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LYSERGIC ACID DIETHYLAMIDE (LSD-25): III. AS AN ADJUNCT TO PSYCHOTHERAPY WITH ELIMINATION OF FEAR OF HOMOSEXUALITY*

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A. INTRODUCTION

The discovery of lysergic acid diethylamide's unique effects on the psyche in the laboratories of Sandoz Chemical Works opened a new field of investigation of aids in psychotherapy. In the experience of the writer, the uniqueness of the action of the drug has certain favorable characteristics which may help the patient and the physician deal with analysis of the patient's reactions. These may be briefly listed: (*a*) Pharmacologic safety. (*b*) Effectiveness in small doses (20 gamma to 40 gamma) for therapeutic interviews. In this paper a verbatim transcript of a four-hour interview under 40 gamma will be reported. (*c*) The patient is conscious, coöperative and better able to integrate material of psychodynamic significance. (*d*) The difficulties of the procedure of narcosynthesis are eliminated with the patient undergoing an essentially elated disturbance in ego function which is also accompanied by integrative forces so that it may be thought of as hebesynthesis. (*e*) The drug may be given repeatedly. A patient who also was a subject in the first paper of this series took 25 gamma to 100 gamma more than 50 times. (*f*) There is no evidence of addiction. (*g*) The effects usually wear off within 12 hours. (*h*) Patients usually like the experience of taking LSD-25 in the dose range stated.

B. HISTORICAL

There have been several recent reports on the use of LSD-25 in psychotherapy, but to the knowledge of the writer, there have been no reports of its use in the psychoanalytic interview with verbatim data of the type to be presented here. Some of the published reports of other investigators may be of interest. In particular, the papers of Stoll (17), Stoll and Hofmann

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(18), Laszlo (12), Condrau (5), Becker (3), Savage (19), Busch and Johnson (4), Fervers (7), Frederking (9), Forrer and Goldner (8), Abramson *et al.* (2), Sandison (14), Sandison, Spencer, and Whitelaw (15), and Sloane and Doust (16) may be consulted. In addition, the papers of DeShon, Rinkel, and Solomon (6), Hoff and Arnold (10), and Rinkel *et al.* (13) are of importance. Sandison, Spencer, and Whitelaw publish a list of instructions to the nursing staff attending patients receiving treatment by LSD-25. They generally dealt with a different group of patients than those treated by the writer and the special patient reported here, in detail. Their instructions may well be used as a basis for therapy with an in-patient service. In the studies by the writer, the prolonged time of the interview or experimental period, often included discussions on the way home with a patient, at dinner, or wherever the patient happened to be. It is believed that the ambulatory technique not recommended by some writers is perfectly safe, if carried out with the dosage recommended and with the precautions mentioned. Oral administration was employed.

There is one important difference between the methods of Sandison, Spencer, and Whitelaw and the writer. They state: "No special preparation is required. The patient should be told at least the day before that treatment is to be given." I believe that the amount of anxiety which may be mobilized in ambulatory patients who expect to take LSD-25 is much reduced if a two-week period of notice and questioning is permitted to precede the LSD-25 interview.

C. Preparation and Management of the Ambulatory Patient

In preparatory discussion with the patients, emphasis is placed on the therapeutic value of the drug. The unusual vegetative and psychic effects are related to the patient at least two weeks in advance of the interview with LSD-25. Anxiety may arise in spite of the most careful preparation. This anxiety should be met with confidence by the therapist who should inform the patient that the unusual psychic effects of the drug can only lead to beneficial results. The interviews may take place on the couch, sitting up, or with the patient walking about. Any special procedure usually practiced by the therapist in the interview situation should be replaced by a permissive expectation that the integrative functions of the patient's psyche will know best how to regulate the interview, provided that the patient remains within the *direct* control of the therapist. With doses of 40 gamma and below, the interview may last four hours but the effect of the drug may persist for another four to eight hours. The patient should be informed: (*a*) That

there are no after-effects. (*b*) That a relative or friend should call for him at a stated time (four hours after administration). (*c*) That he must remain at home or with friends until the next morning. The patient must be impressed with this *modus operandi*. While the effect may outwardly be negligible in certain ambulatory patients, it is the action of choice to keep the patient accompanied at home until the next day when all pharmacological effects due to the drug have invariably disappeared. (*d*) Driving a car, using machinery, or walking alone is prohibited. (*e*) A barbiturate, secobarbital (1½ grams to 3 grams), is given to the patient to take at bedtime. (*f*) The four-hour interview is interrupted at about 50-minute intervals. The therapist is advised to have his secretary offer the patient coffee and simple foods throughout the rest periods. This may not only be desirable physiologically but also provides a milieu which diminishes the under-current of anxiety provoked by the drug itself.

For short interviews of one to two hours, advantage should be taken of the data provided in the first paper of this series. A study of the curves for doses of 50 gamma indicates that the peak reactions are observed between 1½ and 3 hours. This should be the period of choice. However, the patients have always been kept in the office under control a minimum of four hours. No method (except deep sedation) is known to completely stop the LSD-25 reaction once it has begun. Sedation may, however, complicate the situation more. One patient (F.W.) who received 50 gamma at 8:00 P.M. showed marked signs of the LSD-25 reaction at 1:00 A.M., even though 3 grains of secobarbital had been given at midnight. The patient was showing the signs of both drugs: elation (LSD-25) and an unusual lack of motor and sensory control (secobarbital).

D. Case Report

A 40-year-old married woman, who had come for psychoanalysis because of many psychosomatic and adaptive difficulties had made excellent progress (1). For example, relationships with her two children were markedly improved. Her ability to work had been restored with elimination of nearly all of her psychosomatic complaints, such as eczema, asthma, hayfever, headaches, and similar complaints. However, there were still some important problems, especially connected with her sex life within her marital situation which required attention, even though vaginal orgasm was frequently achieved with her husband. These sexual problems were mobilized by a dream about two dogs preparing for the sex act. Analysis of the dream was unsuccessful because the patient's anxieties overcame her usual interest in

ascertaining the nature of the symbolic meaning of the dream. She said, "I am afraid of analyzing this dream." She had on previous occasions utilized LSD-25 to reorganize her defenses, so that in interviews lasting four hours, sufficient time permitted her both to reduce the defensive mechanisms and to reconstruct what was learned thereby to her psychic benefit. In the 50-minute interview ordinarily used, the psychic organization of this patient and perhaps of others is often left in a state more threatening to the patient than the patient can anticipate facing until the next interview. The patient soon learns to guard against this unprotected exposure. It is conceivable that with certain patients, particularly of the type presented here, that an analysis might take half the number of total hours if the interview times were doubled. In view of the satisfactory experience this patient had previously had in our interviews under LSD-25, it was decided to attempt to determine just what conscious and unconscious factors might be producing anxiety and the fear of analyzing the dog dream. In the following interview the nature of the anxieties connected with the dog dream were successfully analyzed by the patient, and a fear of homosexuality in herself which had been brewing but which had become intense was resolved. The verbatim recording which now follows outlines clearly a good part of the patient's psychosexual development which led to her confusing her childhood manner of relieving anxiety through masturbatory channels with later aspects of the psychosexual development, which both in the preanalytic and analytic frame of reference led to the patient's believing that she was a lesbian.

Time: 2:00 p.m.

Dr. Now you've taken a dose of LSD-25 by mouth. You took it at half past one, about 30 minutes ago, 4/10 of an ampule of LSD-25 and then went out for lunch. What did you have for lunch?

