LSD 254

Published as a separate and in *The Journal of Psychology*, 1956, 42, 51-98.

LYSERGIC ACID DIETHYLAMIDE (LSD-25): XXII. EFFECT ON TRANSFERENCE

Biological Laboratory, Cold Spring Harbor, and the Research Division, State Hospital, Central Islip, New York

HAROLD A. ABRAMSON

Published as a separate and in *The Journal of Psychology*, 1956, 42, 51-98.

LYSERGIC ACID DIETHYLAMIDE (LSD-25): XXII. EFFECT ON TRANSFERENCE*

Biological Laboratory, Cold Spring Harbor, and the Research Division, State Hospital, Central Islip, New York

HAROLD A. ABRAMSON[1, 2]

A. INTRODUCTION

In previous reports the value of using lysergic acid diethylamide as an adjunct to psychotherapy, especially brief psychotherapy, has been stressed. In this communication the results of a three-hour verbatim recording is presented to illustrate its use in connection with a most important aspect of psychotherapy: the emergence of the transference and the concomitant countertransference. The interview is that of a patient who received 40 micrograms of LSD-25, orally. While it is true, in general, that the verbatim recording does not include the almost endless number of variables which would be required in the fictitious "total" study so often proposed, it does provide the verbal interaction of the total process. It delineates in detail the delicate relationship of doctor and patient as expressed in interrelated groups of words and the meanings that these word groups can convey to different observers.

During the reaction to small doses (25 to 50 micrograms) of lysergic acid diethylamide ego enhancement occurs simultaneously with ego depression. Advantage may be taken of the reconstructive potential and integrative functions of the ego to provide insight into conflict situations not hitherto readily accessible to the patient (1). In the same way that LSD-25 can be said, in general, to provide a caricature of the normal personality, so can it be maintained that doses of 100 micrograms or more usually lead to a reaction that more poignantly caricatures the response to smaller doses of LSD-25 in the therapeutic range. Our results with 100 micrograms (and more) in-

*Received in the Editorial Office in March, 1956, but completely destroyed by fire on May 1, 1956. Rewritten and received once more in the Editorial Office on May 26, 1956, and published immediately at Provincetown, Massachusetts.

[1]This research was supported in part by a grant from the Josiah Macy, Jr. Foundation, New York City.

[2]The paper *Effect of Ergot Drugs on Betta splendens* by L. T. Evans, L. H. Geronimus, C. Kornetsky and H. A. Abramson is No. XXI in this series on Lysergic Acid Diethylamide (LSD-25).

dicate that the processes functioning in the personality structure of the non-psychotic subject may be modified as follows (10):

(*a*). Awareness of and good memory for experimental frame of reference.
(*b*). Increased fantasy with limited emergence of autistic ideation.
(*c*). Facilitated interpretation of symbolic processes.
(*d*). Acute awareness of need to maintain conscious volitional control of self.
(*e*). Regressive modes of defense and self-preoccupation.
(*f*). Mounting anxiety.
(*g*). Dysfunction of affect control.
(*h*). Depressive processes exceeding the euphoric components.
(*i*). Alternating periods of disturbance in perception.
(*j*). Rarely hallucinatory phenomena with some awareness of reality simultaneously.
(*k*). Intensification of interpersonal bonds with members of the group or of the group leader either with distorted dependence or hostility, or with both.
(*l*). Paranoid structuring of both people and circumstances.
(*m*). Psychosexual stimulation induced by either external events or by the other items listed here.
(*n*). Rarely improvement in performance in specific test situations.

If the foregoing changes in behavior were all modified by the word "slight" we would have a better picture of the patient who has received a dose of LSD-25 in the therapeutic range (25 to 50 micrograms). Here the forces of ego enhancement are supported by the *intense* relationship with the therapist. The patient reacts to the LSD-25 plus the therapist, not to the LSD-25 alone. It may be true that this can be stated for all pharmacologic therapy, but it is especially important in the case of LSD-25. Thus, the therapist, not the LSD-25, plays a major rôle during the therapeutically focused LSD-25 reaction.

The verbatim recording to be presented is that of approximately three hours within five continuous hours. The interview was with an allergic male patient, 35 years old, who had previously had 250 psychotherapeutic sessions with me without LSD-25. The circumstances that led to the use of LSD-25 will become apparent as the details of the interview develop. Keep in mind the foregoing categories (*a*) to (*n*) since only a few comments are interspersed.

B. Transference-Countertransference

Another purpose of this communication is to show the way in which the writer conducts a psychiatric interview with a patient in analysis and under the influence of LSD-25. The elaborate condensations of psychiatric reports without verbatim data are influenced to such an extent by the countertransference, editorial policy of the journal, and current influences of what is in good taste and suitable style, incidental to reporting the data that the reader is often only permitted to see, aside from the history condensations: (*a*) the attitude of the therapist toward the illness under discussion, (*b*) the attitude of the therapist toward the patient, (*c*) the attitude of the therapist toward his therapeutic results and, (*d*) the attitude of the therapist toward the opinions of his colleagues. All of these condensations are highly contaminated by the reporter through symbolic processing, both conscious and unconscious. The first necessary step in attempting to achieve a total or transactional view of the psychotherapeutic process is lost without verbatim data.

The verbatim record not only avoids to a certain extent the symbolic weighting of the report by the therapist, but also directly exposes, in part, the nature of the weighting by the therapist through an accurate record of his verbalizations. The countertransference which is of such importance and so rarely studied in the usual psychiatric report is portrayed here by the extended verbalizations of the interaction of the transference-countertransference. Thus, the system is isolated and a true fragment of the transaction is made available for study. In the following, any reader interested in the nature of the isolated verbalized transactional process will have the data of the transference-countertransference under LSD-25 available for study in his own frame of reference.

C. Summary of the Verbatim Transcript (250th Session)

A patient who realized that a threatening problem created an impasse in his analysis, requested that he be given LSD-25.

At the beginning of the LSD-25 session the patient unknowingly revealed the underlying problem. "One of the thoughts that was almost the first thought that came to my mind as I held the glass of LSD-25 in my hand was, 'I wonder if this is really anything. . . . I thought anything that's medicinal should taste.' "

The patient then related a dream, described as having an "Oriental" atmosphere, in which he was a student sitting in a classroom. He felt that a course would have to be completed before he would be released to return

home. The professor in the dream was characterized as the Soviet type, who answered his questions pertaining to release, with only a smile. In reluctantly discussing the dream, the patient tried to discern what was meant by "Oriental" and said, ". . . suddenly the word *distrust* came out. . . . I don't fear you! *I fear what you may uncover! Or, I fear what we may uncover in myself!*"

He then brought up an important symptom which previously had been consciously withheld from the therapist—the return of itching and scratching, the onset of which he connected with problems encountered in his work. He finally realized that his allergic reaction may have been caused by a disagreement with his wife's psychiatrist whom he regarded as pompous, smug, and unyielding.

The patient recounted a second dream. He was in an arena rehearsing for a show, after which a news columnist told him that his performance was highly praised. In associating to the dream, the patient said, ". . . this particular columnist about whom I dreamt, is in reality, very arrogant, has very little, if any, feelings for his fellow man and does everything for effect and show, and whatever will make exciting news. He has to blackmail, pressure, influence . . . set himself up as a sort of god." This statement led him into a disordered account of experiences and incidents connected with show business. Finally, the patient realized that he had evaded discussion of the second dream and decided to return to "that columnist thing." He said, "This must be Dr. Abramson . . . it wasn't until this very day that I could actually think it, let alone say it. . . . It wasn't until LSD . . . that I was able to come up with the words 'arrogant' and 'self-centered.'"

As the session continued the patient's insight became evident and feelings and emotions hitherto camouflaged were brought out without the intense guilty fears that had kept them submerged He said that a tremendous amount of aggression in him was wasted because he didn't know where tc "aim it."

The patient related a third dream. He was a student in the Navy, being taught how to bail out of an aircraft flying over the water. He and another man were out on a pole which extended from the aircraft. The other man jumped off first but he was afraid to jump, and so as the aircraft flew closer and closer to the ground he simply walked off the pole onto the beach, which displeased the Naval officers who were marking him. In discussing the dream, the patient said it may have represented an unconscious fear on his part with regard to taking LSD.

Near the end of the session the patient brought out that, for the first time

in his life, he was able to "sell himself," that is his talents. In other words, he was no longer as hostile toward figures of authority.

D. Verbatim Recording

(Dose LSD-25: 40 micrograms orally. The interview began about one hour after the patient had taken the drug.)

Dr: At what time did you have LSD-25?

Pt: At eleven o'clock.

Dr: Eleven o'clock sharp. How did you feel about taking LSD-25?

Pt: Well, I told Mrs. *B* [secretary] I was very surprised to find that it was just a liquid. I thought it was a pill and a liquid to chase it down, you know. But it was just this! One of the thoughts that was almost the first thought that came to my mind as I held the glass in my hand was, "I wonder if this is really anything," because I know how susceptible the mind can be to things of that sort. Shall I lie down?

(The patient begins the interview suspecting that the therapist will attempt to mislead him.)

Dr: Do anything you want to do.

(As mentioned in previous communications an attitude of permissiveness by the therapist is desirable provided that the patient is always kept in direct control.)

Pt: But I, well, I took, I drank it down and then I was again surprised that there was no taste. I thought anything that's medicinal should taste. And that's all! I just kept reading my magazine and then about, oh, roughly a half-hour later—it seemed like a half-hour anyway, about a half-hour later I first became aware of it. I got a, the first feeling was in my stomach. Just the slightest, very slightest feeling of not quite nausea, but just an awareness that there was a strange feeling in my stomach! Then I wasn't sure it was the drug or whether it was reading a lot; sometimes when I read an awful lot I get almost the same feeling. Then I became aware of being very restless in my seat, my position; I couldn't keep one position very long. I noticed that, because before I could sit in one position and read a magazine for, well, it seemed like a long time, I noticed I started fidgeting and getting a little restless. And at the same time I also noticed about a quarter to twelve, I think, I started noticing for the first time that I'm a little lightheaded. And, oh yes, just as I came in, that is, after I came in really, I realized that I had meant to go to the toilet before I came in here, you know. And Mrs. *B* said I shouldn't leave the office. So just about ten

minutes, five minutes before you came in, I got up and went to the office toilet, and as I came out I was in the midst of chatting with Mrs. *B* when you walked in. That's about what happened. I didn't feel lightheaded in the sense of being drunk, or anything like that.

(Note the slightly disconnected and incompleted thoughts in the preceding, and compare with symptoms experienced by subjects who are not in so definite a therapeutic situation (2). See also, Savage (12) for reported effects of small doses.)

I did want to tell you about a dream I had quite a few days ago. I thought it was extremely significant, although I guess I couldn't get the result of it, but I think this would interest you very much. I know it interested me. It was a very terrific dream! I think, a very symbolic dream.

I was chosen or something like this to take up a course in college—at any rate to attend classes. And I somehow got the feeling that I was attending these classes, but at night, you know, I'd return from the class to my wife and my son in my home and so on. And then, one day in the class, sitting in a classroom which seemed to be filled with about thirty or forty students, at a desk very similar to what we had in high school I would say—I had a feeling that I could never, oh, after sitting in the classroom for a while, I was suddenly led to believe that we'll no longer be able to return from the classroom to our homes until we graduate from the course. And this kind of alarmed me! I said, "What do you mean? You mean we can't even go home? We can't even communicate with our families?" No communication whatsoever with the families until you finish the course and when you finish the course you may do as you please. Well, this got me angry. And finally a professor walked into the classroom to answer all questions. I had the feeling that this was very, how shall I say, very Soviet. The whole thing seemed very Russian in its atmosphere at this point, you know, at this point in the classroom. And the guy who walked in was very similar to Mao Tse Tung, or whatever his name is. He looked like he was one of the chieftains in the Red China Hierarchy. And yet, there we were in this classroom, and it seemed like a mixture of oriental and occidental atmospheres. And he came in to answer all questions. I stood up and asked him some questions pertaining to my family and my home: "Could we even correspond with them or could we see them or something like that?" He looked at me just for a second with a sort of half smile on his face and then turned to the next row and said, "You, sir, have you any questions?" Just as if I didn't even speak!

