

Reassociation of Dreams

II. An LSD Study of Sexual Conflicts in Eczema and Asthma

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Introduction

The main psychodynamic pattern of this study deals with the intricate and often painful struggle of Joyce, a 40-year-old married woman, who initially entered psychoanalysis for the treatment of depression complicating severe eczema and asthma. These physical symptoms were soon overshadowed by psychological problems as the patient discussed her distorted childhood development in a family with a dominant, man-hating mother and the mother's target, a passive, submissive, silent father. The result was a confusion of sexuality for Joyce, as far as cultural and maritally adaptive femininity was concerned. The eczema was unusually severe, involving the face, limbs and body. Incapacitation resulted in decreased work with much time spent in bed unable to function normally. The lesions of the face were so severe that the physician who recommended Joyce did not recognize her after her lesions disappeared after one year of psychotherapy.

The data of this study consist of a series of verbatim recordings of psychoanalytic interviews over a period of years. The interviews described here deal with repeated free associations to the same dream, referred to hereafter as the "Beetle Bug Dream." The "Beetle Bug Dream" (which follows) was first analyzed in Interview 96. Technically, the material in the data presented now and later provides (I believe for the first time) the first part of two interview couplets, Interviews 235-236 and Interviews 382-383**, where the Beetle Bug Dream was reassociated without and with LSD, thus providing a direct comparison of free association with and without this drug. This technique of comparative verbatim reporting makes available raw data for the assessment of the value of LSD as an adjunct to dream analysis, and therefore, to psychoanalytic therapy.

Section 1.

THE BEETLE BUG DREAM

This section contains the key dream upon which this study is based. The dream centered about a special variety of insect which, as mentioned, the patient called "Beetle Bug." It became quite clear that these bugs, which got "under the skin" in a threatening fashion, were specifically related symboli-

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** It is planned to publish Interviews 382-383 in the near future.

cally to the patient's incapacitating eczema and to her sexual adjustment. An intensive analysis of the patient's psychosexual adjustment, catapulted by this dream into the psychotherapeutic situation, was postponed to a later period in therapy when the patient would, in all likelihood, be better able to manage the unconscious forces which engendered the Beetle Bug dream. This future study of the Beetle Bug dream was, therefore, shelved until Interview 235, when it was resurrected verbatim and studied first without LSD, and then with LSD. The reader will obtain the greatest insight into the patient's struggle to achieve a more satisfactory level of both cultural and biological femininity if her words are read with the realization that strong feelings of frustration, fear, and guilt were experienced during her analysis, while, broadly speaking, she was achieving femininity syntonic with her goals. Although certain groups feel this femininity is culturally induced, the same may be said for their own struggle for any particular type of sexual or "personal" identity. The extraordinary biological differences between the physiologically normal male and female exist quite independent of cultural forces. Although the environment may certainly modify the performance of the biological substrate, homosexuality (non-organic) of both sexes, I believe, is ontological in origin.

Interview 96

Brief Summary of Interview 96: In Interview 96, the initial Beetle Bug Dream was studied cautiously. On analysis the tentacles of the Beetle Bugs symbolically represented the hands of a man mauling a girl's skin. A sexual approach by a man is considered an attack. "Bugs get under the skin. If Jack (my husband) touches my skin, that spot itches." A second Beetle Bug is described. The special aspect of this unique Bug is that it was not threatening. This Bug is discussed in terms of the transference: the silent analyst and a father who responded to her childhood travail by silence are compared.

Joyce: I had an awful night last night. I scratched myself, and I got myself in an awful state where I said, "I can't sleep." I'd like to talk about my sleeping condition. I remember last year, when I first started coming here, I had another symptom that has happened for a few days now. It usually happens in the afternoon about 2:30 or 3:00 o'clock. Every time I breathe through my nose, I get this tickling sensation, and I sneeze continuously. Every time I take a breath I sneeze, and my nose does run; and I don't understand it.