Pt. I had a tunafish sandwich and a glass of iced tea.

Dr. How would you like to start?

Pt. Well, I don't know if this should go down at all on the record, but I think I somehow or other, for some reason, I don't think it's because I anticipated taking LSD, but more of what I would talk about. I felt rather concerned all week. I was rather busy for a few days and those few days I wasn't able to have time to think about it. I didn't seem this concerned, but I wasn't too busy. I felt concern about it. And I also, yesterday, scratched my arm once, and of course was very aware of it, and even though it kept itching me I didn't scratch, and found it went away. I found that I scratched my back mostly in my sleep. I was pretty aware, also, of the fact during the week that although I knew I had dreams, I didn't remember the dreams. I really believe that I'm not a good subject that has, although I've discussed it here a good deal, I think anyway, perhaps not so much, but from

the beginning of the analysis it has always been difficult for me to discuss sex in any way, about myself or anything else. When I did discuss it, or if I anticipated the fact that I would discuss it at a session, I was always very tense before and afterwards. Although I realize that after all this time I, well, I am able to have sexual relations and am able to enjoy them more than I did, there are some times that I don't, or rather, not that I don't so much enjoy the relationship itself, but think about it seriously to a great extent. The one part about sex that still bothers me a great deal is masturbation. (*Pause*) What concerns me first of all is that very often, very often isn't the word, every time that John (husband) would go away I would find that I have the desire to masturbate. It used to be much more than what it is now, in that there would be many times when I would be home during the day, when before I, oh, I would take a bath or a shower, or something, well, anyway when I was going to take a shower, that I would very often practice masturbation. And I felt that even though I had sexual relations and enjoying them, that I still have this desire. It disturbs me very much. I was reading a book last night, a book called *The Second Sex,* and in it I, there was one chapter that was called lesbian, and I read that because even though we had discussed a good deal of this here, and you had said to me that you felt that I had enough feminine characteristics not to be considered a lesbian, I think I still have the desire, the masturbation left a question in my mind.

Dr. What question?

Pt. Well, whether I had some characteristics, I guess you could say, of a lesbian.

Dr. What do you mean by lesbian?

Pt. Well, now that you ask me the question, I realize that probably my idea, my conception of a lesbian is wrong. To me it was always a matter of, to the extent that I masturbate.

(It is of interest to point out that the patient's psychosomatic complaints of eczema, asthma, hayfever, and other similar symptoms had been essentially eliminated, scratching now occurring in connection with the mobilization of anxiety over the fear of homosexuality.)

Dr. Yes, but I didn't know that that was lesbianism.

Pt. Well, as I said, now that you ask me the question—

Dr. You wouldn't call boys who masturbate homosexual, would you?

Pt. No.

Dr. But that's what you're doing, when you talk about yourself. You see, I'm not saying that you shouldn't go ahead and discuss your anxieties about your masturbation, but I am emphasizing, "Why do you call that lesbianism?"

Pt. I said part of the reason was that in going back I think I always had the idea that sexual relationship with a man would be so satisfying that in time, or rather, after marriage, your desire to masturbate would die down. Yet it hasn't with me. I think another thing that

has to do with this, when John and I first started having relationships before we were married, the only time that I ever reached an orgasm was through manipulation. And even though, afterwards he would enter the vagina, I never really reached an orgasm. And then, in time, I used to think, well, I used to question, how do you really feel when you reach an orgasm? Could I think that I did, and didn't know that I had. And then I became concerned because I only seemed to reach an orgasm in one way, and so I felt that although it was with a man, and then in time, with my husband it still, well, it was still the same practice that lesbians use, which is part of the reason that, well, which is the real reason that I was concerned about it. Then, of course when our home life became so strained, and I came to the point where I was using sexual relations as a weapon, when I was so unhappy that I had no desire for them at all, that when I subjected myself to him it was such a strain that I became more concerned about it. As I started saying before, I started reading this book last night, *The Second Sex,* and well, I was rather sleepy when I was reading it. And somehow I just sort of remember this from it, that perhaps it does relate to me, in that it said something about a girl never getting past the clitoris stage, so to speak, where she does derive some sensation, some satisfaction, except by manipulating the clitoris, and of course I probably had no right to read it as I did. It also went on in some way as to the mental reasons as to why a girl falls into well, into lesbianism, and it talked about the relationship between the mother and the daughter in two ways that the mother can be overpowering, or that she can be a bad mother. That's very strange.

[*The patient's statement, "That's very strange," refers to the effect of the LSD-25 which was taken approximately 45 minutes before. The peak of the reaction usually occurs between the second and third hour, but depends upon the symptoms studied. See the first paper of this series (2).*]

Dr. You feel very strange?

Pt. Well—

Dr. How? Do you like it?

Pt. Yes.

Dr. It was all right for you to read that book. I think you could read anything you want to now. You're going to read a great deal, and you might as well discuss what you read with me.

Pt. When I read the book, I sort of well, I saw myself as the daughter with the dominating mother, and I'm not getting away from it. I'm afraid I'm going to have to reread whatever I read about that because I don't remember, or perhaps I have to read back to get the full idea of what was in the book. It seems also, that there are different situations which happened when I was younger, in that either I recall at times, and which I remember now. The first seems to be—I don't know if it's so or not—it seems that I remember the first time I ever had a sen-

sation of water on the clitoris, and how I discovered that it was a pleasant sensation. I can still picture the bathtub, I think, and the faucet, and how the water came out. And then I, of course, I recall one time when I turned around and found my father watching me; and I was so concerned as to whether he would go back and say something to my mother. And then, also I had such feeling about masturbation. I even became very superstitious about it, in that I was afraid to masturbate on a night before I was going to have an exam or something. The fear that it would, well, that God would punish me with different things, that something bad would happen to me that day!

Dr. Where do you think you got those ideas from? About punishment because you had sexual pleasure?

(This is the earliest recollection of a guilt feeling in connection with self-stimulation.)

Pt. I don't know where I got them from. I could only say, possibly, from my parents, probably my mother, because my father never discussed sex. And yet, I can't ever remember my mother discussing sex either. I recall, too, that when I was younger, my sister and I always shared a room together. I used to think it was awful if she walked around undressed. I just sort of remember that now. I remember my mother even mentioning it years after. How I used to think it was so terrible for my sister to walk around nude! This, of course, was in our own room. I found, I remember also, that when I said that I didn't like, that I thought it was awful her walking around nude, I also found, if I remember correctly, to see her undressed was repulsive to me, and yet I didn't have the same feelings about my mother. I would often be in her room when she got dressed. And then it was my sister who explained the menstrual cycle to me and although she didn't explain it clearly I think I somewhat knew about it, because I had seen her walk around undressed. I think I was pretty annoyed with her afterwards, too. I was going to say, probably most young girls want to grow up and be like their older sisters, and feel that when they get to the point of menstruation that they're pretty grown up, too. But I didn't have those sort of feelings. (*Long pause*) To get back to my relationship with John, I had, oh, I guess you could say, a good deal of involved thoughts and feelings about it. I was just trying to remember. I wondered if, I think it was more or less, trying to find an answer of whether it was I who wasn't able to have real sexual satisfaction, or was it because of John that I couldn't. (*Long pause*) I don't know. Either I'm back again to the question of why do I think about having sexual relations previous to having them. That is, why do I think—not always—every so often, why do I have to think during an evening whether when I go to bed he'll want to have sexual relations or not. That's the main question. Actually, I'll end it there. Whether he's going to bother me about having sexual relations.