(The reader should keep in mind that LSD-25 intensifies interper-

sonal relationships and therefore, with the therapist this intensification is reinforced in addition by the transference processes. By developing the relationship with the therapist the patient is able to tolerate increased exposure of, and relaxation of his defenses.)

Well, that's as much as I remember of the dream, but I couldn't help but feel that this is so obvious. But then again, knowing what we have learned, perhaps a little too obvious, you know. I couldn't help but feel that this is a direct finger pointing at our work here; the analysis, the conflict within myself, and feelings I may have towards analysis, my family, my wife, my son, my home, my work, and so on. I couldn't help but feel that you were the professor because, well, it was identical to the way you have refused to answer certain questions, you know, and yet would not, you know, be belligerent or anything like that! You'd sort of smile in your quiet way and I'd have to just keep right on floundering. Also, this sort of bears out some of the things you've said which I didn't fully deny because I felt I wasn't capable of denying it one way or the other, saying, "yes" or "no," as I couldn't speak for my unconscious mind. I can only speak for my conscious mind. But looking at this, assuming that you were the professor, you have been more or less pictured in this dream sequence as a dictatorial type of person who's the head of the hierarchy. And yet there must be some looking down to, or discrimination on my part, because before I am told a thing—something stands out in my mind; now, why the "Oriental" thing? There must be a lot more racial prejudice in me than I have ever been aware of, which doesn't leave me too happy because all my life I've always wanted so much to live a life of respecting each person for what he is himself; not for his uncle, his mother, or his daughter. And yet, beyond control of myself or circumstances, I fall into a pattern whether I like it or not. You have to act it out in your life; you can think it; by "you" I mean me. I can see this now, because in many of my dreams I put a disparaging atmosphere on a character in the dream. They're either Negro or Oriental, although I must admit that this is the first time that I'm aware of a character in my dream being Oriental. And the dream was quite a few days ago.

Dr: What day was it?

Pt: I really couldn't tell you, to tell you the truth.

Dr: Was it since you saw me here?

Pt: Well, it was between the last session which was Wednesday, yes, last Wednesday, it was between Wednesday and this week—

Dr: Then it was after you had gotten me to agree to let you take LSD-25.

Pt: Yes. Yes, I'm aware of that, too, as a matter of fact. I also was

aware of the fact that I was having some trouble at this point, you remember. In fact, I'm quite sure of it now. I remember when I came up here during my theater run, on my first visit here which was Tuesday, last Tuesday, we just shot the breeze, now that I look back on it. You remember that? We just shot the breeze; we said nothing, that is, I know I said nothing of importance.

(Did the patient unconsciously refuse to talk so that he could take LSD-25? Did I unconsciously maneuver the patient into an LSD-25 interview? Or was the patient's hostility toward his wife's psychotherapist carried over to me? This delicate mechanism of the transference-countertransference process should be considered.)

I did mention my wife cutting off psychotherapy with her doctor, but everything was just shooting the breeze. It was something like sitting in a restaurant having a cup of coffee with you and just shooting the breeze over the table, you know. And I said to myself after I left, "Now I know we have skirted some very, very important stuff in these last few visits." This also bears out some of the things you said about—I hesitated, in fact, I didn't want to come here during my theater run. I assume it was because of not knowing your schedule, which was true; I didn't know the schedule; I couldn't plan on a definite interview until Monday. But there's no doubt about it; we're skirting some—in fact, one of the very first visits I ever had here, I said, "Some of my fears are towards the homosexual tendencies which I feel may be stronger in me than they should be." I don't fully understand that and can't pinpoint it.

(No overt homosexual acts or conscious feelings had been reported.)

That was a long, long time ago, and still it seems that basically these are some of the fears that exist and probably will exist indefinitely. It's just a matter of knowing how to handle and understand them. I have a dream that I dreamt last night. I took the trouble to write it down. I thought it might be better. It it all right to read it?

Dr: Are you sure you don't want to discuss your first dream a little further?

(The patient obviously wished to avoid the implications inherent in the first dream where the therapist was considered by the patient to be both the Oriental and Soviet professor.)

Pt: Oh, I see what you mean. Well, I think all that I can discuss, I have—

Dr: Yes, you've interpreted; but how about discussing some of the impor-

tant characteristics in the dream? For example, in the dream you were unable to go home.

Pt: Well, it seemed like something that was being done against my will, you see. It wasn't a matter of my not being able to go home, or a matter of conscience, or something like that. It was a thing of restraint; almost physical, invisible, physical restraint! In other words, I had a feeling! To make that clear, I couldn't go beyond the door or the gates of this school or whatever it was. There would be guards there or something to see that I wouldn't get out before I finished the course. I might feel that this was a good idea for me. I can see, well, you said that I shouldn't get, I shouldn't get back to my wife until after the LSD effect had completely worn off. This is very much—there's a close parallel there. Because here, it's almost been invisible, physical restraint; I can't leave here unless somebody calls for me. And also, I can't face my wife or my family, you know, I can't go home to my wife because of her nature; her being so sensitive, etc. No matter how much she says she understands my work now, she certainly must expect the worst, knowing that I can't go home to her until the drug has worn off. There's a strange feeling about the effects of this stuff. I think that I feel it now more than I did before. And then there's two extreme—there's two different feelings at extreme ends. One is the feeling that you can talk endlessly, or the desire to talk; and the other part is the desire to sleep. Have you ever been told this before? I guess you have, with as many people as—

Dr: If we accept your interpretation of the dream, isn't it also conceivable that your insistence on taking LSD—

Pt: —is a way of keeping away from home?

Dr: Well, not only a way of keeping away from home, but also of keeping away from analysis. That is, in this dream you're taking a course in a university. Now, throughout your analysis you've asked me a tremendous number of questions some of which were so cleverly worded I felt it my duty as a doctor to tell you what the answers were, because they were straightforward questions which had to do with your personal and medical life, even though they were outside the immediate psychiatric area under discussion. Now, is it conceivable that your desire to take LSD-25 is also another course in the university of this office, and that—

Pt: Yes, that's possible. I mean, almost anything is possible.

Dr: And, therefore, the two feelings you just had, the desire to talk and the desire to sleep, represent the conflict in you—

Pt: The conflict, I realize, as I said, sort of registered in my mind.

Dr: One, to withdraw from the analysis and, two, to concede to it.

Pt: At the same time you want to live up to it.

Dr: And your very casually saying that you couldn't come in while you were at the theater, when mechanically you could, was part of your desire to avoid the analysis and avoid these questions, and, of course, your derogatory attitude toward me is well understood, because you did come during your theater run and—

Pt: I felt, well, falling back into my pattern, I felt that I didn't get my package those days, you know.

Dr: I've been thinking about that. At the end of each session you always like to feel that you've accomplished something.

Pt: Yes. Although I must admit that I don't often think of it consciously. I don't walk out of here and think, "Now, what did I get out of my session?" In fact, I'd say that 98 per cent of the time I walk out of here, I'm either thinking of where I'm going or what I'm doing next; only once in a while do I reflect upon wat I've just gone through, you see.

(In the following discussion it was necessary to reject the rationalizations of the patient in connection with his profession provided that his successful technique in the theater was not thereby damaged or destroyed. This was one of the difficult problems in the analysis because of the earning capacity of the patient. As a matter of fact, the patient's income increased.)

Dr: But I've often noticed the same thing coming into your theatrical work. You always wait for audience reaction; and you become very depressed when I see you, if your audience doesn't respond to you in the way that you would expect them to. I wonder how much of that interferes with your functioning as effectively as you could function.

Pt: I see what you mean, but I also know even just from the bare theory of it, from the bare science of laughs and of provoking laughter and of laugh reaction that you trigger yourself to your whole timing, you know, it's not a conscious thing! You don't say, "Now, all right, hold it! O.K., now, do the line." It's a thing that goes on unconsciously, it's become second nature; it's methodical.

Dr: Well, although you say that you get your engagements because of your laughs—

Pt: If they laugh that hard, you see, those laughs get you to quiver; to work faster.

Dr: I see. You need the laughs to stimulate you, is that it?

Pt: As a comedian—yes.

Dr: But the extraordinary thing about the audience I saw last week was that they couldn't wait to applaud you for your versatility, your erudition and your talents.

Pt: I know that this sounds extremely defensive, and I can't help it, but it's the truth nevertheless. I told you that the first day I was in this theater—any comedian will tell you this particular theater loves to applaud more than laugh.

Dr: I see.

Pt: This is the truth! This is not just my word; this is the word of some of the biggest comedians in the business today. This theater is a vaudeville house; they love to applaud. Sure they like to laugh, but it's primarily an applauding house.

Dr: But I've never seen an audience that wanted to applaud more.

(The patient had correctly insisted that if his work was to be understood his professional performance must be studied. This was done during a theater performance when the patient was unaware that he was being observed. Too often, in analysis, the therapist does not know first-hand the patient's behavior at work.)

(I believe that, above all, the analyst must have the facts of performance; not the glamourized or clouded accounts of success or failure given by the patient.)

Pt: And yet, if you were to see me in, let's say, the Strand or the Roxy, you'd hear them laughing and screaming. Sure there'd be applause, but those laughs would be like gunshots, they're so spontaneous and fast. Well, you did hear laughs that night?

Dr: Oh, yes, but the laughs were spaced.

Pt: Spaced, as compared with the applause.

Dr: There was a drive on the part of the audience to applaud you, and you didn't care about the applause. You were only interested in the laughs. In fact, I thought you were getting angry at them for applauding; they were interfering with your—

Pt: Oh, no, no, no! I know what you mean. No, you know what they, they—that's called riding it; staying ahead of them; getting them so that they'll laugh and clap, don't even know what they're laughing and clapping at, you see! That's—you're supposed to get them to the point of a three-stooge movie comedy, where the momentum is so built up that they don't know what the hell they're laughing at, or what the hell they're clapping for; they're just with you a hundred per cent: you can do no wrong; that's what you build them up for.

Dr: Now, to go back to your dream. Do you feel the fact that you've converted me into an Oriental tyrant—

Pt: —with a smiling face.

Dr: —means that you feel that my attitudes are unjustified?

(The intensity of the negative transference is now to be rapidly developed with some insight.)

Pt: Well, I know what it really means now; I didn't until this very second, I think. That is, just now, as you were speaking, it may have been wrong of me, but I was listening to you with half of my mind, and the other half of my mind was saying, "Now, just what did I mean by the 'Oriental'—what is meant by the 'Oriental,'" and then suddenly the word "*distrust*" came out! And there I am doing the very thing I condemn and hate so much in other people. I can realize now why the feelings are so strong, because they in some way reflect or blanket my own feelings to a degree. Ah, now, not trusting you is also another way of not trusting what I, or we, may find in what we uncover as we go along in our work, in what I say, in what you say, and so on. In other words, I don't fear you! *I fear what you may uncover! Or, I fear what we may uncover in myself.* It's actually saying the same words again and again. So the classroom scene is so clearcut. I wonder if that's why I asked if there's such a thing as being too clearcut, you know, it was so obvious that it meant something else, but I doubt it. It doesn't, in light of what we have been discussing, the plan, using LSD and so on. And yet, I'd like to know why I've been so anxious to use LSD. You know, if you can remember, I have been hinting at using this for, well, for quite some time. I've been very anxious to use it. Now, I'm, I think I realize that, at first I thought your objection to it was my attitude towards wanting to use it; which in part may still be so, I don't know. But then I suddenly became aware of one of the other facts that was so subtle I almost didn't spot it. And that was, that it was my wife that you had some concern about; my wife's reaction to this LSD and my staying away from her, etc. Now, on the patients, the other patients you have, where, let's say, their wives are not of the sensitive nature that my wife is, or hasn't had the history that my wife has had, do you let them, are they allowed to be picked up by their wives and brought home and so on?

Dr: Yes.

Pt: Yes, because I remember you originally said, "Your wife will have to pick you up," and then that changed the more you learned about my wife, that changed to "A friend of yours will have to pick you up." I didn't spot it right away, but I did looking back at it. Well, no, in fact you didn't

even change; you just sort of dropped the LSD thing altogether, and you never did encourage it. I was the one that kept asking for it. And another thing was this: after you gave me the paper on this case of yours about the woman who feared lesbianism, you asked, "Did you get anything out of that?" I said, "Yes. The only thing I got out of it, the biggest thing I got out of it, was wanting to use LSD." And so that's when we more or less agreed that it would finally come to pass. And, so here it is. But as far as that classroom scene, that's about as much as I can milk out of it.

