviews and linked up with dreams or active imagination.)

Contrary to the first examples given, the external world, in her case, became unimportant under LSD and served almost exclusively as a "screen" onto which to project her inner images. Colors, too, were attached practically exclusively to inner images and became immediately meaningful to her for their symbolic value.

LSD, by reinforcing introversion (initiated through analysis anyway), brought her up not only against her own, previously unconscious, aggression, hate and jealousy (stemming from child-

hood experiences); but it also evolved archetypal (healing) symbolism through which her psychotic tendencies could be overcome.

However, she was one of those cases (mentioned previously) whose tendency to turn genuine spiritual experiences outward and use them in the service of their neuroses had to be watched. Thus, her "deep experiences" were often used in the service of her striving for superiority. One had to be very much on one's guard with her to prick the inflationary bubble in time. This usually caused increased hatred and paranoid aggression, and generally initiated a phase of negative transference which, in turn, had to be analyzed.

Another feature mentioned previously, which was particularly striking in this patient, though the writer has found it in others as well, was the fact that the drug was unconsciously experienced by the patient as equivalent to "mother's milk." Consequently, frequent sessions with the drug were felt by her as proofs of love; weeks without the drug were felt as deprivation which, on various occasions, produced reactions of strong hate and of paranoic constructions. This, too, was used as material for analysis. In this way the drug, more or less inadvertently, served a secondary purpose, in that it became an additional means for the patient to experience her own infantile reactions to gratification and deprivation, as well as her own, gradually growing, frustration-tolerance.

Crises like those mentioned demonstrate again that the main value of the drug lies not so much in its capacity to facilitate abreaction as in its capacity to produce more varied and more drastically experienced unconscious material for analysis.

While, during the first part of her analysis, personal memories and archetypal experiences were predominant, it was only at a later stage that this patient could begin to realize her deficient relationship to her body as one of her major problems. This, of course, was closely linked with her sexual problems and her deficient relationship to her mother, resulting in a deficient relationship to herself *as a woman*. In this process, too, LSD assisted in bringing complementary forces into play, partly by sensitizing regions of the body which, before, had been "dead," but also by allowing easier access of unconscious symbolic imagery into consciousness. During several of her first LSD sessions she had seen an image of a woman's face, the right side of which was very beautiful, whereas the left side was a dead and shapeless mass without a mouth, an eye or a proper outline. As her awareness

of her body grew, the left side of that face, in another vision, had been molded into shape. (Also, see the previous case.) At the same time she experienced, also under LSD, a sudden sensation of "unity between head and body," upper and lower half, a problem which her analysis had touched upon, on various occasions before, but to which there had been an extraordinary resistance.

Physical sensation and symbolic vision elicited by the drug, together with analysis and "body experiments,"[8] seemed to prove particularly helpful in this case—as indeed they seem to be in all cases where the sensation function is far removed from consciousness.

Transference, Resistance and Acting Out (with Special Consideration of Hysterical Mechanisms)

As was mentioned before, it appears that, under LSD, the tendency of the hysteric to evade attempts at consciously facing his problems, by producing or magnifying physical symptoms, becomes particularly obvious. Physical effects produced by the drug, and largely ignored by *some* types of patients may become almost the only experience the hysteric realizes, overshadowing practically all psychological changes, and serving, in this way, as a particularly suitable means of expressing resistances. The writer found, for example, that headaches, feelings of nausea, restlessness, etc. which frequently accompany early LSD reactions anyway, made LSD sessions almost useless with a number of hysterical patients, unless or until, through persistent analysis, the patient could accept his reactions as resistances and work through those. The writer seems to have found these reactions so consistently in hysterics, that it almost appears possible to use LSD for diagnostic purposes (for example a differential diagnosis between hysteria and schizophrenia).

The following case may illustrate some aspects of hysterical mechanisms as shown under LSD.

