

L.S.D. TREATMENT FOR PSYCHONEUROSIS

LYSERGIC ACID DIETHYLAMIDE FOR RELEASE OF REPRESSION

By R. A. Sandison, B.Sc., M.B., B.S., D.P.M., Consultant Psychiatrist and
Deputy Medical Superintendent, Powick Hospital, Nr. Worcester.

THE psychiatric treatment of the neuroses has for many years been most successfully carried out where psychotherapy assisted by drugs has been used. The term psychotherapy covers a wide range of treatment methods with their accompanying theories of psychopathology, including the techniques of psychoanalysis. We use it to mean any type of discussion with the patient in the course of which he is made aware of the unconscious forces at work in his personality. These unconscious forces may derive from forgotten or repressed memories or from the deeper structures of the mind which are common to us all and are therefore impersonal. It is generally held that the reactivation of repressed material, often in a very different form, coupled with the one-sided type of personality which the original repression leaves behind are responsible for many kinds of neurosis; while the upsurging of impersonal unconscious material more often leads to psychosis. The repressive mechanisms may not be entirely selective in repressing memories and in most cases of neurosis we find that the personality is in an infantile or childish state; much of the natural personality which expands from within the mind during the growth of the child having been denied development.

Method of Releasing Repressions

Psychotherapists have therefore sought means whereby the repressed material can be released. This can sometimes be done by having a series of discussions with the patient, when by association one memory leads on to another and the patient finds he has remembered much that had apparently been forgotten. Most repressed material is hidden more deeply and the recovery of these memories, accompanied by the appropriate emotional responses is referred to as "abreaction." This is where drugs are useful, sodium amytal or Methedrine being given by injection, and CO₂ or ether being given by inhalation. These drugs are widely used and the material obtained can be of great use to the patient when handled by a skilled psychiatrist. It is possible that these drugs act by helping the patient to associate conscious memories with less conscious memories more easily than we are capable of in the waking state, and it is unlikely that they have any specific effect in releasing deeply repressed memories. The significance of "L.S.D. 25" (lysergic acid diethylamide), and allied drugs, is that they do have the specific effect in releasing repressed and emotionally charged memories, particularly in psychoneurotic patients.

Investigation of L.S.D.

The properties of L.S.D. were partly discovered in 1938 by Stoll, a Swiss investigator, who accidentally ingested some of the drug. He experienced apparent changes in the appearance of his surroundings which were characterised by a sense of their greater depth and intensity and also by a sense of their fluidity or plasticity which gave objects an unreal quality. Stoll investigated the effects of L.S.D. on a number of normal individuals on a partly objective basis but no attempt was made to deal with the material subjectively or to correlate it with the history, complexes or memories of the subjects of the experiments. These studies have been repeated many times and it has been established that L.S.D. is a drug capable of bringing about important psychological changes in minute doses. As little as 20 µg (1/1,000 mgm.) can produce startling alterations lasting several hours.

These changes are characterised subjectively by a sense of withdrawal and unreality; by an apparent splitting of the personality, one side watching the other as one actor might

watch another; by an extraordinary activation and intensity of thought and feeling processes; and by a sense of depth and intensity in some of the surroundings. Hallucinations are common but they are dependent on the state of mind of the subject at the time. They are usually built up on the basis of definite objects in the environment and are not quite the same as psychotic hallucinations and they are nearly always visual. Thus an electric light cord may become a serpent, or cracks in the ceiling may form the basis of a more complex structure, or specks on the wall may be seen as people. Hallucinatory faces are common, and in all these images movement is constant and is an essential feature of the "L.S.D. experience." In psychoneurotic, and probably in normal individuals, the hallucinations may lead to the release of earlier memories or, they may more rarely reveal an actual scene of the patient's past life to him.

There is enough evidence from experimental work on normal subjects to show that L.S.D. produces an alteration in the psychic field which temporarily modifies the subject's notion of reality and which produces changes of personality. The next question to arise is whether these L.S.D. experiences are merely in the nature of an intoxication; a bizarre volcanic eruption of activity of the nerve cells of the brain, or whether it released genuinely repressed material which had either once been consciously experienced or believed or which formed an integral part of the deeper parts of the unconscious mind.