Dr: Do you recall now what night it was that you had that dream?

Pt: No. You asked me that before. No, I really can't. All I can say is that it was somewhere between the visit of Wednesday, April 6, was it—no, April 13, and today. It was during the weekend, I would imagine. I think it was Saturday or Sunday night. Oh, by the way, I have been having a great deal of difficulty in sleeping. I know I'm going through something because I've had to use medication every single day. As a matter of fact, during the day I don't need medication, now that I think of it. During the day I never need medication. It's during the evening hours, after mealtime, if I feel a slight heaviness or even the thought of it, I try to head it off, as you say. I also take delayed Tedral when going to sleep to make sure that I don't awaken at night. Now, is that a bad—I think that's the right thing to do.

Dr: Yes, I approve of your preventing any—

Pt: —head it off, rather than—

Dr: Yes.

Pt: Also, I notice another thing. Sometimes I take some medication and it doesn't do too much to relieve me, and then I use the nebulizer and I notice dramatic results. Is there a possibility of it enhancing the medication you take by mouth, or is it a mental thing?

Dr: No, they work together. There's always a mental factor in all medication, but these drugs are so powerful and so classical in their action that I don't think we should look into psychological forces with ephedrine and epinephrine.

(The patient finally discloses part of what he had been withholding: itching and scratching. This may have been an important factor in his reluctance to continue the analytic part of his therapy. See the third paper of this series (1) for the complicated psychodynamic processes involved in itching of this type and the bases of the processes that mobilize the defenses to retard revelations to the therapist.)

Pt: Also, there's been lots of itching; lots of scratching.

Dr: When did that start?

Pt: Oh, this has been going on for a couple of weeks now.

Dr: You didn't mention the itching and scratching before.

Pt: No, I guess not.

Dr: Why not?

Pt: I really don't know; I couldn't say why I didn't. It's just that it wasn't on my—I can only say that either I'm speaking of something else or—wait a minute now! Let's see if there was itching going on at that time. No! The itching went on, now that I think of it, the itching went on all during the theater thing; I think that was when it went on. *The itching—I mentioned this a long time ago, that when I am wearing clothes I am never aware of itching or scratching or anything like that. When I get undressed, and by getting undressed I mean by just changing my pants, like if I go from my street clothes into my stage clothes, or from one pair of slacks into another pair of slacks, I am suddenly aware of the itching and the desire to scratch anywhere between my legs or near my buttocks, or anywhere in that, you know, that area which is where most of the itching usually takes place.*

(This type of itching could not be ascribed to a temperature change or an allergy to wool, nylon or other textile. It was in all likelihood psychogenically triggered in a basically allergic person.)

I haven't had this in a long time, but naturally I've been going through some kind of upheaval. I have this threatening asthma—this itching! They're so closely related, you know, and the problems we've been kicking around as of late. Another thing has been disturbing me terribly, and that is—you see, we've been very spoiled as I told you. Charles [the patient's young son] used to get up about 8:00 or 8:30, lie in his crib, talk and chat, and then fall asleep again if we were, you know, if we'd be sleeping. He'd sleep until sometimes 10:00, 10:30, or 11:00. We'd be the luckiest people in the world. Everybody envied us for being able to sleep that late, and we'd have breakfast together and Charles was none the worse for it and very happy. Now, of course, he's growing up and he's ready to start as soon as he sees daylight; you know, "Come on, it's time for breakfast and let's get going." Well, I don't mind getting up so much, that's all right, but the thing I kind of objected to was the fact that he'd hop into our bed, you see. He'd start talking real loud, not to me, but sort of to himself, or playing a game, trying to wake me up, you know, wake us up. And by rights we should get up. After all, I mean, we are the parents. He's up, ready for the day, and we shouldn't be sleeping at 6:45 or 7:00—it's usually

about 6:45 or so we notice he's up now, all the time, and in our crib—our bed. You got the "crib", right? And it caused a lot of anger in me these last couple of mornings, so that, plus whatever's in me to begin with, the mornings have been very unpleasant. I've always gotten up short-tempered and so on. Another thing I sort of resent is the fact that my wife somehow sleeps through this, you see. I wake up quicker than she does with this going on. Yet, at night should he get up and call out, she responds immediately; she's sort of tuned in to him. But once the morning comes around, then that's when she can sleep real sound.

Dr: You mentioned this itching and scratching and something going on during your engagement at the theater, but there's one other thing that's happened in the last few weeks that we may have overlooked which might fit in with your attitude toward psychiatrists in general.

Pt: Well, you've allowed me to start reading.

Dr: No.

Pt: Because I haven't as yet.

Dr: No. There's one other thing that's happened that may have upset you.

Pt: Oh, oh, the thing with my wife and—the twenty-five-dollar thing!

Dr: That's right. How did you feel about the fact that Doctor Y charged your wife twenty-five dollars for a missed visit and she therefore stopped taking psychotherapy? That is the thing. Your wife stopped going to see her psychiatrist; and you and I know that she needs help.

Pt: Well, she knows it too.

Dr: But how do you feel about it? Was that threatening to you?

Pt: No. I think I can say "no." Naturally, you can't speak for what is really underneath; but well, I don't think I feared her going; I wanted her to go! I just resented the fact that—I said, "Who in any kind of business is guaranteed a thousand per cent return?" Nobody, absolutely nobody! This is the same as calling a contractor to my house, and I say I want to have an estimate on what it would cost me to build a porch. And he spends two and a half hours there, measuring and taking up time and so on. He may not get one-thousandth per cent out of this deal, because I may go to the next one who may do the job for six hundred dollars less, you see? So I couldn't conceive of, of the strangle hold on that time. Now, with us, for instance, I rebelled and felt very angry about having to pay for a visit I'd missed, but then this was sort of soothed with the idea that if I called in advance and had an acceptable reason for canceling the appointment, then I would not be charged for a visit. Well, this sort of, this made sense to

me and I said, "O.K. Well, that's a sort of a concession; that's giving in on both sides and that's good! I'm all for that!"

Dr: The Oriental despot had a strangle hold on you in the dream, didn't he?

Pt: Yes, I couldn't get out. But, now it was so iron-clad, so steadfast in the case of my wife's doctor. His remarks like, "Look, I don't need you; as soon as you leave, there's a line waiting to get in next." You know, words to that effect. "You're the one who needs me; I don't need you!" Now, I also keep in mind what you said about my wife giving me a loaded view of what took place. But, still I also know that she's rational. For crying out loud! She knows what was said, and she was very hurt by this! She said, "Well, what kind of a man is this?" you know, to be throwing language, you know, that kind, I mean—this can be the truth! She said, "This can very well be true, but you don't throw this kind of stuff point blank in someone's face, and say, 'Here, let it blow up in your face and pick up the pieces as best you can.' "

Dr: But you think that in terms of the dream you feel unconsciously that all psychiatrists are made out of the same stuff?

Pt: No, I don't think so.

Dr: I'm a despot; I'm pretty rigid in the dream.

Pt: Yes, but this is strictly my show, I mean, my wife has a show all her own.

Dr: Now, the second point—how about your feelings regarding your wife stopping psychotherapy, whatever the reasons may have been? Has that produced anxiety in you?

Pt: Well, I was a little disappointed. I was hoping she wouldn't. But then, again, I felt kind of guilty because she was all ready to accept these terms, you see. And then, when I expressed some anger over the thing, she picked it up, you see. In other words, I can look back at it now and realize that, looking for a way out, she had resigned herself finally to staying with the thing. Then I sort of gave her a way out and she got out. With that—I mean, we can look at it that way, but I must, in all honesty, say that she never felt a warmth for him (the psychiatrist). She said to me, and she has said this for years, "If I am to get anywhere with anyone working with me, I must feel a warmth for him as a person. To hell with the doctor thing, or whatever it is. There must be a relationship as a person and then as a doctor." And she said, "I couldn't ever get this with Doctor Y. Never! Whether it was his age, or—he seemed so smug!" She said, for instance—she always uses you for the comparison—she said, "Now, I remember there

were several times when Dr. Abramson said, 'Now, I might be wrong.'" She said she couldn't see Doctor Y talking that way if he had a gun held to his head. He has never backed down an inch. He's very, he has a terrific amount of confidence which he thinks is wonderful; but since nobody is a machine and there's no such thing as perpetual motion or perfection, he should be able to give in once in a while. But he'd hold fast to a thing and that was it. So, she said she'd only be kidding herself if she were to resume or go back to him or something like that, if he would have her. According to his statements, he's so loaded with patients, and so on, he couldn't take her again. She'd only be—it would be under a falsehood because she still wouldn't feel that warmth for him. She's never said this, but I know I've told you that I have the feeling that if there were an older person, whether it be a man or woman, I don't know if that makes a difference, I think she'd get a lot further. And, also, if the time, and I know you say you've got to fit in with the doctor rather than the doctor fit in with you, one of the strains on her was coming back just at suppertime from the doctor's visits, and no sooner would she be in the house and she'd have to start getting everything ready with the meal. And Charles would be all, you know, climbing over her and what not because he had missed her. So she felt that if she could get morning visits and come back, and then be able to be with Charles and so on, that by the time mealtime came around, she wouldn't have to push him off in any way, and could go about things calmly and have everything over with. She'd be back in the house about 5:30 or 5:45. Sometimes she'd be home at 5:00 and Tuesday she'd be back about 5:45, and as you can see that's kind of late for getting the meals ready. Charles would be hungry and cranky and this would greet her when she'd get home.

(The unconscious factors in the negative transference have led to the serious dispute with the result given in the foregoing.)

Dr: Well, let's leave your wife for the present and take a break. What would you like for lunch?

Pt: Oh, I'm not even hungry.

Dr: Would you like to continue? We don't have to take a break now, we can take it later. If you'd like to continue, we can continue.

Pt: Well, I'll tell you what. It would be a good idea to take a break now and then start with last night's dream.

Dr: Yes. All right, let's do that.

(Pause)

Dr: Let's see, you've had a fourteen-minute break. How do you feel?

Pt: Well, I feel a mixture of sleepiness and yet, I can't relax my muscles. I have a smile on my face; no matter what I think, I have a smile on my face.

(A characteristic feature of many LSD-25 reactions is shown in the subject's or patient's statement "My face is drawn back as if I'm smiling.")

Dr: No matter what you think, there's a smile on your face?

Pt: That's right. That's a strange thing! No matter what I think, my face keeps right on smiling. I'd like to tell you about this dream I had last night. This dream is very related to the classroom dream, I see now. In fact, as I read it, it reeks with being obvious.

I'm rehearsing for a huge show in an arena of a sort, and the rehearsals seem to be taking too long. The people are waiting to come into the arena and they're getting restless in waiting. In other words, you see this big empty arena and you have the feeling that people are lining up at the door waiting to come in to see the show. And the show is still being rehearsed because it's not ready to be seen by the public. After the show—I'm in it—I'm in the show—after the show, a famous news columnist tells me that a sister act told him that I was never so good as in this show. They could watch for an hour! They're in a new show now. In the other shows I was a bit stupid, according to these sisters, but in this arena I was at my best.

Want to take this statement before we go on? I'm so busy smiling I can't go on.

(This is about the middle of the height of the euphoric phase of the LSD-25 reaction.)

In view of the things we've said regarding our work here and so on, the arena could very well be the—

Dr: Well, associate to the dream in the usual way instead of interpreting it.