The patient was a middle-aged married woman whose main symptoms had been sporadic depressions, various fears and uncontrollable tempers; she also suffered from frequent headaches and psychogenic fatigue, and there were marriage difficulties, mainly due to her partial frigidity. When she began her analysis, one of the most striking features of her personality was a certain lifelessness, dryness and lack of spontaneity. During interviews,

she found it difficult to talk; her usual reaction was: "There is nothing to talk about." Whether this was due to flattened affect or to tension was not easy to decide at first.

The main "theme" of her analysis was conveyed, in a characteristic way, in one of her initial dreams, in which running water was being installed in her room. Yet it was only after a good deal of work with pure analysis, LSD and "body experiments" that the potentiality anticipated in her dream became reality: that is, that her personality became "free-flowing" and "alive."

She was one of those patients with whom, under LSD, headaches, feelings of nausea and restlessness became the predominant experiences whenever unconscious aggressions, resentments or infantile impulses of one kind or another were approaching the threshold of consciousness. These experiences were usually closely linked with the transference. They served as a means to get the doctor or analyst to her bedside, and served as an expression of resentment when she considered the intervals between the analyst's visits to be too long. These symptoms usually subsided quickly as a result of interpretation. (This was that the analyst's absence was felt as a sign of rejection and neglect, reviving early childhood experiences of—presumed—rejection and neglect and so on.)

However, even during some of the first of her LSD sessions, her usual "flatness" and lifelessness gave way to very violent feelings of hate, love and despair, expressed in sobbing and a sudden pouring out of her troubles in the form typical of abreactions. It turned out that her feelings for both her parents, as well as for her brother and her husband, were highly ambivalent. Of course, the transference was also, though the positive trend was the stronger one throughout; this, too, seems to be characteristic for hysterical patients—as distinguished, for example, from paranoid ones.

One of the main outbursts occurred when she remembered that the only thing she was noted for as a child was "being intelligent." She also was always "good," in contrast to her brother who always "got his own way." But she had hated both being "good" and being "intelligent." When asked what she would have wished for instead, she said, "Being cuddled." Revived memories under LSD brought out her strong mother fixation, her guilt feelings because of early sex play, with resulting ambivalence toward sex, her craving for satisfaction of her intellectual needs, which her hus-

band did not understand ("he never talks to me"), as well as her repressed emotionality and sensuality.

With this set of circumstances, it was not surprising that the transference should be rather violent, with a strong urge on her part for physical contact and acting-out generally. When her claims on the analyst were not immediately and completely satisfied, she reacted in either of two ways: She either went into a flat numbness or went into violent and often extremely histrionic outbursts. She would "want to kill" me, actually putting her hands around my neck, and trying to order me about: "Don't leave the room—if you do I shall come with you!—Don't leave me—you *are* my mummy, aren't you? Do you love me?—I want to see your ring—give it to me! [What if I don't?] Then I shall jump out of the window."

On one of these occasions—during an LSD session when she had commanded me, first, to give her my ring, then to let her handle my skirt (criticizing its cut and material) then to pick up a few things she had dropped and to fetch a few others—I asked jokingly: "Any more orders, madam?" At that she broke down in desperate sobbing followed by a deep sulk. No more material was produced for the next two weeks, but instead the whole series of physical symptoms appeared.

During most of the next LSD session she was lying in a half-sleep, and at one of the following sessions she developed what might have appeared to be an aphasia but was, in fact, a histrionic exaggeration of a numb feeling around the jaws, a common reaction to the drug. At one session, I found her jumping up and down on her bed like a two-year-old child. She said she enjoyed that and was keen on my watching her.

At another session, she suddenly declared she wanted to dance. She got out of bed and began first to sway in all directions, then to swirl around in circular movements in a mixture of self-display and gradually-increasing absorption. In the end, she let herself fall to the ground. Here is her report of that session. It began like this:

"I feel so sick. I wish they would stop making that noise. My head is being pulled from my body. I have no use in my hands. Something is pulling me around. What the hell is happening? ... I'm not writing this, someone else is. I'm just looking on. I can't stand it much longer. Where is Dr. C.? I feel so sick. ... I seem

to be emerging from something. I feel very sick. My head... Why do I always feel so sick? Where the hell is everyone? I feel cold and hot. What am I talking about? What am I waiting for anyway? Why should I be in here like this? Where is everybody? I can't stand it. Why doesn't someone come? I must go home. What a lot of rot. I feel sick."