[Patients who decide to accept psychotherapy as part of the treatment for physical symptoms often prefer to discuss physical complaints, rather than face psychological conflicts. Although Joyce realizes that she has been allergic for years and has typical allergic symptoms of the respiratory tract, she claims when referring to typical symptoms, "I don't understand it."]

Doctor: You say you had this same thing last year?

Joyce: Yes, because I remember once I had to come and ask for Kleenex. I don't think that it is a cold because I am perfectly all right now. I'm usually all right in the mornings; and then in the middle of the afternoon I start, and I continue for hours. I took Pyribenzamine yesterday, and it left me sneezing a

little bit. This is the first time I have tried it, but it doesn't relieve me completely. *And I really have nothing to say.* Shall I go over an old dream today?

[The patient has forgotten the Beetle Bug dream which involves the basic theme of this presentation. The psychic forces involved will be developed shortly. But the reader should keep in mind that Joyce is *not consciously withholding the dream*. Rather, unconscious (automatic) forces have led to Joyce's forgetting the dream. *We cannot consciously forget. Forgetting is always an unconscious process.* Note the resistance to analyzing an important dream:]

Doctor: You may do whatever you want to.

Joyce: Well, I don't know. *I haven't anything on my mind.* I was wondering about not sleeping last night. Do you think that I was disturbed about what I talked to you in yesterday's session? Or why is it that I can't sleep? Usually I fall asleep. Yesterday I had a bath before I went to sleep. I had a headache, so I took two aspirins, and I fell asleep very soon afterwards, after about 15 minutes or so. Then I woke up about two hours later; and from there on it was a miserable night. Another feeling that upset me yesterday was that I felt that I repeated myself a great deal. Then, of course, I start wondering if I am progressing, if the analysis is moving at all, if I am still going back over things that I have mentioned before! And then, I don't know if I asked you yesterday but do you think that I should continue playing Mah Jongg if I have such disturbing dreams about it? Or is it the Mah Jongg that really does it? I'd like an answer to that, though, I really would, whether I should continue playing or not. Because I don't know. I don't think that it is worth going through another night like the one I did go through. I really would like to know if I should continue playing or not! If that is what it does to me, and yet. . . .

[Joyce admits having had disturbing dreams. In spite of insights already obtained during psychotherapy she attempts to ascribe her difficulties to a social game rather than to intense feelings focused on her family and marital relationships. However, her last words "and yet . . ." followed by silence discloses that she herself doubts that playing Mah Jongg is the cause of her symptoms.]

Doctor: You should understand that there are certain questions that may not be wise for me to answer. It doesn't mean that I am not able to say something, but what I say, in my opinion, might be detrimental. Do you see?

Joyce: Yes, I see.

Doctor: So, please learn to accept my silence. Silence is not that I don't hear, but that I want to know what you have to say.

Joyce: Yes, I see.

Doctor: In what way was the dream that you mentioned disturbing?

Joyce: Well, I just remembered one of the dreams that I had, and that is the only one that I do remember.

Doctor: Oh, I thought that you were referring to the Mah Jongg dream that you had some weeks ago! Then this is another dream?

Joyce: Well, it isn't so awful, this dream I had last night. I just remembered it.

In the dream I walked along through the woods with somebody. I can't think whether it was a man or a woman, but I was with somebody. And there were bugs! And —it came up in a conversation, and I said that they were beetle bugs. And I said that when they bite, they suck your blood, and they really sort of hurt you when they bite; they make you itch very badly. All of a sudden there were a good many of them. They came in droves, sort of like bees. They came in great droves, and they came at me. I was trying to shove them off. And then I woke up, and, of course, I was scratching. The bugs were pale green, and they looked just like they had a fuzzy body, something like with many tentacles. The person who was walking with me was a man. In the first part of the dream there was one insect that was bothering me, and I was trying to get rid of it, while I was explaining to the man what they were and what they did to you. And then when they all started coming after me, I started running away. I didn't know who was walking with me. It was one person whom I was afraid to walk away from. And in the end there were a good many of them (bugs). I ran!