Pt: All right. I was going to. I just thought I'd set up that premise for a reason. Now, I wanted to tell you that I couldn't help it, but to me, this particular columnist about whom I dreamt is, in reality, very arrogant, has very little, if any, feelings for his fellow man and does everything for effect and show, and whatever will make exciting news. He has to blackmail, pressure, influence, etc., etc., set himself up as a sort of god. And his touch is like the Midas touch, you know. If you've got him on your side, you're in! Now, in actuality, the Sisters have been big favorites of his for a long time. I can't say that he's ever done anything bad to me. I've gotten

some very nice plugs in his columns, etc., but I just don't like this type of person. I was once supposed to be on a television show. This is probably something I won't forget as long as I live! I was supposed to be on this television show. It was when television was still a baby, although it was past the walking and toilet training stage. It was my first big television show! I rehearsed; the musicians were laughing and the camera men were very impressed. They said, "Oh, gee, this ought to be a tremendous boost for you!" I was quite new in the business. Then I dressed in my dressing room and put on makeup. Five minutes before air time I heard somebody coming up. I said, "Yeah, yeah, yeah," and it's the Star himself. He comes over to me and says, "Look, you're not going to be on tonight." Well, it took a second before I realized what he was saying, and then I thought he was joking. So I said, "Well, why?" I figured, well, the show must be a little too long and they have to cut down on time. That was a little hard to swallow, but it made sense. It happens many times, so I figured, well, O.K. He says, "No, no, we're just taking you off!" And I said, "Well, did you have trouble clearing my number through the publishers?" "No, nothing like that," he says, "we just think you're not ready for television." Well, then I started laughing; thinking this is a big gag! You know, the guy's joking, because here in rehearsal I had everybody falling off their seats and now all of a sudden I'm not ready! So he says, "No, you're not going to be on." So I said, "Look, we've sent out over a hundred dollars' worth of telegrams to people who'll be watching all over the country—well the eastern seaboard anyway." I said, "We have people in this theater that are going to catch this thing! We have Warner Brothers! We have Twentieth Century! They're all ready to see what I can do!" "Well, I'm sorry, we'll pay you," he says. I said, "To hell with the pay! I don't want the pay! I wanted to be seen! I wanted to be on the show!" And there was this tremendous scene. So I go running down to my manager and he's sitting in the office—in the audience, rather, you know, sitting there with some friends, waiting for the show to start. And it's not but a minute before air time, and he looks at me and his face turns green and he says, "What are *you* doing down here?" I said, "Look, I'm not going on." And he says, "Get back stage! Of course you're going on!" So he comes tearing back there, and he made a big scene with the Star. He threatened to smack him and what not, and then I found out what happened. One of the musicians in the orchestra told me what had happened. The Sisters were on the show, you see, and they had to follow me. Their spot was in the spot immediately following mine, and they didn't get one laugh. Now, mind you! This is

a rehearsal! Now, at a rehearsal you can't judge anything really, but at the rehearsal I was breaking up everybody—those few that were sitting around watching, and the Sisters got nothing but cold stares. Now, one of the Sisters was the apple of the Star's eye. They were going to be on that show. If he thought I was going to hurt them, he could have just shifted our places around, but he had me removed entirely! There was a conversation that took place in the hallway of the studio where one of the Sisters took him on the side and said, "Look, get the kid off the show." This is an actual quotation! "You don't need him; get the kid off the show. Put him on any other week, but you don't need him this week." And I got off the show! That was a great, bitter pill to swallow, especially knowing the circumstances which I found out about a month or so later. Now, I've been aware of my potential to a degree and what I can do in front of an audience but I've never been able to sell myself to any one as to my potential. I always had to have an agent to do it for me. I don't doubt that somewhere along the line I've been trying to impress you with what I could do in front of an audience, and I could never do that, to my satisfaction, that is. Then you saw me in that musical and that wasn't anything—I mean, as you look back now, having seen me on a vaudeville stage and having seen me in a show with a script, would you say there's any comparison? I mean, it's like night and day! One is, well, there's just no resemblance whatsoever. There isn't this freedom, the aggression, the complete know-how as there is when you work alone. Now, to get back to the Sisters. Oh! Now, I've been trying to, in an indirect way, perhaps sometimes in a direct way, I've been trying to tell you what a great guy I am on stage, because this more or less would probably counteract the deflating effects of your words upon me, so I have to come back with that, but never successfully. In other words, you would win out all the time. Now, you've seen me at the other theater, and for the first time became aware of what I do in the general run of my work; the general practice of my work, if that's what you've seen. And you've, for the first time, given me recognition for what I do. Now, in this dream the columnist has been seeing me all —you see I've been doing this show in the arena all along. Now, the Sisters suddenly tell him that I'm real good in this show, and I'm saying to myself, "This is the same stuff I've been doing all the time! This is what I've been—this is—there's no difference!" As a matter of fact, a short while after the television incident, I did a benefit at the Hotel ———— and that same television Star was the Master of Ceremonies. Well, I got on that show and just tore the place apart! It was really a great victory

in a way, because the Star was there. Not only was he watching it, but I made him part of the act! I started chasing him all over the stage, and the people were shrieking with delight! We got all tangled up with the microphone cord, and I sat him down at the piano and we started doing duets. After he came off the stage, he says, "You know, for the past couple of weeks I've been hearing about this comedian in the Strand and the Roxy Theaters, and they told me what a jerk I was for throwing him off my show, and what a big blunder it was," etc., etc. He says, "Well, you never did any of this stuff on my show." He says, "This is great, this is fine." And mind you, this is back in 194–. I'm so glad I obeyed, rather, I did not obey my impulse. My impulse was to say, "Idiot! This is the same stuff! You know, this is it! You're just seeing it in a different light!" Then I realized who he was and all I said was, "Yeah, you're right. I guess you know a lot of time has gone by and I've learned a lot since then, and I guess I've improved with hard work." And, Oh boy! He was my pal from then on. He's offered me shots on his shows about ten different times, which I had to turn down because of clearance problems—the publisher's clearance problems. But there's a sort of a vicious cycle. It's potential that seems to be burying me; not burying me but burdening me, in a way, with seeking an outlet of some sort to help to maintain a position where I can earn a steady and good living. The prominence is not important to the public in general. In other words, I'm not one of these people that loves going into a restaurant and having people go into a fit, saying, "Wow, there's so-and-so," you know. Of course, I saw what it could do, having been with various big headliners. I know how they actually become hostile after a while; they're not let alone.

But in this dream with the arena, that thing was so much, was so loaded. Well, for instance, yesterday—actually the dream would be affected by what happened yesterday—a lot of things figure into yesterday's dream. I had to get a record. Right after I left here, I went up to see the owner of a record company.

(The effect of LSD-25 has hardly been noticed until this point.)

Gee! I notice one thing—the subject matter flits around. I don't get a chance to land on one subject and use it up for all it's worth. I'm popping around from subject to subject. I'd better not run away from this thing. *I'd better take this and get over—that columnist thing.*

(The patient realizes that he must face the significance of the transference relationship.)

You remember what I just said a few minutes ago about the arrogant,

self-important man? It kind of pained me. In fact, these were the thoughts that ran through my mind during the break. While you were out, I suddenly realized for the first time what I was saying to myself, consciously. You see, here you've been trying to tell me for the longest time some of the hostile thoughts that I should have, or may have had, or do have towards you, the analyst. Lots of times, I'd say "no," and mean, actually mean it, consciously; and then I would come up with all kinds of defenses. *But here, without you prompting me, I suddenly became aware for the first time, and it sort of like split me down the middle, because half of me would say, "This must be Dr. Abramson!" In reality, I think the furthest thing you are, or the furthest thing from the truth is, that you are being arrogant. However, speaking strictly from reaction, emotional reaction, and unconscious impressions, I don't doubt that this must, this must appear to be the case with me. I mean, it wasn't until this very day that I could actually think it, let alone say it.*

(This action of LSD-25 to evoke transference phenomena without too much anxiety has been observed in other patients. I believe that this will be one of the important properties of this class of drugs.)

Dr: Now, let's see, how long have you been in analysis?

Pt: Since February, 1953.

Dr: So for two years you've been unable to face something that now under LSD you can very easily face?

Pt: Well, that's true, in part, because this morning before coming here, I almost, I sort of had that—in other words, this morning even before coming here, you were synonymous with the columnist, but that's all, you see! That's it! That was the end of it! I said, "Well, the columnist must be Dr. Abramson!" But it wasn't until LSD—this part is very true—that I was able to come up with the words "arrogant" and "self-centered." I can start laughing as I say it, because these—. Let me see. Now, let me try to recapture some of this stuff. They're gone now, but before—there wasn't, I might add, they were thought with not much feeling; although I am very much aware of the tremendous feeling in what I said with regard to the incident on the television show; also, with the potential story. I mean, I'm very much aware that there is a lot of feeling there, in what I said. You see, this is all going on right now, even before today, these last couple of weeks. There's been some kind of a volcano brewing, a mixture of everything; my analysis, my profession, my wife, my family life, my attitude towards my son, towards wanting more children, towards being afraid to have more children because of my—the possibility of my not being an adequate father.

Dr: You had doubts of the desirability of having more children at this time?

Pt: Yes. And my wife has a very strong desire now to have another child; and yet she's very aware of her shortcomings. But on the other hand, she's also aware of her—in other words, the pluses on her side. And she becomes aware of the pluses on her side and I agree with her because the pluses on her side as a mother are very, very many. And she becomes very much aware of this when she sees the other parents around. I know this can be a bad thing, too. But when you see some of the things going on with the other parents and their kids; they do things without even thinking; things they, well, we, on the other hand, make—I remember when we were saying those very same words right here. But, I'm wondering, do we think too much? Do we plan too much? Are we trying to analyze everything too deeply? We know it's right. We know it's right to think of what you're doing, yet, perhaps if you think too much and hope too deeply, it can interfere with your own life, and your own life's happiness, or even the little happiness that you can get out of it on your own, so to speak. She also—my wife is also very much aware of the—. Here's a funny thing! I wasn't—I don't believe I was aware of the tape recorder all day today until just this minute, when I said "she," and then I corrected it, saying, "my wife." I did that; I just realized it. I did that for the tape recorder! My wife knows that there are lots of troubles that she has; lots of problems that she has, rather, that are troubling her, and that seek being aired; some of which she knows and some of which she doesn't. She has a strong desire to find out what these things are, and she wants very much to know, but she's got to get to somebody that she can warm up to and get tuned in to, so to speak. Now, for all I know, she can go to a thousand doctors and always say, "That's not the one." That's like the girl who was about twenty-one years of age, and whose family has let her believe that she's God's gift to humanity and mankind. There's not one man alive who's good enough for her, and at the age of thirty-eight she's wondering, "Hey! What's this! I'm not married! Well, I didn't meet the right man yet." Then at fifty she realizes it's not going to happen! My wife may very well be doing that, too, in other words, she—no doctor will be good enough. There'll be faults with anyone. She can't warm up to anyone. Now, she claims she has tremendous warmth toward you, although she only met you once I believe. She felt very relaxed and secure with you. But you and I both said that this could very well be because she knew that with you, she had no—she was on safe ground, because you were my doctor and she wouldn't

be able to see you professionally. For all I know, if she had analytic sessions with you, it may not be the same. But then, it could be. Who knows? But these last few weeks have sort of brought all this to a capsule; a dehydrated capsule is a good way to put it. I have also resented needing so much medication. Well, really not so much. I sort of resented the fact that I was dependent on it every night. I guess that could easily be a throwback to the package story, you know, that you always bring up from time to time, or a throwback to my visits here—I'm not getting my full money's worth or something like that, because if I were I wouldn't have to have the medication. And then I come back to myself with thoughts like, "Yes, but a couple of years ago this medication wouldn't have been enough; it would have been like a straw stopping a flood, whereas I need a whole new dyke to stop the flood." But now, the fact that the medication does take, in other words, it does clear up the symptoms very quickly and very efficiently, is a very healthy sign.

> [One of the characteristic features of the asthmatic patient undergoing a successful psychoanalysis is that:
>
> 1. Usual therapeutic doses of anti-asthmatic remedies are effective.
> 2. No tolerance to these remedies develop without the patient eventually understanding the psychodynamic mechanisms that led to a fictitious tolerance.
>
> Indeed if the usual medication is not effective, it is wise for the analyst to reconsider the desirability of the type of intensive therapy administered. Too often a psychotic episode may interfere if the warning given by the patient's persistent lack of response to drugs is not heeded (3).]

Now, I guess I went—

Dr: Is this shifting your focus on another part of a dream?

Pt: Yes.

Dr: Well, there's one thing I'd like to take up with you. You said, "Your words deflate me." In what way do my words deflate you?