Dr. But I understood that about your eightieth session you began

to have orgasms when your husband's penis was in the vagina. Is that correct?

Pt. Yes, but I would say, probably to begin with, it wasn't all the time.

Dr. But it would happen?

Pt. Yes.

Dr. What were your feelings then?

Pt. I was very happy; I felt more satisfied. I should say more satisfied with myself.

Dr. Well, what interrupted that?

Pt. Well, I think one thing that bothered me a great deal, the fact that when we were living in Boston, we got into a discussion with the son of my neighbor, and they sort of implied, and which I think, I gathered from what they said, that they could tell, or they could hear, every time John and I went to bed together, and every time we had sexual relations. I was very much aware of the fact that the people underneath us could hear us, and there again that's something that has always bothered me a great deal, in that nobody must know when we have sexual relations. It must be as private as it possibly can be.

Dr. Why do you think that it must be as private as it possibly can be?

Pt. Why do I think I feel like that? Or, why do I think it shouldn't—

Dr. Oh, no! Why do you think you feel that way?

Pt. The first thing I think about is the fact that I never knew, never once did I ever know that my parents ever had sexual relations. In fact, if I can remember, it was around the time when my father first took sick, I think, my mother mentioned something about my father not having any sexual relations because it was too much of a strain on him, something like that. Which was the first time, that ever, that they ever had sexual relations, was mentioned to me. And then the time when my sister started telling me that she had told my mother what had gone on between my sister and her husband, my reaction at that time was, what right have you to discuss that with mother? First of all, my feeling was, that she wasn't the one to discuss it with because her views were so distorted. By that time I was able to realize that. But even then I had the feeling that not only shouldn't anyone ever know when you have sexual relations, but you shouldn't discuss them with anybody. There was a time too, when I was also concerned about Ann, when I first noticed that she masturbated as a child, and I knew not to say anything to her, or draw her attention to it. I was pretty concerned about it, because I thought of it in terms of myself. Would this go on, as it went on with me? And look how I am today, and such feelings as that!

Dr. You said that when you had sexual pleasure through masturbation, you were afraid you'd be punished. You didn't know why. Now, as a little girl of eight or nine you hardly knew the meaning of sexual intercourse. You were wholly involved in sexual pleasure of self-stimu-

lation. You had no real knowledge of the mechanics of sexual pleasure, but yet you were afraid that the Lord would punish you by making you fail! And you feel that no one must know, not the slightest implication, even the neighbors that you were having sexual relations with your husband, even though this was none of their concern, none of their business. Does that bring up anything? It might throw some light about your concern, about your husband approaching you. Do you think that the same fear that you had as a child, that you'd be punished, has left you?

Pt. No, I would say that probably the feeling hasn't left me entirely, and especially I would say, the times when John approaches me, and it, it—especially at certain times, I think I still have those guilty feelings.

Dr. They're guilty fears, aren't they? They're not alone guilty feelings, but they're guilty fears.

Pt. Yes, they probably are the fears I had when I was younger, and yet it's hardly why. Those are the times when John and I, or rather I just can't explain to him, but when I feel, when there are tense situations. Let's say at the beginning of the year, when I was concerned about whether we would be able to get enough customers and such, and was worried. It interferes with my desire for sexual relations. With John, that isn't an answer. One thing has nothing to do with the other. I think he can't understand how my worries about work can interfere with my sexual desires.

Dr. But at the same time remember, you were always worried about failing at school. Are you carrying through your mother's ambitions for you at school? Are we still dealing with a fear of your mother, rather than a fear of your getting a sufficient amount of work to do?

Pt. Well, I don't know how much it has to do with my mother. Of course, it's—anyone wants to be successful. It's just a fear of not being successful.

Dr. Yes, but those fears were put into you by your mother if we go back over your early years and see that that entered into your relationship with your husband. Not for you to be successful as a wife and a mother was the problem, by your mother's standard, but for you to be *as* successful as your husband. Why should he take the courses? Why should he attempt to lord over me? Whether his success was going to be reflected in your future happiness wasn't the point. The point was that you were first, according to your mother, who should solve the problem of your own security, if you remember. And part of that solution is cutting a man to size.

Pt. Then I had a husband who turned around and said to me he didn't want a housewife, he wanted a business partner. He wanted someone working with him.

Dr. But at the same time he never rejected you in bed, did he?

Pt. No.

Dr. So, he wanted a woman in bed, but also someone who could function with him in a joint business. But as far as his own sexual instincts toward you went, they were certainly very active, even though you were helping in his work, or what turns out to be your joint work. He didn't only want you as a business partner, did he?

Pt. No.

Dr. So, I have the feeling also that you still have a fear of punishment that's coming in. That you don't succeed in what you want to do. I'd like to go back. I'm a bit confused. At one time I thought that your sexual feelings had improved considerably with John.

Pt. They have, and you see, the way I know that sometimes they're greater than others, or rather, that they should be, well, that they could be more so; there are times when sexual relations with John are far more satisfying. The orgasm I reach is far greater than at times when I'm not as sexually stimulated.

Dr. Women fluctuate a good deal. Some women are more sexually excited before the menstrual period, some during the menstrual period. Some require the absolute privacy which you just mentioned. Well, what would you say was the ideal situation in sexual relations with John? When you had all the sexual excitation which would be normal for you?

(At this point, the patient is beginning to be able to speak freely of the details of the sex act. This is undoubtedly due to the action of LSD-25 in a therapeutic situation. More than 300 interviews without LSD-25 may be considered as "control" interviews. A four-hour session without LSD-25 is not available, but from the writer's experience, it is doubtful if this material could have been obtained in so simple and direct a fashion.)

Pt. There isn't any one time, that I remember in particular. I mean, I would say that I would remember a few different times when we, when I was excited sexually to the greatest that I've ever been. It couldn't have been much more; but you see, I think what bothers me more about it is that I would say I could probably number them, and one shouldn't be able to number them.

Dr. What happened at those times?

Pt. Well, at those times, I would say, first of all, that the duration of the act itself was much longer, and there was no desire on my part to end it. While we were having intercourse it was pleasurable the whole time. Well, instead of having the desire to have it end, as sometimes I do, I had the desire to go on indefinitely. And then, at the end of the act, I would feel exhausted, and satisfied, tired and relaxed. But then there are times when I can't wait until it's over. I don't want to begin. And I can't wait until it's over. Rather, I can't wait until he reaches an orgasm. And then I think, I don't know, I don't know if it's because it takes too long to reach an orgasm, or what, but I

think there were times when I hardly could, before I have an orgasm, so that when he's finished, I don't feel completely satisfied. And then, you see, I'm afraid to tell him. First of all, I used the word *afraid* to tell him. I guess I am afraid to tell him that I didn't reach an orgasm. I used my childish masturbation for sexual satisfaction. And after this continued for a while, was when I started to question, what is an orgasm? Am I capable of reaching an orgasm, with the penis in the vagina. It got to a point that I couldn't reach an orgasm that way.

Dr. I understand that you did, later on in your analysis.

Pt. I'm talking about when I was first married. I think that fact that I still, well, that I still desired to have him manipulate the clitoris, I still had a desire, although there are times now when I don't. That the desire is still there still bothers me, because to me, it's that I haven't really grown up, that I'm not able to have sexual satisfaction or relations in an "animal" way, that I still feel a child's way of masturbating—

Dr. Is that lesbianism?

Pt. Well, having the desire made me feel that it was.

(Rest Period—ten minutes)

Dr. Let's see; the time is now 3:15 and you've had LSD an hour and forty-five minutes ago. How do you feel?