[It is of interest that at first the patient couldn't decide if the person walking with her was a man or a woman. As she recalls the dream (and it should be noted this dream was "flash" recalled), the sex of the person walking with her slowly crystallizes as male. This may be due to deep-seated confused identification produced by a passive father and dominant mother, all part of the confusion in a struggle for mature femininity.]

When I woke up, I was trying to shove them (the bugs) off of me. I was scratching. It is not that I am afraid of them or what they'll do to me. It is, more or less, well, revolting to me to touch them. I feel, of course, that this is something that I learned when I was younger, and, therefore, I try to make my son oblivious to that kind of feeling. The tentacles make me think of a man who tries to maul a girl. Their pale green color made them outstanding because they really stood out in the trees. The green was almost light green, and it makes me think of yellow. I forgot to say that at the end of the dream, when I was trying to get rid of them, I was also running at the same time. I find it very difficult to free associate with the dream. I find myself more or less interpreting it.

Doctor: How about that one insect, that first insect?

[Note that the resistance of the patient to free associate is really a continuation of the original resistance she had remembering and relating the dream. This resistance was recognized by me. Rather than sit in silence and wait for Joyce to organize her resistance further, I participated more than usual by prodding her to speak about key elements of the dream. Because of the hidden nature of the man walking with Joyce as she was attacked

by the Beetle Bugs, it was necessary at this stage of her analysis to partially utilize this dream, at least to point out the mechanism of the transference. This opportunity had not presented itself as conveniently in earlier interviews.]

Joyce: The first insect was just flying around me and annoying me. I would say that the action of the insect made me think of the action of *a man mauling a girl*. When men attack, it is so hard to push them off, such as these bugs it was so difficult to get rid of.

[When men attack . . . " If Joyce had a different personality structure, more feminine in its composition, the word attack would probably not have been used. Approach, proposition, court, make love, etc., might have been substituted here.]

Doctor: But you weren't afraid of the first insect?

Joyce: No, I wasn't afraid of it. Yet I was; I shouldn't say that I was not afraid of it, but I was afraid that it would bite me. I kept shooing it away so that it wouldn't light on me and bite me.

(Note the conflict. The hovering inset is acceptable, but not its touch or bite.)

Doctor: Beetle Bugs?

Joyce: Well, actually a beetle bug is entirely different from what these bugs were. The actions of these bugs, even though I called them beetle bugs, remind me of sort of what the chiggers did when Jack, my husband, was in service. They bury themselves into the skin. The Beetle Bug in the dream was rather an unknown insect, a rare insect, not well known. My attitude in explaining the Beetle Bugs is, well, the matter of fact that I knew them, I would say I felt disgusted, or they disgusted me. I mean my explanation of them was a detrimental explanation, as though they were a great pest, something that you should really stay away from.

Doctor: And the man in the dream?

Joyce: The man in the dream was rather broad. He was no one in particular. I can't even remember his face, and I don't remember his name. I would just say that he was just a man.

Doctor: He didn't say very much!

Joyce: That's right.

Doctor: That was one of your complaints this morning about me.

[The silent man, of course, could have been symbolically representing the general behavior of the analyst. Or her father who was usually silent in the face of attacks by Joyce's mother, or; in all likelihood, both father figures are involved on an unconscious level.]

Joyce: Yes.

Doctor: And yesterday, I didn't say very much about your sexual experiences between 9 and 14, did I?

Joyce: Well, no! Now that you think of it, I didn't even realize that you hadn't when I left here, that you hadn't interpreted the dream for me, now

that you mention it, but I hadn't thought about it before. The one thing that I really question in yesterday's session is that I had repeated so much of what I had said before.

Doctor: Is that all that impressed you?

Joyce: Well, it was what I talked about, but that also impressed me a great deal because I never really ever characterized it then as I did yesterday. I think that it has also brought things to mind that I possibly shoved into the background. I would like to hear what you have to say about this dream.

Doctor: Well, I believe that certain parts, those that you talked about, you already have seen the partial significance of. I think that the woods represent, in general, the perplexed path of analysis and that you are possibly talking to me in the dream. The Beetle Bugs represent something that gets in under your skin that makes you itch, and that this something that gets in under your skin is that something that you yourself pointed out quite often. For example: "If Jack (my husband) touches my body, that spot itches." Do you remember?