Pt: Well, anything that's threatening is deflating, actually. You see, you never reprimand me, really, or cut me down or deflate me in this, in the sense, well, you said deflating is someone cutting into an ego. Actually, you do that to yourself, and someone else can just be the soundboard or the springboard for it. But—I just can't form my thoughts right. You know, this must be very important, because the more I try to form the thoughts about what I'm going to say, all of a sudden there's a big blank. Obviously I'm trying to get around what I wanted to say, but I want to say it. If I have to bust I'm going to say it! If I've got to dig into it! Oh, yes, de-

flating—you see, when you come out with things that I, in certain respects I do not want to hear because it's the truth—oh, things that I fear might be the truth; these things are deflating, because whatever picture you make of yourself of being a certain size, this thing whittles it down. "Now, wake up, boy, this is it! This is the way it is for real." It's like the guy who goes around in a nice stupor with vodka, you know, and then gets a face full of ice cold water, and suddenly blinks his eyes and says, "This isn't a technicolor world I've been seeing all the time." Getting back to yesterday—

Dr: Just one more point—do you think that it is conceivable that the columnist and the Sisters represent a conflict that's within you, yourself?

Pt: Yes, it could very well be.

Dr: And that you, on the one hand, are the aggressive, arrogant fellow, and on the other hand, a passive person who as yet doesn't know in which direction he's going?

Pt: Yes, that could very well be.

Dr: And that this dream refers not only to your attitude toward me, but toward yourself?

Pt: And since, if I may once again step out of line, I could pretty much—isn't it possible that I can identify myself with you, or you with me?

Dr: That's right.

Pt: After this amount of work that we've done, you know, in certain areas—

Dr: Oh, yes, that always happens.

Pt: Well, therefore, it's possible that the columnist could be both.

Dr: That's right.

Pt: Which gives more strength to what you just said, actually.

Dr: So, therefore, one of your main difficulties is that you deflate yourself.

(Psychodynamically speaking, this is an expression of the desire for the satisfaction of certain narcissistic needs in relationship with approving, parental figures.)

Pt: Yes.

Dr: And part of your deflation is the desire for certain kinds of recognition which you say increases your earning capacity, but I must confess I'm not as yet convinced. Remember, I speak as a doctor not as a manager. As I mentioned before, your talents are extraordinary. The big problem is the effective utilization of those talents.

Pt: A funny thing has just happened. Up until these past twenty minutes or so, I've been in sort of a, well, I wouldn't say stupor, but I've had my

eyes shut and found it difficult to form sentences and thoughts, because there were so many flying around and I didn't know which to grab on to first. And just now, all of a sudden, I opened my eyes and I felt very wide awake. I guess my head is still swimming to a degree, but suddenly my eyes are wide open.

(As with most drugs the reaction is cyclic. This wave-like effect of LSD-25 is very common, and indeed almost characteristic.)

You started frustrating me, just this very second with the things you said; nothing to do with whether what you were saying was true or untrue, but all of a sudden I wanted to say a couple of things and every time I'd start to say them, you started coming out with these things. And I'd pause to, like, let you get the thought in, but I still want to say it, and now I'm going to say it! *There is a tremendous amount of aggression in me.* I mean, where it's going to lead, I don't know. By aggression, I mean—in fact, "aggression" is probably not even the right word. There's a lot of feeling that comes back to me. About a year and a half ago—I was so impressed by it, I'll never forget it. You were talking about a dream that I had, and you said, "This dream seems to indicate certain parts of your nature which are almost volcanic." That was exactly the word you used, "volcanic," "volcanic in intensity," and I was very—I walked out of here very, I don't know what it was, but I felt very strong, somehow. I said, in other words, *"Yeah, that's me, but where do I aim it? There is this tremendous feeling, but where is it aimed and how can it be used instead of wasted?" A lot of this feeling is being wasted; just running down the drain with me. May I sit up?*

Dr: Oh, yes, sit up.

Pt: I have a strong desire to sit up.

Dr: Go ahead. It's now almost three hours since you've had LSD. Does it seems as if three hours have gone by?

(The time sense usually changes under LSD-25.)

Pt: No.

Dr: How long does it seem?

Pt: An hour.

Dr: An hour. Why do you think you want to sit up?

Pt: Well, no, it—now I've sort of lost track again. But I wanted to sit up because I wanted to explain this—the way the feelings that I have within me are being wasted; they're being wasted in terms of asthma. You sure blow a lot of energy with asthma; just trying to breathe you're wasting a lot of energy.

Dr: But you haven't had any severe asthma now in some time, have you?

Pt: No. Although I've almost had it, I was able to handle it. You see, I was on the verge of it last summer.

Dr: You haven't lost a day's work due to asthma in the last six months, have you?

Pt: No, no, I haven't. I was going to figure since I've been here, but then I realized that June of 1954 was a very rough time.

Dr: Yes, something went wrong then. But you were able to work anyway.

Pt: I worked. Remember in July when the agent came and took me from my house? I couldn't even talk.

Dr: But you were able to work.

Pt: He said, "If you just go there and make an appearance it'll save my face, and I'll hold the account."

Dr: But you worked anyway.

Pt: And I worked.

Dr: So, you really didn't lose one day's work.

Pt: I didn't lose a day's work, that's right, but I sure—

Dr: And that's been true since you've begun your analysis.

Pt: Yes. In fact, the only time I ever lost, I couldn't work because of asthma before coming here was—let's see if I can remember now—March of 1952, right after moving into our house. That was the period following a letdown after losing the part in that musical. Not when I was in it, but in 1953, losing the original casting for it—the Father's Day incident; meeting my mother's prospective husband. The hives, the fainting, all that stuff took place in June 1952, and June 1954.

(A first meeting with his mother's prospective husband led not only to allergic symptoms but also fainting.)

Last year was when I had that very rough period. I was home. I had just closed at a well known nightclub. A lot of asthma started and I started taking more and more medication, until finally the medication wasn't doing anything. Oh, wait, wait! The medication did. *I kept it under control as long as I took the medication, until I went to Rockaway Beach and I saw a middle-aged couple being affectionate to each other on the beach. And I had severe asthma that, that—oh, within three hours, practically. I pictured the woman resembling my mother*, and I said, "I now realize why so many people resent seeing middle-aged people, even though they're strangers, being affectionate." They say, "Oh, don't they look silly; don't they look ridiculous?" I realized they don't look ridiculous at all. It's just that these

people show up the fears and the anxieties that are within the observers with regard to their own parents and their relatives. And that was when the thing started to get pretty out of control—the asthma. I got the attack following this.

Dr: At the age of nine you had a fight with a little boy when he suggested that your parents had intercourse.

Pt: Yes. And at the age of nine was when the first hay fever—I mean, this may just be coincidence, but it's a fact that at the age of nine, was the first year that we realized—by "we" I mean the family circle—that I had a definite, seasonal allergy.

Dr: It's a remarkable coincidence.

Pt: Oh, yes; there must be more to it than coincidence. The allergic person is born with the allergic tendency or factor isn't he?

Dr: Well, it's controversial, but I believe that the genetic factor is constitutional.

Pt: And then the emotional match to the firekeg, so to speak, sets the thing—

Dr: That's right.

Pt: I can see that, I mean, I'm sold on that. In fact, I was sold on it before I came here.

Dr: That's why you came.

Pt: That's why I came—exactly! In fact, I'll never forget—you can use this for a plug, as a matter of fact—I'll never forget when I asked my doctor, Dr. ————, I said to him—he smiled—I said to him, "I think you're losing a patient." I said, "The thing is I don't know exactly what kind of a doctor I want. I know he can't be just a practitioner, and I also know he can't be an allergy specialist only." And I said, "I don't even know if the type of doctor I want exists; I don't even know if there is such a type of medicine." Now, up to that point I actually did not know. It's exactly what you're doing, that which I thought didn't exist. I said, "I want somebody who is familiar with the injections and the tests and the powders and the tablets and all that stuff." I got to the point where I hated that form alone—medicine in the sense of chemistry. I was up to my neck with it; with the cortisone and the ACTH and adrenaline shots; adrenaline and oil and all the asthmatic, typical asthmatic medicines that they used. And I said, "What I want is a doctor who would know all these things; not just know of their existence, but know how they're used.

(The patient unconsciously, I believe, having expressed his feelings against the therapist, now hedges his negative transference with positive aspects of the same process.)

I want a doctor who has used them and at the same time knows the psychological, psychiatric or emotional factors; not just as an observer, but a Jekyll and Hyde merger of the two." Then Dr. ———— told me that there aren't many doctors who are qualified, but your name came to his mind in no time, almost. I mean, he didn't even have to stop to think about it. He said, "I immediately think of this doctor. I used to attend some courses; listen to some of his lectures," and so on and so forth. And he looked up your name in the directory and, of course, I was on my way. I was on my way—a way of putting it—but that's true. Dr. ———— has done a lot for me and the reason I liked him as compared with a lot of other doctors I have met is because he knows—

Dr: Are you praising me now, for a change? I know, but why? Are you afraid that I'll retaliate for some of the "nasty" remarks you've been making about me today?

Pt: I got into this for a reason. Medicines, well, just the chain of—

Dr: How about the dream? Do you have a second part of the dream?

Pt: Yes. Oh, the second part of the dream! I think I remember what happened now. That's exactly what I was talking about. Now, there was a method to my madness; there was a reason why I was saying all this. I was leading up to something. I wasn't decoying you here, or putting up a smoke screen. I was leading up to something! Now what? All this was aiming toward something; all this talk about medicine and so on. Oh, wait, wait, wait! It's coming back to me now.

Last June when I had this upheaval, I was able to control it up to the point when I saw these two people at the beach. And then it got out of hand. Then the Tedral didn't work, and the ephedrine and Seconal didn't work and then—oh, and the nebulizer, the nebulizer never did work up to that point, if you remember. I had the nebulizer for a year, and it never did do anything for me.

> (The nebulizer produces a fine spray of glycerite of epinephrine (1:100) which is inhaled. It is effective in most cases of the expiratory difficulty characteristic of asthma. However, when the patient has difficulty in "getting" air (inspiratory difficulty) it may be ineffective. Patients with difficulty in respiration only are not typical of asthma. What type of asthma this patient had was not ascertained. It is certain, however, that emotional respirational difficulty was present. This is evident from the following statement that sedation was effective in relieving the asthmatic crises.)

Remember we discussed that quite a few times? Then you prescribed a liquid sedation which I took three times a day or so. That eased the attacks

and then slowly I was able to get them under control. Once I started taking the sedation, it seemed that within a matter of days, after I started to get used to it I started to respond for the first time to the nebulizer.

(With the anxiety diminished by sedation, the bronchiospastic part of the respiratory difficulty now responds to epinephrine inhalation as in aerosol.)

Do you remember that? And from then on the nebulizer has worked. Then there started to be a waning and diminishing of these attacks, and I was able to get it back under control. But, these past few weeks I've been going through a similar build-up. In other words, I'm ahead of it in that I can control it. But I have felt the itching and the threatening asthma. It never quite gets there, but yet, I know that if I were to just let it go, it would be there. And, you know, that would be silly, because it would be harder to push it away than to hold it from coming on. So, I know that these last two weeks, I think, was almost a culmination of every day I've put into this thing, whether it was— Well, it is! I know it is! It's professional; it's sexual; it's social; medical; and it's with my work here! I'd like to get to something else, if I may. It ties in with the dream that we were just talking about. Right after I left here I went over to a record company's office to pick up—I had told you that before. I started it and then I went right off it. I went over to this office and picked up—oh, I had to get a copy of my record. Now, you can't get my record anywhere and this, of course, gets me angry, because I know how many copies—I have given away about sixty copies to various disk jockeys and important people, and so forth. And to know that I can't get hold of one, should my record break, is kind of a blow. Now, yesterday I needed it to bring to these television commercial people. I had a terrific introduction. Television commercials are a multi-million dollar business, and you can make a lot of money in it, and I've been dying to scratch their walls down, you know, get to them.

("Scratch" their walls down!)