The interpretation seems obvious. Most of the sensations mentioned are rather frequent experiences under LSD, due to physical changes in the organism. As a rule, they are more or less ignored by patients. In this case, however, as in other cases of hysteria, they receive the main emphasis. Their close link-up with feelings of anger, neglect and desertion (as shown in the patient's report) colors the whole experience, so that the physical symptoms appear to become more than just physical phenomena carefully registered. They appear to become an expression of the accompanying emotions themselves: feeling cold with neglect; hot with anger; sick of the whole business and of herself in her neurotic state. Headaches (one of her usual symptoms) again become emphasized as a result of anger at being left alone. There seems also to be a dim awareness of the spuriousness of her feelings in expressions like "a lot of rot." "Wanting to go home" would imply "to a better mummy" and so forth. It appears that here one can observe, as it were in miniature, the mechanisms behind conversion symptoms generally.

The report continues:

"Then Dr. C. came in. I stood up and began to feel myself being pulled round and round in a circle. I did not want to sit in a chair or lie down, but just kept being pulled round. And then I had to fall to the ground. It was a lovely feeling. I never wanted to get up. I sat up, and Dr. C. wanted me to sit in a chair but I preferred the floor. I then started to think about jelly and I began to giggle. I felt just like jelly. Then I remembered we used to sit under the table and hide things under the ledge... Then I mentioned Sonny and I got very upset about him being called son and me not called daughter. After Dr. C. had gone I felt as though I had got rid of something and felt much better."

Later, she reported: "The feeling I had of going round and round was really wonderful, and when I fell to the floor I felt so peaceful. I never realized I had such a strong feeling about my brother being called son. All this time I must have had this feel-

ing bottled up inside me.... The beginning part of the LSD was so frightening... but when I seemed to emerge from something I felt quite different... I had lost all my aggressive feelings... I was quite happy when I arrived home..."

Immediately after that LSD session she had the following dream:

"I dreamt I was taking my husband and two other people to a place I have been before in my dreams. We walked past the pile of coal... There was a door and it opened... and a black man stood there. He said we could not go in unless we had some money. We showed him what we had but it was not enough.... We were sitting at a table when a gray-haired man came up and asked me to dance. [My husband] said it would be all right. We went off and started a most fantastic dance. It was very exciting and in the middle of it the man took me outside and we had intercourse. I reached the climax very quickly and we went back again and I was hoping he would ask me for another dance but I woke up.'"

What the series of events (LSD session and subsequent dream) seems to show is this:

It appears possible to conceive of hysterical mechanisms (conversions as well as histrionic behavior) as unsuccessful attempts of the repressed infantile personality to break through a false and insufficiently adapted adult "persona." Overdramatization of aches and pains, as well as of emotional states, are appeals for help by the infant who, due to experiences of guilt and rejection, had imprisoned himself behind the protective walls of pseudo-adaptation, in this case combined with "flatness." As in all forms of neuroses, the initially protective wall is being felt increasingly as a bar against the loved object. Whereas the schizophrenic seems to have given up the attempts at breaking through the wall, and the phobic feels threatened by it, the hysteric seems to try to break through by force, realizing at the same time the inadequacy of his means. The more he feels that his actions lack conviction, the more dramatic he has to become in his search for contact with the barred-off love object, but the more (falsely) dramatic he becomes, the less he will be believed.

Again, as in the previously mentioned case, it seems to the writer that physical contact in a state of intensively experienced regression—under LSD this patient frequently spoke a kind of "baby language"—can be of great help, provided it is used in con-

nection with interpretation. This patient seems to have gained immediate help from feeling my ring, my clothes, my hand, and from partly acting out her aggressive as well as her love impulses before she could understand them rationally. In her dance, she achieved three things: First, she encircled the analyst (mother), making sure of her presence; second, she began to circle around her own center. In that way, for the first time, she made the step from histrionic self-display to self-collection (an attempt at mandala). Third, in falling to the floor she experienced an attitude of surrender and of giving up the violent attempts at "breaking through." This seems to have prepared the way for the subsequent dream: the dance with the animus after the "door" had opened and she had become aware of her own resources (the pile of coal before entering the door). This as well as the "black man" was connected with her awakening sensation function, for which there was, however, not quite enough money (libido) available at that stage. Shortly after this, she had successful sexual intercourse with her husband.