Pt. I feel drunk, like when I get drunk from whiskey. Give me one drink or two drinks and I feel happy and gay and sleepy.

Dr. Are you aware of everything that you're talking about?

Pt. I know everything I'm saying; I know what I'm doing; and I probably will remember everything.

Dr. Can you think clearly?

Pt. Yes, I can think clearly.

Dr. One of the things I think you ought to talk about now is about the great, well, say fear, you had in discussing your sex life with me recently even though we had gone over a great many of these things before. I wonder if you'd go into that. What the nature of those worries were! Why you didn't want to talk about it; or why you were reluctant to talk of it. What do they mean to you? Why did you feel that way?

Pt. I think, probably, first of all I think I was afraid to talk about them is the fact that, well, I've had these fears about myself, I think, for a long time. Something I had kept to myself for so long, too, and not talk about with anybody. I never had anyone whom I could talk, turn to, and if I had a question about sex, get an answer. And yet, I remember before I started the analysis, that was one of the things, when I was thinking about the fact that I need psychiatric help, that here was somebody I could turn to and ask these questions and get an objective answer. And yet when the time came I couldn't do it. And even while I was thinking about getting psychiatric help I used to think that maybe there is a family doctor I could go to and ask questions

and find out about myself. When I, I never, I guess I never had enough confidence in any of them to do that. And then when I started the analysis it was easier for me to talk about my mother, I guess, and I found her easiest to talk about first. And then I think I got to a point where I not only had the fears about myself, but a sexual point where I was afraid to find out what I feared was true.

Dr. Were you also possibly afraid that I would think less of you, or that I would punish you in some way or other?

[*Early in the patient's analysis, her method of adaptation to the therapist was similar to that which she employed towards her mother. This turned out to be an advantage (transference neurosis) in the analytic procedure.*]

Pt. Well, that you thought less of me, yes. Especially in the beginning.

Dr. Remember, as a little girl you were afraid of being punished for having sexual pleasure? And as a little girl, your fears were not connected with being a lesbian, whatever that may be to you. But it was a fear of punishment! And you think your concern about talking to me about all of these things were not only concerned with yourself, but that in some way I would be a punishing parent.

Pt. In a way you assumed a punishing rôle, yes, because, well, it was more or less like the rôle the teacher had when you're younger. Or in some way it looked to my mother, that you always had to be good, always. Well, by discussing these things with you I would, well, lower myself and so by lowering myself and your looking down on me would be a punishment to me, because I was always looking to be the best in the class with the teacher, the favorite. I remember when I was being confirmed, and I guess, there again, too, was a great deal of involvement because I remember the time, through that whole year of being trained for confirmation and everything, I strived a great deal to be the best in the class. I guess for two reasons at that time. First of all, because I wanted a certain part, a certain speech in the confirmation. My sister had that speech, and I wanted it too. Then also, I don't think this is too soon after the business I had at Sunday School where I lied about the teacher and I was so very much afraid of that, and it wasn't, I can't remember exactly, it was Dr. ——— who came up to the house that time, and the teacher, and it was more or less my being the best in the class that time, and redeeming myself too, to prove to him that I was very smart, I was very good. It was also at this time that I had a great deal of confidence in my social relationship with boys, and I had a great deal of trouble with my mother at that time. I remember that was around the first time that I started getting eczema on my forehead. I had a great deal of pressure from my mother at that time, about having dates, this one being popular, and that one being popular, and my not going out. It was all through this time too, that many times I went out of the house and said I had

a date and didn't have one. Even if it was with a girl! It's very funny that I should have had the desire before I started the analysis to be able to come and discuss myself freely, I thought, and then when the time came I just couldn't do it. As I say, I never had any opportunity of discussing sex with anybody, or feeling that there was anyone I could turn to and ask questions and get an answer.

Dr. How much difficulty are you finding now, talking about it?

(The beneficial effect of LSD-25 is now especially portrayed. Although in a sense, the patient is a special case in a psychoanalytic situation, I have seen the same type of production of material during brief therapy with LSD-25)

Pt. Today, I don't feel any difficulty in talking about it. In fact when we had the break, and I started thinking that this was a big question to begin with, a big problem to begin with, and unless I come out of, well, unless something comes out of this today, that to not have the answers, or to not know where to go from here, as to my sexual relations, and my sexual force, actually, it's my feelings about it that, well, that I've had four years now, and after four years I certainly must be at a point where I am able to do something about this too.

Dr. Well, you just pointed out that that was one of the most difficult things for you to talk about. You also pointed out to me that instead of talking about the things you went to analysis for, you talked about your mother, that that was easy. The things that really troubled you, that really were on your mind, you very carefully avoided, because they would disturb you. Isn't that right?

Pt. Yes, that's right.

Dr. So would you say you've had four years of avoiding problems rather than four years of facing things?

Pt. In part. There are times when I deliberately, or rather force myself into discussing the parts that I found very distressful at the time, and yet I was able to do it. I think probably what bothers me more right now is the fact that after four years I still found it, and up until today, I guess you could say, so straining to come in and talk about it. And then I had a time where I really eagerly discussed. I think there have been times when I probably have spoken more or less freely, but not easily. It's always been such a strain to say everything that's been on my mind.

(The patient, lying on the couch), became too anxious to speak freely and was asked to sit up.

Dr. I'd like you to sit up, it's easier for you to speak sitting up. See if sitting up you can speak even more freely. You can walk up and down, or anything. For example, you mentioned last week that you want to take up the dog dream again. Should you take that up now, or should you wait?

(The "dog dream": two dogs having sexual intercourse. The patient frankly said she could not freely discuss this dream in the preceding 50-minute interview without LSD-25.)

Pt. I think it's a good time for me to take it up now because I'm pretty relaxed now and there's a great deal of feeling about that dream. When I think about it now it had, the dream, first of all when I first started thinking about it afterwards, I started, it started the problem again in my mind of, does this concern my feelings again about being a lesbian? And, you know, I feel silly saying it now, because as I talk about it more and more I see how foolish, well, it's more or less like perpetuating the first thing that I ever learned about lesbians as a child and this just continued in my mind, this conception, and that was it. Although I knew more about them, or rather had learned more about them in time, still this old conception remained with me, so when I thought about it in relation to myself, it was still there as it was when I was a child. It must have been a very great fear on my part of being a lesbian, in time, as I grew older, because probably I would say, that I didn't understand when I masturbated at first. To me it was just a pleasurable sensation. I didn't know it was masturbation. Nobody ever discussed masturbation with me, nobody ever said anything. And so I think probably perhaps it had something to do with the fact, as I remember now, that when I first learned about lesbianism I sort of connected the two, my masturbating and lesbianism, and the two remained the same in my mind.

(The following vividly portrays how the little girl laid a psychological foundation for identifying masturbation with homosexuality.)

Dr. Now I have an idea. Do you remember what happened before you started to masturbate with water? You saw something. And your fantasies when you masturbated followed a certain pattern which might hook it up with lesbianism. Can you link the two together? What were your fantasies before you masturbated? The things that excited you sexually?

Pt. Yes, I saw my mother taking a douche.

Dr. That's right.

Pt. I thought she was taking an enema.

Dr. That's right. You actually saw the tip going into the vagina, didn't you?

Pt. Yes.

Dr. And then—

Pt. I didn't realize it was the vagina at the time, though.

Dr. But nevertheless that's what you saw.

Pt. Yes.