But I finally got a lucky break, an introduction to some of these people and they want me to bring some of the recordings of what I do. Well, I went up to the record place and the boss was in conference and very busy. He's a pretty big guy now and I feel kind of proud of the fact that I have considered him a friend of mine, professionally speaking. I walked in and I was a little frustrated by the fact that I couldn't even get to him; I knew he was busy and I didn't want to take up his time. All I wanted was a copy of that record which he has on file. He didn't even

have to be bothered; the secretary could have done it for him. So she says, "Well, he's in conference now," and so on. I said, "Look, I have an appointment in twenty minutes. I must have this record; it'll be a great help to my appointment. It can be the matter of getting something very big or not getting it. Now, please tell the boss that I just want to get this record, and that is all. I don't want any of his time or anything." So, I wait about two minutes and she goes in. Oh, she kept me waiting first about fifteen or twenty minutes before this! I started to boil by this time, and then finally she was walking across the room and that's when I stopped her and faced her head on. I said, "Could you please tell the boss that I'd like the record?" So the boss himself comes out and says if he had known, I knew this all along, if he'd have known I was there, he'd have been out immediately, but she just didn't get to him, you see. That was what was getting me so angry. So he gives me the record and says, "Anything big? Anything happening?" I said, "Well, I got something with a television commercial company and they want to hear these sounds. They're very interested." He says, "Gee, that's wonderful," and then he says something that was sort of like a slap in the face, well, in a mild way. He had a lot of people in the office. He said, "Well, I'll hear about it later, O.K.?" And it sounded as though I had come there to talk to him, and I didn't. I wanted the record and only that. And if he would have just given me that record and that would have been it, it would have been most pleasant, but by his saying, "I'll talk to you another time, O.K.?", it was as though I was there to ask him for his time and he didn't want to give it to me. Anyway, I took the record and went up to the television people, and I wasn't prepared for the reception I got. I walked in there and they were loaded with people; it's a big firm; they have about ten floors. They have studios there and everything, you see. Oh, they have hundreds of offices and whatnot. I went up to the sixth floor where I was supposed to go—the ninth floor, rather—and it was mobbed with people.

(The slip "to the sixth floor" is not without significance when the ninth floor was correct.)

I said, "Oh, I'll get lost in this crowd," and then I found out that they were casting for a very important show. I walked over to the secretary and said, "Could you please tell me where I could find Miss ————?" She said, "Well, I'm Miss ————." I said, "Well, I have a three o'clock appointment with her." (Laughter) She said, "Oh yes, well, please forgive me for being so busy. We're casting, you see, and I'll be with you in a second." So I said, "Oh, that's all right, as long as I know I'm in

the right place." So she takes me over to this man who she says is the head of the animation department and very, very important because he has the last word on all the animation that goes on. I was very happy to see that he was a fellow without a tie; shirt sleeves rolled up, young, nice, regular-looking, and I said to myself, "Oh, this fellow looks great!" And then, for this I wasn't ready; he has seen me no less than about six or seven times. He has seen me in this show and in that show. He's been a big fan of mine, and so on. And the, *he* said it, not me, he said, "You're probably thinking now that if I'm a fan of yours, well, how come I didn't suggest you for work like this before? This is a very, this is the survival, this is a real jungle," he says, "this business, you know. This is the survival of the fittest." He says, "We're so wrapped up in our own little world, of what we have immediately in front of us, with our jobs and holding onto them, and making the best of the job, we don't know about you. Sure, we see you in the theater, we roar and we go wild, and it's so—but in work, it just never entered our minds. But now that you've been suggested to me for the first time as this potential," and there was that word again—I can see it, and I became very enthused, so enthused, "that right now we're going up to the vice president's office." And this I didn't count on. I was hoping to get to him and this would have been more than enough; if I could just get to this animation man. So we go up to the vice president's office and he plays all my records. I had brought a couple of air checks I did on a television show and they're all there with their mouths open. And they say to me, "Do you read music," and I say, "Yes." They say, "Do you write music?" I say, "Yes." "Well," they say, "you know, you can make yourself a fortune and at the same time save us a fortune. In other words, if we ever put you on salary, you could have a good income and at the same time save us fantastic expenses. We make up a jingle; we hire an arranger and composer and so on, and then we've got to get the artist to perform it. We've got to get the sound man in to do the extra little noises and character sounds and so on. You can do this by yourself." I said, "I'm yours; take me!" Well say, you know I just wasn't ready for all this enthusiasm, you see. Then, coming back from—I was very happy—when I left there I was really up in the air. I said, "Well, this is terrific!" If I could ever get connected with an outfit like that; they're about the biggest commercial film company in the business today. They do industrial films for U. S. Steel and General Motors and the various medical conventions. They do all the pictures for them. To get in with a thing like that is great! So, I remember coming home I was a little cynical and bitter, although I was happy. All of a sudden the other thing sets in. I said, "What the hell do you have to do?" This is all! I've

been there before their noses for seven years." So then my wife says, "Well look, ———— had to keep in front of their noses for fifteen years before he paid off," and it's very, very true. Of course, that's the one thing in this business that keeps you going; you never know when it's going to explode right in your face! You can go from a $1,000 a week act within days. Sometimes it's a matter of talent; sometimes it's a freak event, lucky break, someone dying and your stepping in, and so on. Like that movie star who was in that hit play, you know, and she still had about another two weeks to go. One night she got very sick. And at a half hour's notice the understudy got the call and she almost died, because here the understudies have never been in it, and the thing's been running here over two years—well, a year and a half anyway. Well, on a half hour's notice this girl went in. Well, the audience went mad, you know, because they knew that this was—see, they're with you if they know that this is your break; they're with you! You can slip, fall, trip up on lines, anything, but if they know this is your break, they're with you for the most part. Whereas if you came out and said, "Well, look, I'm a pink cheese and so and so forth, now watch me go!" Oh, yeah? Then, they'll fight you. But if you come in and there's no fanfare, and they don't expect anything, and then you impress them, they're on your side. Well, she's a big star now! I saw her on this interview a couple of days ago. She was an obscure understudy and she's a very—she's got the rôle now, permanently. It's hers. Not only that, but look how she's endeared herself to X————! They're convinced now that this girl is a great actress! And she'd been there for two years—just with them! That's not counting the years she's been doing the summer stock bits and so on. So this all fits in with the Sisters and the television show and the Star seeing me at the Hotel ———— and saying, "You didn't do that last time." Well, of course I did! I did—it's just that he saw me under different circumstances! So there's no end to this actually.

Dr: Which is true of dreams in general, wouldn't you say?

Pt: Yes. As a matter of fact, I saw a picture last night. It was about the lives of four people; they're not even related to each other. And as the picture goes on, you see, they're thrown together until at the end they're all involved. It's so beautifully done. It's a picture I never heard a thing about and it was a very good picture, by the way. It's called, "The Good Die Young." Ever hear of it? I had never heard of it; never saw it advertised. It was made in England with English and American stars, but it was a magnificent picture. They all die; everyone dies, and they're all young. But at the beginning, they're so apart, they don't have a, their lives

are so different, their walks of life, everything. And they just keep being thrown together until finally at the end they're all—

Dr: What about that dream?

Pt: Well, this has in it—I'm just showing you that—no matter how I talk and talk, I can talk for hours, and I'll say the same thing. I may be saying the same three fundamental—

Dr: But what's the dream that you have to tell me that we haven't gotten to yet?

Pt: Well—

Dr: Is there a second part to the news columnist dream?

Pt: In the Navy—do you want me to—

Dr: No, whatever you wish.

Pt: All right. This is the dream.

I'm in the Navy, and I'm learning to make escapes from a plane over the ocean; learning how to bail out. I'm sitting on the end of a horizontal pole that's swinging around and around, thousands of feet above the water, very similar to the blades of a helicopter, except it goes much slower. And I'm sitting on there with somebody else. We both have these yellow, Navy Mae Wests on to keep us afloat in the water. And then he jumps first and his fall seems endless! The height! The way he just disappears!

Dr: Who was it that jumped first?

Pt: The other guy; nobody in particular; just somebody else with me. We're being tested, so to speak. We're being observed from the ground. We're being marked like we're going to school; like escape school or something. They're watching the way we make an escape from a plane over the ocean, and I have the feeling that—I have no parachute, you see, and you don't need a parachute even though we're thousands of feet above the water. This Mae West will be enough. And he jumps first and his fall seems endless; just seems down, down, down! We're both wearing the Navy Mae Wests. I become extremely frightened to jump. The height scares me! And I am panicked with my position, holding on to this extension, this rotating extension from the plane, flying so high over the water! So, the airplane, sensing this, is making it easier for me. And he starts to go lower and lower and lower to the water, so that I'll have less and less of a distance to jump. And still, I can't get myself to jump off this thing! But we're going lower and lower, and finally I've got to jump! Soon we're over a beach that's crowded with people and I'm afraid of hitting the people when I jump. And the plane keeps going lower and lower and lower, and finally I just step off the thing and walk away on the beach.

This displeases the naval officers as they are marking me and making notations. There are big factories around; I have the feeling that there were big factories around; industries, works, tanks, chimneys, smoke and so on; no sequence in particular.

Now, I said "smoke" and as soon as I said it I had a strong desire to scratch my hip, which I did. So you see how similar that is to the—they're all so similar. The being afraid to jump—that's so obvious, perhaps it might have been my feeling toward—I might have feared LSD, what I could do, etc. Because the first one that jumps up—that jumps off rather, and then down into space, might represent all those who have done it before me. And yet when it comes my turn to actually do it, I balk and am very hesitant. And yet I can see now, for what it's worth, I mean, there's so much more progress made with this. Have you found a stimulus for, well, to produce results? Do you think a stimulus is wrong or don't you consider this a stimulus?

Dr: I would say it would all depend on the situation. In certain cases it might be desirable and in other instances undesirable. I think in the present situation with you, I—

Pt: Well, I felt that I was reaching a roadblock, you see, and I felt that this could take it apart, maybe a little at a time, but at least something.

Dr: Well, it did take something apart, there's no doubt about that. Today, you brought out, in a very important way, some of the feelings that you've had for me. You yourself point out that you've had them for a long time, but haven't been able to express them as explicitly. That's happened before.

Pt: Well, actually, well, no doubt.

Dr: I mean, with other patients.

Pt: Well, that's what I meant.

Dr: And that's the great virtue of this drug.

Pt: Well, you see, what—you kind of misphrase one thing, I think. Actually, these feelings were there, but I think, completely unknown to me. Sure, what I'm saying now sounds like I'm hiding under the umbrella of the unconscious, you know; but no, it's a thing that I never thought of, out and out to myself, awake.

Dr: But didn't you have one dream in which I was a comic—

Pt: Yes. I realize that.

Dr: A dummy—I was a dummy in a drug store window.

Pt: Yes. I understand that. I was aware that all this was taking place, but never to myself could I consciously say that I am hostile, that I feel a

hostility, or I'm angry with him [the therapist] or so on. Yes. I could reflect on the dream, but I wouldn't be reflecting on you, I'd be reflecting on the dream—this comic, or the fellow in the window, or the various fellows that were being—you know, the cop, etc. But now, for the first time, while you were out and I had that moment of rest, I said to myself, "This must be Dr. Abramson, and these are the feelings that I no doubt have had all along." *The words seemed to fly once I got to that point, then they started to come in like a flood, you know.* And yet, strangely enough, I thought these things without anger, well, that I know of. Also, this amount of feeling that's in me, the energy thing—there's lots of energy in me. The proof of the pudding is that when an audience is going right, I can work. I've done as much as an hour and fifty minutes by myself. You have to admit that really is quite taxing to the energy. And yet, when I finished that one hour and fifty minutes, I was not the slightest bit tired and was exhilarated, if anything. It was an hour and fifty minutes of working and just toying with these people who were, I might add, very big people in the movie industry. This was the thing at the ———— Club; did I ever tell you about that? The first time out in Hollywood? I won't go into it now, but it was—I'll never forget after that night, my wife and I couldn't sleep. We saw the swimming pools and the income tax problems and the—we figured this was it! Because if ever there was a victory, that was it; that night at the ———— Club when I was on for an hour and fifty minutes and they all did handsprings. They called the office for the next couple of days and asked, "Who is this guy; where is he from?" Wow! And then nothing. Just a big cloud.

Dr: Are you afraid that's going to happen with the film commercials?

Pt: I, yes, I did think that. I said, "Well!" I used it as a sort of a steadying effect. I said to myself, "Easy boy! I mean we've been through this bit before, huh! Although play it to the hilt for whatever it's worth and if it happens, great!" I will admit this, though, this is something that never happened before. He gave me his name, his card, his private telephone number and his business telephone number. Now, I don't believe a man would do this unless he is genuinely interested. I don't believe he would do this unless he really wanted to be taken up with time concerning me and what I could do.