It might be worth mentioning that the dance-experience had been preceded, also under LSD, by experiences of "being born," "learning to walk," and slipping through small openings in walled-off rooms on a number of occasions. The attempt at "surrender," too, had had an unsuccessful forerunner in a pretended suicide attempt, in which she had taken a very small dose of drugs but pretended to have taken a large one. It seems, again, to have been the direct experience in the acting-out of unconscious infantile content through the senses—in connection with analysis—which had at least speeded up the process of recovery.

The capacity of the drug to bring out particularly relevant compensatory factors was apparent in this case, in the emergence of violent feelings of love and hate, as well as of a repressed but very strong sensation-function, in a patient who had been "too intelligent" and "too good a child."*

Some Remarks on Counter-Transference

The question which inevitably arises is this: Just how far should the analyst permit "acting out" under LSD? Compared with gen-

*It might be said that her tempers had been similar, but unguided and therefore, unsuccessful, attempts of the unconscious at "breaking through," just as her physical symptoms had been unsuccessful and perverted "attempts" of her sensation-function to "assert itself."

eral analysis, where is the difference? Also, might patients not use the drug as a conscious or unconscious "excuse" for assaulting the analyst or nursing staff, possibly even to the point of danger? For an example, what if a patient should try to embrace the analyst or proceed to attack him (or her) sexually? Patients, particularly if they have previously heard about the effects of the drug, may easily either deceive themselves or get the impression that they are not only allowed but almost expected, while under the drug, to give way to their urges, as otherwise no curative purpose would be achieved.

It appears to the writer that the answer to these obviously controversial questions may be this: Because of the regressed state of the patient under the drug, a greater amount of "acting out" than in general analysis seems not only permissible but therapeutically desirable. It is comparable in some respects to play therapy in the analysis of children. On the other hand, it usually seems possible, even while the patient is under the drug, to lead him to realize the "reality" of the situation without feeling rejected.

Thus the process of the patient's gradual acceptance of "denial," inherent in the analysis of the transference, but normally spread out over a longish period in general analysis, may be experienced in more condensed form in LSD treatment. Of course it is necessary to work through such experiences in subsequent analytic interviews. However, it appears that, in working with the drug, an awareness of the counter-transference is particularly necessary. It seems especially important here for the analyst to "listen with the third ear" and to be guided by his own intuition (Plaut,[7] Moodie,[10] and Kraemer[11]). Being aware of the complexities of questions of transference and counter-transference, the writer wonders whether, without gross oversimplification, it might be said that, in trying to steer the right course between denial (due to the reality principle) and gratification of the patient's needs, something like a compass at the disposal of the analyst may be found in his own feeling of what is *"genuine"*—in the patient's demands as well as in his own response. It seems to the writer that, especially in critical situations under LSD, by genuinely responding to the genuine in the patient, the analyst responds not only to the previously repressed "child" in the adult patient but also evokes the (maturer) adult in that "child," i.e. in the regressed or fixated adult.

Function of an Archetypal Image in a Case of Moral Deficiency

The archetypal image described in the next example is meant to show how, in a particularly drastic form, the moral problem came to the fore under LSD in a previously morally deficient patient. She was a young homosexual girl who had been violent on various occasions. She had grown up as a typical victim of the afterwar years, one of a gang of rather unscrupulous youngsters. Her father had served prison sentences on and off for housebreaking and "fighting"; her mother seems to have had an intimate relationship with at least one other man.

The LSD experience throws light on the interconnection between her moral problems (violence, etc.), her homosexuality and her parent problems. It is, again, because of the drastic form in which complementary aspects of the personality were brought out by the drug that this example is being cited.