Dr. And then you told me that you had certain fantasies that would get you excited sexually. And then you'd masturbate. Do you remember what those fantasies were?

Pt. Yes.

Dr. Tell me about them again and see if you can make a correlation.

Pt. It was—I don't remember.

Dr. Try to remember if you can. (*Pause*) Would you like me to tell you?

Pt. Yes.

Dr. Well, as I recall, you visualized something going into your own rectum.

Pt. Yes.

Dr. Remember that?

Pt. Yes, the thought of an enema would excite me.

Dr. Yes, that's right. The thought of an enema would excite you. So you talk about that. If you can visualize as a little girl your not knowing the difference between a vagina and a rectum, your not having a clear knowledge of the physiology, but just a knowledge that that area was an erotic area, an area where a great deal of sexual pleasure was mobilized, and you had seen your mother—

Pt. Who slammed the door in my face. . . .

Dr. Did she do that?

Pt. It was then, after that point, that I had so much feeling about it.

Dr. Yes. So this feeling was also a sexual feeling. Had your mother given you many enemas?

Pt. Not that I remember, no.

Dr. Did you visualize your mother giving you the enema when you got sexually excited?

Pt. I guess, yes.

Dr. It was your mother then, giving you this sexual pleasure. Maybe that is the correlation that made you think that this form of sexual pleasure was lesbianism, because it was sexual excitement produced by a woman. As you put it, your mother was the powerful one in the family. Could that be the origin of your misconception? The childish misconceptions which you held on to? Your sexual excitement was produced by a woman giving you an enema, by a woman putting something into you.

Pt. Yes, that's right. Those were my first feelings at all about—

Dr. Yes. So, that's what you define as lesbianism?

Pt. But then I remember I got to a point where my feelings, probably after this, because, I don't know how soon afterwards, but I remember that at one time, or at any time after that, that the thought of my mother giving me an enema, I didn't want, I was afraid, in a way. No, not afraid. It was just that I didn't want my mother to do it, for some reason or other.

Dr. Well, you can see the reason now. Because that was the way in which you got sexually stimulated. Is that correct?

Pt. Yes.

Dr. Well, now I think we've solved the puzzle of lesbianism. What do you think?

(At the height of the LSD-25 reaction, note how the patient is able to integrate many facts, and simultaneously bring up data she previously was unable to discuss without overwhelming anxiety.)

Pt. It's so funny, something like this should be, I mean, these in-

cidents. I can remember that I talked about them a long time ago, and each one of them was of individual interest in my mind, and yet there are only a few things that happened around that time and in that apartment that I remember. And there again, too, was the time when I thought my mother was gone and I thought something had happened to my mother, and I prayed to God, and I was crying so, all afternoon, because I was afraid something had happened to her. Undoubtedly I had a great deal of feeling at that time, and yet it took me all this time to talk about it, about them altogether, because, after that one afternoon when I said to you that I was always afraid of being punished by God when I masturbated, because after that afternoon, I remember I'd always felt that by getting down on my hands and knees and praying to God that he would help, because of that afternoon. He brought my mother back. And so I always have this feeling that he could punish me at these times, and also that he could be good to me.

Dr. Do you prefer sitting up or lying down?

Pt. I'm comfortable. I think I'd rather sit up. To get back to the dog dream—though, first of all, I thought of this before and I just recalled thinking it again, that I think one thing that I never had any satisfaction, or any feeling good about, when I used to dress in front of John, instead of feeling confident of the fact that I could, that I stimulated him in any—sexually, instead I used to feel kind of annoyed or embarrassed, and then, for so long, when I used to get undressed when I first came here, even, as soon as I started taking off my clothes I'd scratch so. Those were the times when I felt itchy. The dog dream, to get back again to that, it's somewhat of the same thing, somehow with that dream that even though in the dream I expected the dog to fight with the female, instead of really mounting her in the dream, he was licking her. And though I kept waiting for him to mount he never did. He just licked her. I said before that the questions that I had about John also just as an individual, I guess part of it, I guess one of the questions that I had—(*Pause*) That's another thing, too, because I guess, actually, when I think about how I derive my knowledge of sex, I couldn't tell you that I ever read a book, or that I did this or that. It's just, it seems where most of it came from, I don't know. Most of it even came out of my own mind. There wasn't too long ago that I, oh, I guess a couple of years before I was married, no, I don't even think that long, maybe a year before I was married, that I came across the word cunnilingus in a book, I think that's how you pronounce it, that I looked it up in the dictionary. I don't even, I don't know where I got the idea from but to me it was a, this is the wrong thing to do, too. I don't know why I think of this. Just about a week or two ago I thought of this too. I used to go through my mother's drawers when she was out, oh, I think up until the time when I left home, and in going through her drawers, I came across the books which I mentioned here before. They were, I guess, supposed to be

French books. One was a story which had lesbians in it too, I think. And the other was a book on the different positions to be taken during sexual intercourse. These two books were hidden in the bottom of the drawer, and I never mentioned it to my mother until, not even, oh, I think it could even have been after my father died, pretty recently though. And the other day I just realized, or I thought of it, was that when we cleared out her drawers those books were gone. My mother denied them at the time, said she never had them. It only struck me very funny at the time that she should deny it. I mean, at this late date.

Dr. Well, maybe she was embarrassed. Maybe she also had fears about sex.

Pt. Oh, I think my mother had a great deal of fear about sex. A great deal. Because I know that she had such distorted views. But from what she said to my sister, I know that her ideas were very strange. I probably derive some of them from her, I don't know.

Dr. By the way, it's about two and a half hours from the time you've taken the medicine. Do you still feel it, or is it wearing off? Do you feel as high?

Pt. Not quite as high. I'm getting more, (*Laughter*) I feel a slight headiness. Is it two and a half hours?

Dr. Yes. Why? Did the time seem much shorter?

Pt. Well, when I looked at the clock before, I just remembered now I didn't realize it was three o'clock, or that the time had passed so fast. I couldn't remember why time meant so much to me. Now I remember that the last time we talked about the fact that time goes much faster than what you realize.

(Time often appears to pass much faster while under the influence of LSD-25. This facilitates a four-hour interview for both patient and therapist.)

Dr. This time you implied that John was the dog in the dream. When we previously analyzed the dream we said that you were the dog in the dream. So it's just as if you had reservations about John's masculinity, which has worried you a good deal.

Pt. Yes.

Dr. Are you worried that you're not very much of a female because you married John? Is that what's really bothering you?

Pt. You see, before I said something about are we perhaps suited for each other because he is not as masculine and I am not as feminine.

Dr. Yes, but do you think masculinity and feminity can be measured like a yard of cloth.

Pt. I guess I'd like to.

Dr. You see, you haven't ever shown any important desire to derive sexual pleasure from a woman, although in your childhod fantasies it was your mother with a symbolic penis who stimulated you.

Pt. Yet I felt very repulsive towards my mother.

Dr. Yes. Well, that could be a compensation for your sexual excitation produced by the all-powerful figure in your home, the mother. And your mother with an enema tip in her hand, symbolically, could have frightened you. Your mother was a frightening person. And that very sign of strength would appeal to the feminine core within you.

Pt. Yes, I just remember now, too, I remember playing with my dolls. I would play that I was giving them an enema.

Dr. You were placating your mother, symbolically; you were a good little girl. She expressed her masculinity not only towards your father, whom she regularly castrated, but also towards you, whom she treated as a female, in your own symbolic thinking as a little girl. Your rôle has been essentially feminine, although you've been trying to placate your mother, living up to her idea of what a feminine woman should be like; in other words, someone like herself. She really tried to mold you in her image.