Dr: Unless "the Sisters" interfere.

Pt: Oh, well, there are no Sisters like that here. No, there are no Sisters here. *Oh, that's another thing! This is the very first time in my life I ever sold myself! That was yesterday. It was the very first time I ever walked into an office on my own and told them I could do this, I could do that, I'm able to so-and-so, and I think I can so-and-so.*

(A result of psychoanalysis, the patient had become less hostile toward figures of authority.)

And then I sort of smiled and I told this fellow, "You know, this is the first time I've ever had to talk to anyone without someone talking for me, like an agent or manager. It sounds awful my saying I can do this, I can do that. It sounds so showing off and horrible, but if an agent says it, it's all right." He says, "It's not what you're saying, it's how you say it."

(Pause)

Dr: It's now close to ten minutes after four and you've had LSD five hours and ten minutes ago. How do you feel?

Pt: Fine.

Dr: Well, how do you feel about having taken LSD?

Pt: Oh, you know, I think I made a very big mistake in having lunch with Mrs. *B* [secretary]. I became very talkative about the experience I had taking this stuff, you see. I do think I should have saved that for here, but I was in a very talkative mood.

(One of the technical difficulties connected with a six-hour period of study is the necessary contacts that the patient must have during rest and lunch. However, by having suitable assistance I believe these contacts reduce the strain of the prolonged interview situation.)

Dr: And what did you go over?

Pt: Well, let's see. Well, I think that she was surprised that I was able to talk as—what is the word—"objectively" about myself having taken it, you see. And about some of the precautions you take, and your being very cautious about—for instance, I think I could see my wife and there'd be no problems; no trouble at all there. I know what you're getting at. I might say something or do something that might upset her, but I don't think that would be any problem. I gave that a lot of thought while I was downstairs, and I said to myself, "Well, I don't know. What were the things that Dr. Abramson might have had some fears or doubts about with me taking this stuff; whom I see and whatnot?" And I said, "Right now I feel as though—sure, I feel a little lightheaded and so on!" Well, you see, the reason I say it, is this: I thought of it quite deeply and I honestly didn't think there would be any problem there; any trouble at all. What has been going on through my analysis here, the little that I know, the little light that has been shed on the dark areas of my unconscious, I've already known about. And it seems that my first reaction to LSD is to really react to what's, shall we say, uppermost, for the time being, as far as what's bothering me, or the things that may be pressing me or depressing

me. It's the things that are uppermost. Then I thought of my wife and I said, "Well, the things that concern my wife and me, I already know about to a great degree." And I couldn't possibly see myself acting out anything or saying anything that would upset her, you know, anything like that. In fact, I just kept smiling through the whole thing. Of course, you may tell me that it's one thing to think about a thing or a person when you are away, but when you are face to face you can react differently than you think. Now, that might be a possibility that I don't know about; I'm not aware of it. But I'll tell you frankly, once I got into the street—now, I could be wrong about this, I don't know—but once I got into the street, I feel that from then on I was, I could have gone home and I doubt very much whether anything would have been wrong.

Dr: Well, I agree with you we don't have the data to confirm that point of view.

Pt: Well, if I react to it one way one time, does it mean the second time I'll react the same way?

Dr: Well, in general—

Pt: I would imagine so.

Dr: Yes, but specifically there may be different feelings depending upon the type of guilt feelings and anxieties which you have about them at the time. This is not a stereotyped phenomenon.

Pt: People can't be stereotyped. Well, I do feel this—what was it you said before when I asked if I could have several consecutive sessions with LSD? And you said after the first you'd rather not?

Dr: No. Consecutive sessions are all right, but if you take LSD on two successive days, a slight tolerance is built up (4). It's a very remarkable phenomenon.

Pt: What about different days? Friday for instance?

Dr: Well, this Friday it would be better, yes, but tomorrow would be a little too soon. I don't know the effect of two 30-microgram doses on successive days; you might only have a 20-microgram reaction. It's interesting scientifically, but it might be a poor LSD session. I'd like to prepare it several days in advance, because I like to keep you in the office for six hours and we should have at least three hours to talk.

Pt: Oh, I know that. But I can see now where there are two reactions; one part of me can see where the LSD is of great assistance, but then my attitude toward why it is of assistance is something that you would probably feel needs a lot of discussion. For instance, it's not a matter of curiosity; it's a matter of expediency. And expediency is something you say may be an

undesirable outlook, because of rationalization. That is quite fundamental; that's easy to figure out. It's just that it facilitates so much—have you ever had patients with LSD remain silent?

Dr: Yes. A subject who took 225 micrograms many times, withdraws completely. Some of the subjects with high doses withdraw and remain silent. It depends on the situation, but patients who are treated using LSD, do not remain silent.

Pt: They usually talk.

Dr: Yes, but they may withdraw and remain silent for a short period; but then, it's because of a special situation.

Pt: Well, like you say, "withdraw"—now, I thought of several times when I was silent and I didn't figure it in terms of withdrawal, although it may have been. That may have been the process that was taking place. But there are times when I sort of had to, I had difficulty, you know, packaging the thoughts, and you can't grasp onto one thought too firmly, at least, I couldn't. I'd hang onto one and then, bang, there'd be another one, and another one and the harder I tried to grasp onto one subject, they were just sort of—then I wouldn't even know what I'm thinking about. So, I don't know if that's a form of withdrawal, too. It could be camouflaged.

(I do not believe that this is true "camouflage." It has to do with the total effect of LSD-25 on the psyche—possibly also connected with a distorted time sense.)

Another thing—I had tremors. Remember when I was reading the dream from the paper? Well, the paper was really shaking. I noticed that as I was doing it, and then when I went down to lunch I noticed that I didn't shake any more. And it wasn't that much later. I just don't understand.

Dr: That's part of the effect of the drug; it's a very common symptom.

Pt: Yes. I remember reading it in that paper you had. Another thing, during the peak of the reaction, I found that I did a lot of twitching. In other words, it wasn't a spasm, it was twitching that I would do, you know, like wiggling your feet or arching your back, flexing the neck and so on. Have you ever—I guess that's happened before?

Dr: All sorts of things happen.

E. Discussion

The analysis of the transference (a special aspect of the doctor-patient relationship) distinguishes psychoanalysis from other forms of psychotherapy. The concepts of the transference are derived from a vast source of psychoanalytic literature. But raw data as far as verbalizations of the

doctor and the patient are concerned are as rare as the verbatim recordings of psychoanalytic interviews themselves.

Since 1951 I have noted in experiences based on hundreds of instances of administration of LSD-25 by me, personally, that an intensification of the relationship with the patient or subject has developed. Especially has this been true when LSD-25 has been administered during the course of psychoanalysis. The patient who has had one hundred or more interviews with considerable dream analysis before receiving LSD-25 has acquired some insight into the mechanisms of the unconscious. It is my belief that the administration of doses of LSD-25 in the therapeutic range to patients in this group during psychoanalysis may expedite advantageously the analysis of parts of the transference.

1. *Mobilization of the Unconscious Homosexual Conflict*

In the first meeting following the LSD-25 interview outlined in the foregoing, the patient was reminded that although he had touched on his relationship with the therapist from time to time, he had never before consistently and definitely consolidated his position. In the preliminary portion of the verbatim recording of this session there was no word or statement regarding homosexuality. However, the patient, himself then, opened this aspect of his anxiety in that area.

Pt: Well, this brings us back, I think, to the time I started with these mysterious or undefinable fears that I have regarding my masculinity. . . . I had certain fears or anxieties regarding my masculinity or perhaps lack of it, or of certain forms of homosexual tendencies that are not outright, in act or even thought, but subtle in act or thought. So now, two years later we are right back at this point, and I still don't know what this "X" is. But I know a little more about how things came about so that "X" took place in me. I know a little more about it as far as development is concerned, but as far as the actual mystery itself, the "X," I don't know anything more now than I did then. And that, to me, is the thing which I am probably most afraid to face.

Dr: You just said, though, that you distrust me and have fears in relationship to your masculinity.

Pt: What was that again? I distrust you with relationship to my masculinity?

Dr: That's right. There were two things that you talked about, one following the other. We know that during your LSD session on Wednesday it became quite clear that in certain areas you distrusted me, uncon-

sciously. This now came to the foreground. Today you say that you are back where we started; that although your fears of masculinity are better understood by you, and realistically eliminated because of your improved heterosexual behavior, you still have them nevertheless. And I asked, now in relationship to me, to the analysis, but specifically in relationship to me, whom you distrust—

Pt: I'm all in a cloud now.

Dr: You've been talking about two things: one, about the analysis, and two, about your masculinity. Put them together.

Pt: I don't get it, except for this threatening feeling that I have with regard to exposure by you. You're implying, I gather, that my fear of masculinity is now linked with this?

Dr: I'm implying, that I might be a threat to your masculinity, to your being a male, to your developing heterosexually, and that these fears might have originated in your childhood and now could be hooked up to some of the dreams that you had which were plainly homosexual.

Pt: I don't know.

Dr: Well, there's no hurry about your getting the connection. It's a rather subtle connection and I might be wrong.

Pt: Unless it's the "father thing."

Dr: Well, of course it's the "father thing"!

Pt: Well, I mean, this was—I thought this was so basic. Isn't this generally the case, that the analyst and the patient is the "father thing"?

Dr: The analyst can be many people, but here, in what way are you specifically afraid of—

Pt: Well, now I see what you're getting at—the sexual feelings toward my father, or fears of my father, or competing with my father. I don't know what I'm talking about; I'm just going along according to what you said up to now.

Dr: Do you remember you got quite upset when we had to start the analysis and you had a dream of men lying over as if they were going to get rectal examinations? Does that ring a bell?

Pt: Well, I remembered the dream and I remembered discussing the fact that it reminded me of my father and the way he died. I mean the whole session was about that; the type of operation my father had and so on. But as far as the memory is concerned—

Dr: But there was a fear in you connected with that.

Pt: A fear in me?

Dr: That's right! You got quite anxious.

Pt: I don't remember. That was some time back. I remember the dream and I remember the—

Dr: At that time I said it would be better not to discuss it too much. Do you remember?

Pt: Yes. So what was that?

Dr: Well, maybe some of the fears about your own masculinity were involved in that dream.

Pt: Well, did I say that I was sexually excited in the dream?

Dr: No, no. I'm not speaking about sexual excitement; I'm speaking about fears now.

Pt: Well, wouldn't the fear be produced, or more highlighted, by a feeling of some excitement—this sexual stimulus or stimulation or whatever it is, that was producing fears?

Dr: It may or it may not.

Pt: Couldn't it be the conflict, in other words, the feeling wanting to take place and the—I can't put into words what I'm trying to say, but I have an idea of what I want to say. In other words, what you're saying about this particular dream and—

Dr: And many dreams like it that you had, because you had quite a number. And many dreams you've had regarding your father have given rise to a great deal of anxiety and many of them had to do with the genitals or the rectum, remember that?

Pt: Yes. Or bandaged hands.

Dr: That's right, bandaged hands.

Pt: Some form of violence.

Dr: Or using the hands—preventing the hands from being used.

Pt: Hmmm. Could I have been beaten or something?

Dr: I don't know.

Pt: As a very young child, playing with myself or something like that?

Dr: It happens.

Pt: Yes, I know, but a thing like this I certainly would remember.

Dr: Not necessarily.

Pt: It didn't happen in the years that I can remember. Unless it may have happened in some subtle way that I wasn't aware of. In other words, I may have been getting—just now that "Roman galley slave thing" came back to me. Remember that dream I had a long, long time ago? One of the slaves looked like my father, and they had bandages on their hands, their wrists. Also circumcision has been coming up, or did lately—what with the memory of that circumcision I went to where everybody was faint-

ing and so on. And a lot of these people were present at my sister-in-law's party. Remember that? Maybe when I'm criticized I feel that I'm being castrated, to a degree. Maybe I feel that whatever masculinity I have is in my ability to perform, and if this is threatened, in a sense I'm being circumcised or castrated. Is that possible?

Dr: It's possible that there is a connection.