The patient and I had, on several occasions, touched on questions of good and bad, and more particularly on the question of violence; and I had been discussing, with her, atomic power as a force for either good or evil. Shortly after this, she had the following LSD experience: She saw Stalin projected onto the wall.

"He was kneeling on his left knee and he had his right foot just ready to take a step down. In his right hand, he held a dagger. In his left breast pocket, he had a sparrow and there was a faint light; but on his right side it was black. Satan was near his shoulder in the form of a closed hand; and the first finger was pointing down; and on the hand, just above the pointing finger, was a sparkling eye, glittering as if trying to attract his attention. But poor Stalin couldn't decide whether to take the easiest way out, which is hell, or to take the hardest way and work himself to heaven."

I suggested she should send the sparrow out and see what would happen, but nothing did happen (an example of the small influence of suggestion on LSD experiences). On my various visits to her room during the afternoon she kept repeating, "He can't decide—Stalin can't decide—I have told him that he must decide for himself, that I can't decide for him, but he can't decide. Perhaps I should decide for him, but they won't let me. [Who are "they"?] The women in the ward." In the end, after about six hours of sustained, though schizoid, fighting with the devil, she declared,

"Stalin can't decide yet, so I had to decide for myself. I want to go straight. I think I can go straight." And then she asked for reassurance from me whether I thought she would go straight.

On a previous visit to her room she had asked me, "You are my mother, aren't you?" And when I left her for the night, she insisted on kissing me. Her kiss was that of a small child. The next morning she wrote a happy letter to the woman with whom she was in love at that time, telling her of her decision to go straight.

Her associations to Stalin were these: First, a rather tough man, a Mr. — with whom her mother had lived and who, like her father, had served a prison sentence "for fighting." It seems that her mother had had a child by him, one whom, however, the patient had never seen. It seems, though, that the patient had overheard sexual intercourse between her mother and Mr —, also that she had seen him hurting her mother, and that she herself had been hurt by him when she tried to intervene between him and her mother. So he definitely is represented by the devil side of Stalin. Of her own father, she used to speak with tenderness in spite of his criminal offenses; and of Stalin she said: "He is the Father of Russia. He can look after his people all right, but he cannot decide for himself." She said that at first she had believed the picture she had seen on the wall was that of Hitler, but then she knew that it was Stalin. The reason for this is probably that Hitler could not carry the projection of her ambivalent Father-image. The bird would have no place in the figure of the arch-enemy Hitler.

The eye on the devil's hand would symbolize a first glimpse of awareness of the evil quality of the patient's own hand, inasmuch as it is her main instrument for violence and destruction, repeated in the image of Stalin's hand which carried the dagger. This, at the same time, is the symbol of masculine aggression in her Father-image with which the patient had identified herself—becoming the Father, that is, the Mother's husband. By adopting the masculine role, she could, first, identify herself with the male of the species, which would prevent her from being helplessly exploited like Mother. Second, she would be the "good" husband to "Mother," that is, a Mother substitute (note her homosexual tendencies). Third, she wanted to realize the good Father in herself, but was, at the same time, fascinated by the bad one, whom she had known in reality. The fact that the women in the ward did not let her,

or Stalin, "decide," shows her ambivalent attitude toward the Mother, as well as toward her own feminine role. The glittering light in the devil's eye shows strong fascination by the negative aspect of the Father-image—the "evil eye" of the black magician.

What, to the writer, is important about this experience is not so much its immediate curative effect; in fact, the patient relapsed after it on several occasions and the treatment did not even remain in the writer's hands—but the fact that once, and perhaps for the first time in her life, moral values presented themselves in a symbolic, and therefore acceptable, form to this girl. This experience shows clearly how, behind the personal memories, the archetypal images are, as it were, lying in readiness, as if only waiting for an opportunity to be projected, and how, through the drug, those "projections" can be perceived as such in the literal sense.