Joyce: Yes.

Doctor: You, yourself, pointed out that the tentacles represent the mauling hands which get under your skin. So this dream, in connection with yesterday's dream, is another step forward, is another clue to the unconscious fears which are related to your sexual attitudes. What or who that first beetle is and what the other beetles are will come out further on. We just have to have more material, more associations from you. This dream fits in, as I mentioned, with your dream of yesterday as you, yourself, saw it. It provides you with definite unconscious fears connected with your itching and with the things that get in under your skin. Do you see that now?

Joyce: Yes.

Doctor: And it is connected with your attitude which you had between 9 and 14, which prevented you from knowing how a rabbit got pregnant, even when you were in high school.

Joyce: You mean that at 9 I already had those ideas?

Doctor: That's what you essentially told me yesterday. I don't know whether you did or not. The basis was there which led from your earlier life. Your attitudes fluctuate from time to time. It isn't the same now as it was yesterday. Isn't that so?

Joyce: Yes, that is so.

Doctor: But the basic mechanisms were there.

Joyce: Were there before I was 9?

Doctor: Oh, yes, and what developed after 9 is, of course, modified by all of the facts you confirmed. But the things which were modified in the earlier experiences which you talked about yesterday, as a matter of fact, you, yourself, pointed out yesterday in connection to the dream relative to ages 6 and 5.

Joyce: That's right, I think that there is a good deal connected between. I would like to know what happened in the year when I was 7 and 8.

As pointed out hitherto, because of technical considerations, further analysis of this dream was delayed, especially because of the anxiety it

engendered in this patient. It must be reemphasized here that Joyce at this time was almost completely incapacitated by her eczema and asthma. Anxiety caused an increase in her symptoms. Other relationships seemed safer to explore since a reasonable degree of improvement had already occurred, I believe, because of the analysis. Although in a previous volume* dreams have seemed to decrease physical symptoms, in the case of Joyce the unresolved Oedipal conflict led to a struggle for femininity which apparently made the situation different.

Section 2.

THE STING OF THE BEETLE BUG

The resistance to analysis of the type encountered in Interview 96 recurred for several weeks before this interview. For this reason it was decided to use LSD as an adjunct to psychotherapy. It will appear that the patient was apprehensive about taking LSD. The technique of dealing with the patient's anxieties, especially that connected with taking a drug *that tends to eliminate* resistance, is outlined during the session. The Beetle Bug dream was "redreamed" under light hypnosis and reassociated in this session (on a Friday) *without* LSD with a view to continuing its discussion on the following Monday when LSD was to be administered. The procedure connected with the repetitive use of the same dream has been previously outlined briefly in the first paper of this series on "Reassociation of Dreams."

Interview 235

Brief Summary of Interview 235.: This interview took place on a Friday, with Interview 236 using LSD taking place on the following Monday. The method of utilizing LSD in psychoanalytic therapy is presented. The details of the procedure developed for the reassociation of dreams is given. Free association led to the realization that Joyce was programmed in part by her mother to identify with her father who was a silent man. The "silence" of the analyst and of the father may be taken not as consent but of disapproval. Joyce's struggle to improve her self-image in the direction of femininity is connected with the dangers of the sting of the Beetle Bug and penetration by the penis. This Interview 235 is followed by Interview 236 utilizing LSD as an adjunct to psychoanalytic therapy.

Joyce: I find myself in a terrible turmoil. I don't know if I'm concerned about Monday (when I take LSD for the first time) or not. I think I am, but I've gotten into such a turmoil that I feel so lost.

Doctor: Well, if it's about Monday, let's clarify my position. There is no need for you to take the medicine (LSD), and there is no need for you to expose yourself in any new way. If you feel that its use is premature, and you should be allowed to work this thing out without any extra medicine, then I believe that you should do it without help from drugs that diminish resistance to therapy. You could come in on Monday and say, "I don't want it." It will be perfectly all right.