Pt. Then, in other words, as I said, I always kept my childish conception of a lesbian, even though my knowledge about them increased with time, so that actually, what I have done is that somehow or other I have taken physical reactions and disregarded my mental ones, in my thinking, and disregarded that completely and taken only my physical reactions as being indications as to whether I am a lesbian or not.

Dr. What do you mean by physical reactions?

Pt. Well, as I said before, the only way John ever excited me when we first got married, was by manipulation, and to me that was just a physical reaction.

Dr. But it was not lesbianism, which is—

Pt. No, so I had taken purely my physical reactions as being a guide as to whether I am or not, and disregarded whether I ever had any inclinations or dreams or feelings towards a woman. Which I never had.

Dr. Now, in this dog dream, you're really the female, aren't you?

Pt. Yes. And I'm waiting to be mounted, that was my feeling.

Dr. Now, you've analyzed the dream. And yet you tell me that your husband is willing to do that whenever you wish.

Pt. Yes.

Dr. So?

Pt. Which has always put a question in my mind about him.

Dr. What question?

Pt. Well, in that he is always ready to, well, to satisfy me sexually in any way that I wish.

Dr. What's wrong with that?

Pt. Well, I thought it was wrong. As I think about it more and more, I feel it was wrong, or I thought it was wrong because I felt that what I wanted was wrong, that he wanted to do it was wrong, too.

Dr. Wrong? Punishment again involved? In other words, you're saying it was wrong to have pleasure, sexual pleasure. It might not have been the most mature relationship, but I don't see anything wrong.

Pt. You see, when you said just the two words, sexual pleasure, I thought also of, yes, I think I was afraid, and sometimes I am afraid to have sexual pleasure, because I think of the time when I went with my friend to see the sailors and my mother found out and she spit in my face and called me a dirty tramp. To me, to have a desire to see a sailor, it was sexy, it was dirty, it was wrong, and my mother spit in my face for it. It was a horrible thing, and so I, also the idea that I was oversexed. I had all sorts of fears.

Dr. Of fears, which your mother injected, which you don't need anymore.

Pt. But why, I mean, as I think now, the times when I have said that I had the greatest sexual pleasure were the times when I was probably least inhibited during the sex act. Then what causes me to, why do these fears at times come out more than others? Because of the influence of my emotional feelings at that time? Of different influences upon me?

Dr. Your analysis is concerned with metamorphosing your fears of your mother and her dominance over you, and your understanding of those fears, getting rid of them, together with the guilt.

Pt. And I've had more trouble lately, since I'm back again in her house. That's one thing.

Dr. Yes, that's one thing. Ever since you're living in her home your fears have been again mobilized. You want the reassurance of a strong character like your mother. In terms of your mother, your husband isn't a dominant male, because he does what you wish. He gives you sexual pleasure the way you want it. Yet you describe him as being pretty aggressive. And yet you can't accept him because of the threatening nature of his being superior to you. You're afraid of what would happen to you, that you will become a passive female. You're afraid then that you'll lose him, which your mother established when you were a little girl, "This is what I want my little girl to be, she's got to be like me." In your first session, or second session, you were afraid you had cut your husband to size, too.

Pt. Yes, there's a great deal of conflict in my feelings towards John, sexually, because in a way I want him to be the aggressor, and yet when he is the aggressor I am annoyed, also. (*Laughter*) You see, it's true, whatever I have said here as to my sexual relations with him, or in whatever way I've spoken about sex, I've always made it as honest as I possibly could at the time, or if I told you of an incident it was true, because I realize to lie would be foolish, I mean, I'm not gaining anything by it. Either don't talk about it at all, or tell the truth. And yet, I realize now, that I've been quite concerned; I think my concern has turned more to sex again, in my relationship with John, because it wasn't what it was before I moved into my mother's apartment. I realized it, and I guess you might say it gathered momentum until it reached a point, until I couldn't stand it any more.

Dr. That's why I thought it was a great mistake for you to live in your mother's apartment; to be with her things, with her clothes.

Pt. Well, you know, the tangible things are very easy to get over. And to tell you the truth, I just realized before when I was sitting in the chair, too, the dress I made over for my mother, although she never wore it, it was my mother's, that I made over. I can put on most of the clothes now and not think too much about it. Oh, I'll take out a pair of gloves once in a while and think that it was my mother's but, oh, the tangible things as I started saying, you can get over them much easier, you're aware of them, they're in front of you. You see, it's the intangible things that you don't see, and you just don't realize.

Dr. That's what psychoanalytic theory deals with. Feelings are intangible things. It's not the dress, but the feeling that you have about the dress.

[*Compare with Kinsey's discussion (11, p. 170).*]

Pt. I wonder now, what I think I was, what I thought I was going to conquer by staying there, but I thought that I had something to conquer by living in that apartment and living through—

Dr. You had *someone* to conquer, instead of *something.*

Pt. It wasn't my mother I wanted to conquer. It was either John or myself. And I think it was he. Because by conquering him I was sure of the results.

Dr. Well, that was your mother's method of operation, wasn't it?

Pt. Yes.

Dr. See, all of your discussion about John in the last few months have been tinted with the notion that *he* wanted to be successful. That you couldn't take. In other words, his successes were your failures.

Pt. And that he was successful without me. (*Pause*) Unfortunately, though, they're not pure feelings. I could say that there again, there was a conflict with him. Of course, I could say that there were times when I want him to be successful, because I realize that his success could be my success, too. Yet it was always the idea that with his success I must have a finger in it also, that it isn't purely his alone.

Dr. But he wants you to! But he gets the glory. Isn't that what bothers you?

Pt. Yes, that's what bothers me.

Dr. When you went to that Board of Trustees meeting, do you remember?

Pt. Yes.

Dr. He was moving into the upper echelon of policy-making and you weren't.

Pt. But, you see, I have more or less taken the step though, in that, more or less, I think unconsciously, I think, though I am sometimes aware of it, I am sometimes, well, he's taking his step that way, and I'm taking mine this way, for me, and he joins this organization, and I join that organization and I don't want to be with him, so to speak, and

a member of an organization with him. I, it must be all for him alone or all for me alone, because I can't share with him.

Dr. Why not?

Pt. I could answer you very simply and say that I, because I've always had the feeling that whatever my father was and made of himself my mother helped him. My mother was the one who pushed him into taking steps to further himself, along in the business world, let's say. I don't, you see, I haven't been able to gain that feeling yet with John. It still is this idea that I'm working for him, or that I have done so much and have not gotten the glory I want, that he gets the name, that he gets the recognition.

Dr. But that's precisely what your mother always told you that you must do. She always told you that you must look out for yourself. And you're still doing that.

Pt. Yes, I am.

Dr. You said about 20 minutes ago that you realize, realistically, that his success was also security for you.

Pt. Oh, yes, I can realize that. But emotionally—

Dr. Emotionally though—

Pt. I've got to have—

Dr. It's threatening to you.

Pt. It's threatening?

Dr. Yes. You say that—

Pt. Because he has what I want?

Dr. Yes. (*Pause*) It's now three hours and 10 minutes after you've had the medicine. How do you feel now?

Pt. I still feel lightheaded. Not as much as before.

Dr. Well, do you still feel you can talk about things?

Pt. Yes, just as free.

Dr. Now, you've been sitting up.

Pt. I can repeat some of the things I said that we missed.

Dr. All right, go right ahead.