A large series of investigations have been carried out at Powick Hospital in which patients suffering from psychoneurosis were given doses of L.S.D. in sufficient quantities to produce symptoms. From these investigations a method of treatment with the drug has been worked out. It seems that psychoneurotics are especially suitable for this treatment but that psychotics do not benefit, although early and borderline cases of psychosis may improve.

The L.S.D. Experience

The L.S.D. experience is characterised above all by a heightened emotional feeling and emotional release, by the sense of drama, depth and colour in the hallucinatory images, and by a sense of a second or inner self which forces itself upon the notice of consciousness. This latter experience may not be a direct one; it may be projected into the hallucinatory images or on to those observers present, or it may be noticed only as a changed quality in the environment in which its "essence" or living quality is apparently noticed; or it may be appreciated as a distinct splitting of the personality; the old conscious self watching a new and different self. From this it will be apparent that L.S.D. is likely to be most successful in influencing the neuroses of the affective and vegetative variety, such as depressive states and anxiety neuroses, whilst the obsessive-compulsive states are likely to be helped and hysterics and psychopaths are least likely to respond. This has been generally confirmed by the clinical findings.

It has been long held that the neuroses of adult life are the result of an emotionally disturbed childhood and it is therefore of great interest to find that L.S.D. produces in the majority of cases a regression to childhood. These experiences of reliving childish scenes and memories are more than just remembering. They are experiences of the greatest intensity and in them the patient seems to himself to become small and to act and feel as he himself did in childhood. The surroundings may apparently change. Thus many patients feel tiny and have the impression that their clothes are hanging loosely upon them. When they grasp the observer's hand this hand appears small in his, like a

child's. One patient regressed to the age of two years and thought the hospital ward was a fever hospital where she had been confined for scarlet fever at that age, her first separation from her mother. She thought there were cot sides round the bed and whilst walking to the toilet she thought the door handles were above her and felt she had to reach up to turn them.

Recovering Childhood Memories

Naturally, the patients cannot relive the whole of their childhood experiences but those of psychological significance are fortunately released most easily and we have clear evidence that completely repressed and forgotten memories can be relived, accompanied by emotions which were probably suppressed and inadmissible at the time. The value of this is that the patient's childhood, with the therapist's help, is seen through critical, objective adult eyes. The unexplained fears of adult life can be related to these earlier experiences and great relief is thus obtained.

Many examples could be given of the recovery of earlier memories. These experiences can be summed up in the words of a patient, who wrote, "Under L.S.D. I discovered that my childhood experiences were easier to recall than those of more recent years." The patient definitely "relives" the experiences and brings knowledge to bear upon them. For it is knowledge that dispels the fears of childhood and it is surprising how many patients carry hidden and half-forgotten fears round with them for years and which are never brought to the surface and examined by adult standards of knowledge and experience.

Many patients can be helped enormously by explanation, which explains the nature of the childish fears and which also helps him to understand the psychology of childhood. These latter usually concern memories of jealous and aggressive episodes in the family, in relation to parents and siblings. When remembered, simple explanation of the probable causes of these emotional upsets, helps to put matters in a proper perspective. Lest all this should seem too simple it should be explained that many hours may have to be spent with the patient in carefully piecing together all his material and in working out with him the way in which his personality gradually developed. Furthermore, other material, not of the memory kind, begins to appear under L.S.D., which must be explained.

One-sided Development of Neurotic Personality

It must not be supposed that the L.S.D. experiences consist entirely of abreactive releases of repressed personal experiences. Earlier in this paper reference was made to the one-sided development of the neurotic personality. It is thought that as the normal child grows and expands into adult life he gradually draws on the deep waters of the unconscious mind and makes it conscious; it becomes part of his personality. This is what makes us all so alike and yet accounts for all our personal differences. It accounts for the unrest and the sense of a moving and creative soul that adolescents experience when the activity of this collective, age-old, unconscious mind is at its greatest. The neurotic fights shy of psychic and individual forces developing within him. The obsessional neurotic in particular, protects himself doggedly from his inner mind by developing a personality largely confined by repetitive action and ritualistic actions. He never knows real life, being preoccupied all the time by avoiding his unconscious. That is why the obsessional neurotic seldom dreams nor can he compose music, write poetry or paint a living picture. The artistic efforts of obsessional neurotics are technically perfect, sometimes exquisite in their draughtsmanship, but they lack "soul."