Joyce: I want it because I said before I want something to help me along.

* Abramson, H. A., *Psychological Problems in the Father-Son Relationship*. October House, New York. 1969.

Yet, I probably don't want it because I'm afraid of something; I don't know what! Whatever I'm afraid of has stopped me from. . . .!

Doctor: Well, are you afraid of it because it's a new drug?

Joyce: No.

Doctor: If you'd like to, I'll let you read the translation of the original report in which the chemist took LSD himself and described his feelings. You see, most of the early work has been done on professional people, as well as on people with mental illnesses. I have it here if you'd like to sit down and read it now. It's perfectly proper that you know what you are taking. Would like to do that?

Joyce: Well, of course, I'd like to read it merely because I'd like to know about it, but I'm not afraid of it in the sense of the drug itself.

Doctor: Perhaps it will be simpler if I read an abstract to you:

"The most apparent psychic symptoms are the regularly occurring disturbances of visual perception. They consist mainly of optical illusions, images and a great variety of hallucinations. Among those reported may be mentioned flaring, flickering, flaming, flitting about, sprinkling, sparking, glittering, spark whirls and sheet lighting. Further, green and red fogs, yellow ribbons, spots, rays, streaks, veils, arcs and colored circles have been reported. The hallucinations reported are, strictly speaking, pseudohallucinations, since the test subjects were aware of the unreality of their experiences, with few exceptions. Illusory misperceptions were very frequent; an excavation became a mound, the ridge of a meadow a river, an empty fog was transformed into steep mountain ranges. Auditory hallucinations were observed only rarely. There was some disturbance of tactile sensibility. Consciousness was never really disturbed in the dosage used. There was occasionally slight drowsiness and rarely confusion. Orientation to location was not disturbed and all subjects related their abnormal condition to the drug. As for orientation in time changes, at times there was acceleration and at times retardation. The thought process was apparently loosened up, with flights of ideas and escape of thoughts, with difficulty in concentration and marked fluctuations in mood."

So you'll know what's going on all the time. You will talk a bit more easily. This description was first published in 1945, and since then the drug has been used widely on hundreds of people. The chemist who discovered LSD took ten times the threshold dose. The dosage you will get is comparatively small.

[To repeat what has been emphasized hitherto, the reader should distinguish between small doses of LSD (100 micrograms or less) used as an adjunct to psychoanalysis or to brief psychotherapy and large doses, usually more than 200 micrograms, used in psychedelic therapy. The former has been termed psycholytic therapy but is really psychoanalytically oriented psychotherapy. Contrary to the present views of certain government agencies and anxiety-laden physicians, more than 20 years of experience and more than 2000 scientific papers have failed to show that small doses of LSD produce brain damage when administered by qualified psychiatrists. The evidence seems weighted in favor of the view that LSD is of value as an adjunct in psychotherapy. It is unfortunate that comparatively inexperienced personnel, more concerned with drug abuse than drug value in therapy, have important decision-making powers which have received unusual publicity from 1963 to the present. *Ex cathedra*

statements backed by bureaucratic dogma often carry more weight than clinical experience in the field of psychotherapy.]

Joyce: Of course, of course, I've been thinking about the stage of analysis that I'm in. And I was wondering! I'd like to ask you! I know that in analysis, patients go through what they call the stage of transference; and I was wondering if this is what I was going through.

Doctor: There's transference all through the analysis. There's transference whenever you see a doctor. It depends on what's meant by the transference.

Joyce: The dependence upon the psychiatrist!

Doctor: Well, talk about that.

Joyce: I feel that it's probably where I am now. Because undoubtedly when I lost my dependence upon my mother, I still needed to be dependent upon someone, and so I probably became dependent upon you. You said the last time that I'm probably blocked when talking about you, which is probably so. I probably have been forced to depend more upon myself in the process of becoming less dependent upon you. And, therefore, I feel hostile toward you because I'm losing that, too. I think, too, that's probably part of the reason that I'm so upset about this. I'm upset at this stage right now with—well, I don't even know if I'm—I guess, when I think of taking the drug and being able to progress.