Pt. While you were out I was thinking when I had the question that I had when I gave the conclusion to what I thought I accomplished in analysis, and when I asked the question, "Where do I go from here?," was that I knew that the one big problem that I came in with and that I had not really gotten to the point of discussing freely or easily yet, was sex. And that I was questioning what am I going to do about it, really.

Dr. Which is also borne out that in the sessions following much of the material was the discussion of your relationship with your husband. Do you recall that? So that's what I felt was the problem. You'll remember that those sessions are earmarked by that type of discussion. In what way does the medicine which you took make you speak more freely?

Pt. Well, I first of all, I feel no tension when I'm talking at all,

and I just go on thinking and whatever I think I feel free to say, which I never feel, usually, especially when I'm discussing sex; I don't feel free.

Dr. Your mother didn't feel free to discuss sex. She hid the books which you mentioned.

Pt. She hid everything. I mean, sex just wasn't a word that was said in the house, and when it was said it was a dirty word, it just wasn't used. It was either a sexy person, or a sexy book, or a sexy joke. It was used derogatorily, not in any way of speaking objectively or any other way about it.

Dr. Then, in a sense, I think another point is brought up. You were brought up to feel that if you're married to a man who is always ready to mount you, so to speak, it was a derogatory situation.

Pt. Yes. And you were just as derogatory by letting him do it.

Dr. Yes. Yes, and that might account in a very definite way for some of the feelings you have.

Pt. Yes, you see, there again she really put conflict in me too, I guess: well, she more or less told me that the wife submits to the husband sexually, but you control, in a way, the number of times, or in some way or other, the wife is the controlling, and yet submissive at the same time. You submit to sexual relations, but you're still the controlling factor of it. That is, you are the one who says what he does and what he doesn't do, more or less, which she even told my sister.

Dr. So the only way you have complete control of your sexual life is to masturbate.

(Judging from Kinsey's report, it is hardly likely that the psychodynamic significance of this point is understood by Kinsey and his coworkers.)

Pt. Yes. And yet I don't feel control over it, because, well, that's probably why I have so much feeling over it, because well, that—

Dr. When I say control, I mean control of your sexual life with your husband, not control of your sexual life.

Pt. Well, that's what I mean. I don't, it, I do think about the fact that if I masturbate it might kill my desire to have sexual relations with him. It also enters my mind too, that I'm satisfying myself alone, and am I going to be able to enjoy sexual relations with him. And that I don't want either. So, I have so many conflicts about it, about the problem that I guess I—

Dr. Well, now you see all these conflicts, and you see their origin. But it isn't enough to see them. You have to make use of the insight which you have.

Pt. I think I can, because I think of the little, or anyway, of what I have discussed here before I have been able to use. Probably if I had been able to speak more freely before about this, perhaps I would have gotten over this big hump sooner. Actually, by this discussion today too, I think first of all, just the fact that I'm able to discuss it

freely is one big thing to me. And then there have been many questions that have been answered today. Because I guess, I, by letting the origin of why I have such feelings or thoughts, and by understanding, I think the need for some of it will disappear too, in time. (*Pause*) I was just thinking of an incident when my mother was in the hospital the last time and she was pretty sick at that time. My sister was there, and somehow or other, as my sister said, I don't know how, sick as my mother was, she just sensed that my sister was having her menstrual period and said something to her about it and you know, when I think about it now, it just sort of, the same way that sex always was all my life, with her, and yet I know that my feelings and my thoughts or whatever I was thinking about sex, were gotten from my mother, the unspoken word, nothing has to be said, she just somehow got it across to you. (*Pause*) You know it's, before I came here today I knew too, that this was what I had to discuss here, part of what had to come out and, oh, I guess I was wondering away whether for four years I had sort of side-stepped the real question, the real basis of what I needed the analysis for. I think it's all part of the picture of my relationship with my mother. I think I did side-step it at times, but I had always side-stepped it all my life, I always had to. And I think by her dying, more or less, well, in a way, I was going to say at first it stopped me from talking and yet it didn't. As a fact, it really brought it to a point, a climax. I really had to do something, about the one question that was still bothering me so greatly. I have one question I must ask you. How can you remember after such a long time, such a simple point of the one thing I told you about, about walking into the bathroom on my mother when she was taking a douche?

Dr. How do I remember it?

Pt. Yes. I mean, I've said so much in four years. How can one point be remembered? At different times I have thought this also.

Dr. It was a very important point. It was important enough for me to remember, to keep in mind, in connection with your problem.

Pt. Oh! Because I know I talked about it a long time ago.

Dr. Yes. But you said following that incident you had begun to masturbate, and then about two years later you were able to discuss the fantasies you had in masturbating; and now today those fantasies became crystalized and their meaning became clear. But it was very important that we know, that we both kept in mind what had happened just before, in connection with those fantasies.

Pt. I didn't recall it in sequence though. I didn't remember the fact that I started masturbating after that. I don't think it meant as much to me at the time—

Dr. That's to be expected, that you wouldn't make those correlations.

Pt. I remember there was something else—

Dr. You brought up the fact in connection with the dog dream that when you took the dog to the veterinarian that you got some hayfever.

Pt. Oh, yes, that's what I wanted to say. Yes. I sat there for about, this was last Monday, I was here last Monday, I took the dog to the veterinarian in the afternoon and I was in there, oh, less than five minutes, and I started sneezing, oh, terribly!

Dr. Were there many other dogs around?

Pt. Oh, yes. There were dogs and cats there, too. I would say that (*laughter*) I was emotionally upset at the time, and I realize that I was. Or rather, I'd say that at first I didn't, that at first I blamed it purely on the fact that being at the vet's, so much dander and everything around, and I was pretty bad off. But then it continued after I left there, and the next day too, I think I was still sneezing a little bit, and by that time I realized also, I was rather concerned at the fact that well, that I was coming here and that I was going to discuss all that I had kept in me for so long, and I realize that the two together make a very good combination, so that I had very good physiological symptoms of being extremely allergic to animals. (*Laughter*)

Dr. You were giving the dog away, weren't you?

Pt. No, I just took him for an injection.

Dr. Oh, I see.

Pt. (*Laughter*) But I had a very difficult time explaining to the vet how I could live with a dog and be so allergic at the same time.

Dr. It could have been the cat dander. Or it could have been the insecticide. I quite agree with you that the emotional factors are important, but I also believe there was a good deal of dander around.

Pt. Oh, yes, but I mean, I would say I could have had some reaction to it, but I think it was because I was emotionally upset at the time too, that it had so much effect. My eyes were all swollen and tearing. My nose became all clogged up.

Dr. The only way we could find out is for you to go back and see if you get the same reaction.

Pt. That I could do.

Dr. If you're interested go ahead and do it.

Pt. I'd be too much aware though, I think, I mean it would be so purposeful.

Dr. Well—

Pt. Oh, I've been there—

Dr. Oh, you've been there before?

Pt. Oh, yes, I've been there before.

Dr. During the pollen season?

Pt. No, this was during the winter that I was there. To his place, that is.

Dr. You've never been to his place—

Pt. I've never been to his place during the pollen season, but I've been to the vet's during the pollen season.

Dr. Oh, you have been?

Pt. Yes.

Dr. Last week there wasn't too much pollen in the air; it was between tree and grass pollination.

Pt. So, I mean, I have been to the vet's before, during pollen season. I know I take the dog every spring for a rabies injection. And I never had this extreme reaction, that I could remember. There was one time when I came back and told you about it. Of course, I still get hives when I touch a dog.