Example of a "Cosmic" Experience

To conclude, here is an attempt at presenting the experiences of a professional woman who, under LSD, discovered the world of the nonverbal or pre-rational and who, in describing her experiences, was acutely aware of the difficulty of putting them into the form of language. The nonverbal world, that is, the world of pure imagery, and the world of language were felt to be two completely different systems which were not only mutually exclusive but which also largely invalidated one another. Looked at from the system of language, the other system appeared as "just" an "interesting state of mind," artificially induced by a drug, the characteristic feature of which was an altered and slightly "psychotic" mode of experiencing the world.

However, from the point of view of the pre-rational system, the one of language and rational thought appeared as an unbelievably shallow, superficial and one-sided mode of experiencing the world, superimposed on, but missing the essential factors of life. Truth, so it seemed, could only be found inside the nonverbal system whereas the system of language and scientific thought appeared, from that point of view, to be an incredibly poor and deceptive attempt at understanding the essential.

The most impressive feature in the experience of the nonrational system was the disappearance of all boundaries between individual entities, or, indeed, the disappearance of individuality as such. Instead, identity and correspondences were the dominating features.

In this way, the meanings of certain musical phenomena (rhythms, intervals, etc.) were felt to have their exact equivalents in certain tensions or experiences of pressure, movement or position of certain parts of the body; but the body would also have a complete correspondence to colors or moods, or landscapes, or plants, or animals. The feeling was as if certain (definite) parts of the body had the same character as certain (definite) landscapes, or continents, or kinds of vegetation, whereas other regions of the body would "correspond to" or "represent" other geographical or biological spheres, or historical periods.

The tiniest alteration of the position of any part of the patient's body was experienced as an adventurous journey from one continent to another. Again, parts of the body of a child were experienced as identical with plants or flowers (a baby's lips *were* apple blossoms; they were not merely *like* apple blossoms); or, slightly more rationally expressed, the parts of the child's body and the plants or flowers were two aspects of the same (cosmic) "idea." The act of intercourse was, in its essence, the same as (not *like*) a musical chord. There was an overwhelming experience of what the patient called the infinite number of "facets" of the Universe, all of which were alike and different at the same time; and it was man's task to discover as many of them as possible—an endless task but boundlessly fascinating. These "facets" were scintillating and were at times called, or seen as, a "kaleidoscope," but they were also the many prisms which formed a ball-shaped chandelier, glowing in all the colors of the rainbow.

At another stage, there were people around her; she saw them talking, but the *contents* of talk appeared at that time entirely unimportant; instead she felt able to a degree unknown to her in her "normal" state to "know" in a direct and immediate way what the other persons felt or by what they were motivated. A smile, a movement, or a certain line in a face became all-important, so did a silence; talk or even discussion appeared as almost ridiculously shallow. Last, there were experiences of the impersonal (archetypal) aspect of herself as a mother ("I *am* all mothers"—"I feel the feelings of *all mothers*"), or an experience of "getting old" ("I am *all* old women—I *am* the anonymous earth from which things have grown," etc.). There were periods under LSD when there had been nothing but an experience of rhythmic tension and relaxation, in which rhythm had been felt to be the only reality of

life—rhythm of breath, of heartbeat, of music and of orgasm—rhythm of movement of all creation—it was all ultimately the same, and the only thing that seemed to matter was to fall in with the rhythm required at each particular moment, and to play one's part in maintaining it. This alone seemed to be life.

As in the previous illustrations, the drug had brought out complementary factors in this case, too. A woman with a predominant thinking function had, at least momentarily, experienced life through her normally less-differentiated functions (sensation, intuition and feeling), with the resulting experience of wholeness and of being part of the unity of all creation.

Summary

In this paper, work with LSD 25 as an aid to analysis has been described. Of particular interest, has been the *seeming* unpredictability and arbitrariness of experiences elicited by the drug, and an attempt has been made at finding the determining factor in emerging material. This appears to be the "selection" of complementary and compensatory unconscious contents; selected in accordance with Jung's idea of the psyche as a self-regulating system, "striving" toward "wholeness."

Clinical material has been grouped in five categories, in which different aspects of complementation are illustrated. Some questions of transference and resistance in connection with LSD treatment have been discussed; and ideas about typical mechanisms in certain categories of neuroses, as suggested by the patient's response to the drug, have been put forward.

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