It is just this "soul" or experience of the deeper, impersonal, collective mind that is drawn out under L.S.D. and comprises in many ways the most important part of the L.S.D. experience. It is also the most difficult to interpret. We all can understand the meaning of a forgotten childhood memory, but an impersonal image is different. A patient might see a snake, or a spider, and be terrified of it, but what does this mean? Furthermore, he has an uncanny certainty that the hallucinatory animal is *part of himself*. We have no snakes to speak of and no poisonous spiders in England and

so why is our patient so terrified of them? Space does not permit a detailed analysis of such experiences and for this interpretation we have to turn to mythology. There we find that a constant feature of mythological serpents is their association with the animal instincts (particularly the sexual instinct) or with the powers of divine healing. We must therefore suppose that our patient has experienced the universal energy lying behind the symbol of the serpent and that he has come across these latent instincts and healing forces at work in himself.

Manifestation of Collective Mind

A more concrete example of the manifestations of the collective or impersonal mind comes from the experience of a patient. She was persistently troubled by the image of a face which formed part of the L.S.D. experience. This hallucination developed during successive treatments so that it became three interchangeable images; her father, Hitler, and the devil. The first two are, in part, personal images but the third is entirely impersonal. The two first images might also be collective, since we all have fathers and Hitler was more than just a person, he was also the realisation of the universal idea of a cruel and despotic leader who would lead his people to conquer the world. The connection becomes clearer when we learn from the patient that her father was identified with the Hitler movement and that in English minds Hitler was almost the devil himself. Why should our patient, who was brought up in Germany in the days of Hitler, think of Hitler and her father in terms of the devil. We then learn that she had left home at the end of the war and assisted the Americans in the Western Zone and come to condemn the Nazi movement. She married an Englishman and felt that she had become completely identified with the English point of view. Yet she was unaccountably dogged by the peculiar moods and attacks of violent temper in which she complained of the inhospitality of her English neighbours and found every possible fault with her husband. It was not until she had found the image of the Nazi German in the L.S.D. experience and recognised this as *part of herself* that she could recognise that she had once held her father's (and therefore Hitler's) views, and this knowledge assisted in the relief of her symptoms.

The use of L.S.D. as an aid to the psychotherapy of the neuroses is still in its early stages and much more research work will have to be carried out. At present it should only be used by experienced and skilled investigators and only a very few patients can be treated. Its indiscriminate use for neurotics cannot be too strongly condemned. It is probable that other and more suitable drugs will be developed as time goes on. In the meantime, the results of L.S.D. treatment are encouraging and give us an insight into the possible future methods of treating neurosis in general, a group of illnesses which has become one of the most serious problems of our time.

My thanks are due to Sandoz Products, Ltd., for generously supplying L.S.D. 25 for the investigations at Powick Hospital.

REVIEWED IN OUR LABORATORY

Kumfy Kiddy Nylon Film Baby Pants (J. W. S. Hislop, Ltd., London, N.18.)

To the manufacturers of Kumfy Kiddy Nylon Film Baby Pants: Your sample has been tested by a gentleman friend of ours aged 7 months, who apart from the unfortunate fact that you sent a pink pair of pants, was satisfied with your product in every way, and recommends them to all his friends.

(Signed) NURSING MIRROR Reviewer.

(Note: Kumfy Kiddy pants can be obtained in blue or pink, at prices ranging between 2s and 3s a pair.)

Crookes Hand Lotion and Hand Cream

Following our review of these products recently, we have been informed that both Crookes Hand Lotion and Hand Cream are available in smaller sizes. The Hand Lotion is available in 2oz bottle, price 2s 7½d (including tax), as well as in the 4oz bottle mentioned, and the Hand Cream can be obtained in a special non-crushable tube, specially designed for carrying in a hand bag, price 2s 7½d (including tax).