Dr. I'm inclined to think that you—

Pt. I can't pet him—

Dr. Sensitivity to dander—

Pt. I mean, right where I touch him I just come right out on my arm with—

Dr. I agree that psychological factors are important; but still, it's surprising that you can live with a dog. You get hives when you come in contact with his saliva?

Pt. Even his skin, if I just pet him. His hair, I get the hives from that.

Dr. He must have saliva on his hair.

Pt. He could because he licks himself a good deal. I think it's more his saliva than his body.

Dr. Yes, I think so.

Pt. (*Laughing*) And yet I hate to talk about that because my mother always used to say that she was allergic to dogs.

Dr. Oh, your mother was allergic to dogs? Well, that changes it a little bit.

Pt. (*Laughing*) And she always started scratching after a dog licked her. I think, I mean, I think some of it was a little psychological, also, because she always scratched, but she couldn't stand the saliva of a dog.

Dr. Now, do you think we've gone over enough ground?

Pt. I think so.

(This concluded the psychotherapeutic interview. The patient was accompanied home by a friend, and felt well and slept well the next day. Her ability to integrate effectively new analytic material persisted for at least 10 days. As mentioned in the foregoing, she lost her fear of homosexuality and the anxiety which had been mobilized by the dog dream.)

E. Discussion

According to Kinsey and his co-workers, masturbation is a type of sexual activity by means of which the female most frequently reaches orgasm. Moreover, their data provide evidence that it is the second in order of frequency of sexual activity before and after marriage for the female. In the foregoing case report, the psychodynamic significance of the masturbatory act is portrayed in connection with the life of the patient as a whole. We

have seen that masturbation may produce an extremely complicated pattern in the life of a married woman who had also achieved satisfactory vaginal orgasms with her husband. But life with her husband was especially complicated by her masturbation. Masturbation, therefore, was not a source of sexual pleasure, but a quasi-autonomic technique of relieving the type of anxiety that the patient had experienced in childhood in relationship to her parents. Psychodynamically speaking, scratching and masturbation are here connected in the following way with scratching and eczema which began in infancy. The threatening relationship of the mother (parent) to the child retained, for all practical purposes, her infantile eczema into adult life. This eczema, together with the threatening relationship, began at an early age when the prototypes of later guilt feelings were developing in the child. The reaction of the child and adult was characterized by a simple and violent infantile reaction to the threatening parent by a retaliatory attack on the only object the infant can attack—itself. It is thus that the allergic adult with persistent infantile type of eczema meets certain threatening daily life situations; their threatening nature is matched by a persistent and infantile form of retaliation—scratching in areas already prepared by an allergic constitution.

The little girl grew up, therefore, with scratching, itching, and a skin condition as one of the devices which she used to maintain a less threatening relationship with her parents, especially with her masculine mother who "cut a man to size." As the little girl passed through the Oedipal situation there was no feminine woman with whom to identify, but only a threatening phallic mother. Her adaptation to the male at this period was characterized by contacts with the passive father who had been effectively "cut to size." Although data are not available, it is conceivable that accidental manipulation during bathing by the mother may have erotically stimulated the little girl so that she found an important source of pleasure in her relationship with her mother. Her special technique may have been produced by the accidental observation of the mother taking a douche. In childhood fantasy, sexual stimulation was achieved by thinking of the mother inserting something in the patient's rectum, such as giving an enema. This fantasy is symbolically resolved in the analytic material by achieving orgasm through masturbation in a special way—by water. The water streams out through the tap, but also symbolically speaking, through the enema tip held by the mother and thus participated in, in toto, by the phallicized mother or mother-symbols. It was only through psychoanalysis of this pattern as given in the verbatim record that the patient was able to eliminate the concomitant fear of this symbolic homosexual relationship in her daily life.

One wonders if this psychodynamic approach is not more important than that emphasized by Yerkes and Corner in their preface to Kinsey's book (11):

> Comparison of Freud and Kinsey is not implied, for the two men differed greatly in temperament, professional training and experience, and in their objectives; but what should be noted is the fact that Freud, on the basis of his clinical experience, proposed theories which laid the foundation for a task he was not fitted by nature or training to carry on. This is the great task of fact-finding through careful, patient, long-continued, objective research which Alfred Kinsey, the laboratory- and field-trained biologist, is now engaged in doing. From the Kinsey project, sufficiently extended, should come basic knowledge of sexual phenomena against which theory may be checked, modified and supplemented.

That members of both sexes masturbate is well-known. However, the psychodynamics of any particular case is usually extremely difficult to elicit, and I believe that contrary to Yerkes and Corner, it is Freud's work which laid the basic foundation for studies of the type to be reported here, and that enumeration of data, however statistically valid, in the fashion employed by Kinsey and his group, with no data on unconscious motivation, with no understanding of the individual, but only of one minor fragment of that individual's behavior, will hardly lead to an understanding of the rôle of sexual behavior in our culture.

It has generally been recognized by the investigators mentioned in the historical part of this paper that LSD-25 produces a disturbance of the personality structure, this disturbance being analogous to a schizophrenic-like state in which ego-depression occurs. I believe that this generalization, although valid, must be modified. The effect of LSD-25 depends upon the dosage and upon the personality of the individual. Although ego-depression does occur in the normal individual taking up to 50 micrograms by mouth, I believe that one other process goes on simultaneously, and that process is ego-enhancement, or reinforcement. The ability of the individual under small doses of LSD-25 to face preconscious or unconscious material and to integrate this material into the dynamic forces of the ego-structure is not part of a loss of ego, but rather that of a reinforced ego which functions more effectively under the drug, *in the presence of the therapist.* A study of the psychoanalytic material of this particular patient after the LSD-25 interview reveals consistently that the experience under LSD-25 gives the patient much more confidence in reconstructing and reevaluating data for an extended period of weeks than had previously been possible without LSD-25. This integration usually required very extended periods of

therapy. I prefer to think of the process of integration under LSD-25 as distinguished from narcosynthesis, as hebesynthesis, an elated state in which both ego-depression and ego-enhancement may occur simultaneously with the ego-enhancement leading to an increase in the integrative functions of the patient's ego.

F. Summary

1. Lysergic acid diethylamide (LSD-25) provides a relatively new adjuvant in psychotherapeutic procedures. The use of the drug is characterized by pharmacologic safety, effectiveness in small doses, maintenance of the patient in a conscious and coöperative state, and by safety on repetition without evidence of addiction in both ambulatory and hospitalized patients.

2. Directions are given for the preparation of ambulatory patients with special particulars for 4-hour psychotherapeutic interviews.

3. A typical 4-hour interview is presented verbatim. A woman of 40 became anxious during psychotherapy because she feared that she was homosexual. During the 4-hour interview under LSD-25 the psychodynamics of this fear of homosexuality was reconstructed in connection with her technique of and fantasy during masturbation with running tap water.

4. Under LSD-25 the integrative processes of the ego became more manifest and she was able to lose her fear of being homosexual. The data indicate that with a low dosage and the technique employed, LSD-25 not only produces the well-recognized schizophrenic-like state with ego-depression but also a simultaneous process occurs that may be termed ego-enhancement. This ego-enhancement leads to hebesynthesis, an elated state in which the processes of ego-reconstruction result in reinforcement of the integrative functions of the ego.

5. The statistical point of view of masturbation (Kinsey *et al.*) is compared with the value of studying the phenomena within the total configuration of the personality structure. It is held that the solution of the psychodynamic problem of the individual must be part of any realistic evaluation of the meaning of masturbation by the female in our culture.

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