Pt: Because look how much importance I put into reaction. My whole life up until very recently went much further than just my job, see? Before I cared very much about—until quite recently my whole life was that way, to impress and so on. It's an old typical thing! Now, I'm very happy to say that most of that has been changed. In fact, a lot of it has been changed. But yet that feeling is still very strong when I'm performing.

The attitude of the patient following this type of verbalization changed in a favorable direction. His unconscious fears, so well portrayed in his dreams, apparently diminished. The unconscious components of homosexual drives became less conspicuous in his dreams. Eczema definitely associated with unconscious fears of homosexuality apparently diminished or essentially disappeared. I believe that the effect of LSD-25 on the analysis of the transference was of important significance in expediting this phase of the patient's recovery.

2. *Relationship With Minority Groups*

Another one of the important aspects of the patient's personality structure uncovered by LSD-25 was his unconscious hostility toward minority groups. The patient's work brings him into contact, professionally, with colored show people. His relationship with them improved markedly as indicated by the excerpt from a session recorded verbatim some months after the LSD-25 interview.

Pt: But one thing I did notice on my last tour; I used to have the habit if I was with a colored band and I was eating with them or chatting with them, I'd become one of them. I almost talked like them, I, not too obviously, because then they would say, "Oh, man, what are you doing?" I'd try so hard to be like one of them and say, "See, I'm one of the boys!" This time, the big difference was that I didn't go out of my way to be with them. If I was with them, fine. I didn't search them out. I didn't look for them.

Dr: Do you know why?

Pt: Well, because for one thing I understood my feelings.

Dr: But specifically, why?

Pt: I didn't have to soothe my guilt.

There are other minority groups, symbolically speaking. In the case of

this patient, his relationship with his wife and children, I believe, improved as a result of the resolution of the unconscious forces of hostility toward minorities.

3. *The Transference-Countertransference as Part of a Transactional Process*

Grinker (8) discusses in detail integration of the individualized whole organism in terms of field theory. The functioning of the organism cannot be understood except by a study of its transactional process as occurring in a total field. A frame of reference in which the organismic-environmental gestalt can be subjectively perceived is not within the activity of the psychotherapist under usual conditions. The psychotherapist is just as much a part of the system in process with the environment as is the patient. Transactional relationships develop not only with the patient, part of which is termed the countertransference, but also with the psychotherapist who is part of the environmental whole. For example, he interacts during the interview with the attitudes of his own social and professional group.

Cantril, Ames, Hastorf and Ittelson (5) stress the transactional point of view in psychological research. Spiegel states, "If the concept of the field is to be employed as the basis for representing the interconnections between the various aspects of human behavior, then all these aspects must occupy non-hierarchical positions within the field" (13).

4. *The Need for Scientific Data in Psychodynamics*

I believe that it is a necessary condition for the study of the psychodynamic features in a transactional process that the verbalizations of the participants comprise part of the raw data to be studied. Verbalizations of the type of communication presented here are limited by their descriptive nature. This very limitation, although lacking the ideal and almost infinite complexity of the necessary features for a more complete study, outlined, for example, by Kubie (9), provide a definite system for evaluation. This system can usually be made pertinent to a realistic goal. We can only hope to achieve our purpose by restricting our operations and by lifting the restrictions only as the meaning of the limitations originally imposed become clear. The verbalizations of a verbatim recording are not weighted by condensations and distortions and are available for interpretation and analysis by investigators outside the framework of the interview itself. I have often been told by certain of my colleagues that the type of verbatim recording presented here is "incomplete" and that "all of the conscious and uncon-

scious activity of the analyst as well as of the patient would be required for a truly scientific procedure." This attitude is, of course, a particularly destructive type of scientific nihilism and does not apply to investigations at any level, even the most purely scientific. It is maintained by some that even notes taken during the psychotherapeutic procedure will influence the course of the analysis. From an operational point of view this, of course, is correct. Certainly, with some patients, note-taking would interfere; with others it may enhance the progress of the analysis. The same is true of verbatim recordings, but it is hard for me to visualize how scientific psychodynamics can be built only on recollections of the observer as a source of raw data. To ascertain what a physician means by the term transference or countertransference it is not only necessary to know what he says about it but also to observe as far as possible what he does with it. That is, how does he function in the transference-counterference system. It is understandable that certain techniques are without value if certain results are desired. For example, if we wish to know how many schizophrenics there are we ask someone who has counted them. We do not ask a sociologist what the ideal number in a given population would be for our culture. It is difficult to understand how the basic process of scientific procedure has been so long neglected in one of the most important aspects of man's study of man. Certainly, if a sufficient number of recordings of analyses had been made, published, studied by the usual scientific procedures and found wanting in their contribution to psychodynamics, then the value of verbatim recordings could reasonably be denied under the conditions that they were studied. At present the tragic paucity of suitable raw data in psychodynamics makes it urgent that means be found to publish verbatim data so that multidisciplined studies of psychodynamic theory may be made possible. Too often, spectacular coincidences and anecdotes which confirm a given psychodynamic theory take the place of the basic process occurring in the transference-countertransference segment of the transaction between patient and therapist. The anecdotal procedure must give way to content analyses with emphasis on the transactional nature of the psychotherapeutic process. Only in this way can the basic framework of psychodynamics be ultimately formulated, undistorted by unknown accidental factors.

5. *The Countertransference in Verbatim Recordings*

From the point of view of the writer the science of psychodynamics cannot be adequately developed and the data cannot be suitably evaluated without verbatim recordings on a much larger scale than that presently available.

Much greater approval by the psychiatric world than has been accorded verbatim recordings thus far, is necessary. It was of significance that the need for verbatim recordings was stressed in the recent volume by Gill, Newman and Redlich (6). They point out some of the difficulties they encountered as far as the attitude of the therapist is concerned. May I add to their discussion some of my own experiences? When I first used the technique of verbatim recordings of psychotherapeutic interviews, about ten years ago, I questioned many of my colleagues and hoped to obtain technical assistance as well as approval. Although both of these were freely given by one group, there was another group who opposed the project. Perhaps in my naviete, I was surprised to find, at that time and at the present, that many agreed with Glover (7), who apparently feels that even taking notes in the presence of the patient is detrimental to the therapeutic process. The microphone according to this notion would be much more detrimental. Of course, this point of view may hold for some patients especially those with paranoid personalities. While the transference that the therapist produces may be impaired by recordings it is most important that the attitude of the physician himself toward recordings be considered in terms of the countertransference. Not much data is presently available. Some of the objections raised by different colleagues are: "I did it in 1937." "You could spend your whole life studying the recording of one patient in analysis." "It's been done by others." "Do you think I would let anyone know what I say to the patient?" "I shout at my patients sometimes. I would be very reluctant to let that be known." "There are too many legal reasons why it cannot and should not be done." "It is of questionable value for it is not analysis." "It might be of value only in teaching." "You want publicity."

It is of interest that in a research project where I was the Principal Investigator the psychoanalyst was unable to get recordings of the first eight hours because of difficulties with the equipment. He refused to allow me to help him with the recording machine. All that actually was required for excellent recordings was to turn down the volume control. That is, the therapist had set the volume control at maximum over a period of three weeks and had not made a study of the increase in distortion produced by the inaccurate set of the volume control. Certainly the attitude of this therapist would be worthy of exploration in detail.

No one can deny that a very important part of the value of psychotherapy is the interaction between the therapist and the patient. *The motivations of the therapist, therefore, are of great significance.* A study of these motivations can no longer be neglected especially because of the technical advance

in the equipment available for verbatim recordings. The therapist, and I speak for myself also, is constantly confronted by his own defects when listening to the recordings or when he reads the transcripts. He is therefore confronted with unresolved problems of the countertransference. This may be anxiety producing and therefore threatening to him. In essence, both the patient and the therapist are on the same tape recording. The therapist becomes a patient, so to speak, when the countertransference is the subject of scrutiny. He, himself, becomes a patient not only in his own eyes but also in the eyes of outside observers, to whom exposure of the therapist-patient relationship may be disclosed. Further, if we take into consideration the dynamics of the countertransference, as viewed by Lewin (11), and of the hostility and even death wishes toward the patient, problems connected with verbatim recordings may become intolerable to the therapist. Indeed, the possibility exists that this hostility may be turned onto the therapist himself. The psychodynamics of this process may account for what I believe to be the scientifically unreasonable positions taken by certain of my colleagues, as listed in the foregoing. To take a more optimistic point of view there are signs that many psychotherapeutic centers are being supplied with recording equipment and that it is being made available to both students and therapists. The analysis of the patient-doctor interaction, I hope, will therefore become a more integrated part of the psychotherapeutic relationship.

F. Summary

1. A three-hour verbatim recording of a patient under the influence of lysergic acid diethylamide (LSD-25) is presented to illustrate its uses in connection with the transference-countertransference process in therapy.

2. The technique of conducting psychiatric interviews with patients under the influence of LSD-25 is outlined in detail.

3. It is stressed that a verbatim record is required to study the action of drugs as adjuvants to psychotherapy.

4. The material is that of a patient in analysis who, for several weeks, avoided disclosing that he had been itching and scratching. In connection with the analysis of a dream in which he was dominated by a college professor in a classroom, the patient disclosed that he had unconsciously feared what might be uncovered, jointly, by the analyst and himself. This distrust and fear of the physician touched on in previous sessions finally emerged in full force in this 250th interview. In other connected dreams that were also analyzed under LSD-25, the patient's attitudes toward authority and toward the analyst were successfully reconstructed.

5. On the basis of the foregoing data, and other previous reports it is believed that LSD-25 intensifies the relationship with the physician during the elated state produced by LSD-25. In this particular instance as well as in other instances the transference-countertransference process was brought out in bold relief against the analysis as a whole. Unconscious homosexual conflicts were mobilized and utilized, and the effect on the patient's functioning was scrutinized. Unconscious hostility toward minority groups was disclosed for the first time, and the behavior of the patient was effectively modified so that better communication with these groups was possible.

6. The nature of the transference-countertransference as part of a transactional process is discussed and the need for verbatim records as a basis for the study of the transference-countertransference is emphasized.

REFERENCES

1. ABRAMSON, H. A. Lysergic acid diethylamide (LSD-25): III. As an adjunct to psychotherapy with elimination of fear of homosexuality. *J. of Psych.*, 1955, **39**, 127-155.
2. ———. Lysergic acid diethylamide (LSD-25): XIX. As an adjunct to brief psychotherapy, with special reference to ego enhancement. *J. of Psych.*, 1956, **41**, 199-229.
3. ———. Psychodynamic pharmacology of the treatment of asthma. *J.A.M.A.*, 1952, **150**, 569-574.
4. ABRAMSON, H. A., JARVIK, M. E., GORIN, M. H., & HIRSCH, M. W. Lysergic acid diethylamide (LSD-25): XVII. Tolerance development and its relationship to a theory of psychosis. *J. of Psych.*, 1956, **41**, 81-105.
5. CANTRIL, H., AMES, A., JR., HASTORF, A. H., & ITTELSON, W. H. Psychology and scientific research. *Science,* 1949, **110**, 461-464, 491-497, 517-522.
6. GILL, M., NEWMAN, R., & REDLICH, F. C. The Initial Interview in Psychiatric Practice. New York: International Univ. Press, 1954.
7. GLOVER, L. Technique of Psychoanalysis. New York: International Univ. Press, 1955.
8. GRINKER, R. R. Psychosomatic Research. New York: Norton, 1953.
9. KUBIE, L. S. Psychoanalysis as Science. (Problems and techniques of psychoanalytic validation and progress). (Ed. E. Pumpian-Mindlin.) Stanford, Calif.: Stanford Univ. Press, 1956.
10. LEVINE, A., ABRAMSON, H. A., KAUFMAN, M. R., MARKHAM, S., & KONETSKY, C. Lysergic acid diethylamide (LSD-25): XIV. Effect on personality as observed in psychological tests. *J. of Psych.*, 1955, **40**, 351-366.
11. LEWIN, B. D. Counter-transference in the technique of medical practice. *Psych. Med.*, 1946, **8**, 195-199.
12. SAVAGE, C. Lysergic acid diethylamide (LSD-25). A clinical-psychological study. *Am. J. Psychiat.*, 1952, **108**, 896-900.
13. SPIEGEL, J. P. Quoted by Grinker, R. R., *loc. cit.*

133 East 58th Street
New York City 22