Doctor: I just read to you that you will be perfectly aware of what goes on, except that you'll speak more freely.

Joyce: I know that. Last Monday when I was sitting outside waiting to come in, I felt upset then—and so very depressed. I felt that if I could cry, I would feel better. This morning, too, I had the same feeling for a while, and then it left. And again, as I was walking here, I had the same feeling that if I could cry, I would feel better. I felt so wrought up!

Doctor: Go ahead if you want to cry. There's no reason why you shouldn't if you want to.

Joyce: I feel it. I mean, I feel that I could break down so easily, and yet I can't. You know, actually I find it very difficult to even describe how I feel.

Doctor: Have you had any dreams?

Joyce: Not that I remember.

(At this point patient was lightly hypnotized.)

[When the analyst has verbatim recordings of dreams, the impact of the reassociation of the dream subsequent to the first time the dream is repeated is often much greater than a dream repeated from the analyst's notes. Every word or set of words used by the patient has specific unconscious significance. Changing these words or their order of presentation changes the significance of the repetition for the purposes of the analysis.]

Doctor: I'm going to read a dream to you that you had. You had it in the early part of December, more than a year ago. After I read the dream to you, I want you to be very relaxed and repeat the dream. Then I'll tell you what to do. This is your dream; this is what you said: (The Beetle Bug dream was read to Joyce from the text of the verbatim recording.)

Joyce: I was walking through the woods with somebody, either a man or a woman. As we were walking, we were attacked by bugs. They came in droves, sort of like bees, and attacked us. I explained in the conversation that they were called Beetle Bugs, and that they attacked you by *sucking your blood and left their sting. And they got inside of my clothing.* They started itching me, and I tried to brush them off. I woke up; I was scratching. Then it was a man. The bugs were light green in color. They had a fuzzy body and sort of like tentacles which itched you. First, there was one, and then there were thousands of them. And I tried to get away from them by running. That's all I remember.

[On repeating the dream twice several new statements are made by Joyce which were not in the original dream, e.g. ". . . suck your blood . . . sting you . . . got inside of my clothing . . . left their sting."]

Doctor: Now, talk about the dream, anything that comes into your mind.

Joyce: When I was younger, I was afraid of, I would say, of almost all wild life, or insects, or anything else. Even now, when there are little bugs flying around me, it makes me feel itchy at times, and I start scratching. I don't think it's as bad as it used to be. There were even times when I would get into a strange bed, and I would wonder if the bed was clean. And I would start thinking about bugs, and I would start feeling itchy and scratchy. Sucking blood, of course, makes me think of a vampire who sucks the blood of life or your life blood. The bugs getting caught, getting inside the clothing, of course, makes you think of their being trapped inside, sort of, and therefore, more difficult to get rid of them. The same way that, well, a habit that gets inside of you, and it's so hard to rid yourself of. My mother always, in her tempers, in her anger, would compare so many of the things that I did to my father or my father's family. So that I, in time, felt myself to be like him, that I inherited certain traits such as my lying, which as I got older, I felt was a habit. I had to break the habit of—by going to the other extreme of always telling the truth, no matter what. Sort of that I had my father's blood, that I was made up of him, that I looked like him, that I was every part of him. And my sister was supposed to be, when my mother was angry, she was like my mother's sister; when my mother wasn't angry, she was like the good part of my mother's family, some cousins. It sort of made a—that helped too, to make a break or a division between my sister and me. The two of us weren't made of the same substance. I came from my father; my sister came from my mother. When I was younger, around the age of 9, my mother used to have these terrific arguments with my father—during the Depression. These Monday arguments were something you waited for! And you dreaded, you hated when they were coming. Maybe it was about that time that I started to, first, perhaps feel sorry for my father. I think then, in time, I wondered how he could take her screaming and the stamping! Of course, she spoke of him so degradingly, too; probably I felt that when she said I was like him, that I was just as low, just as stupid and like everything else that she called him. Perhaps I formed this

feeling of close attachment (to him) because the two of us must stick together—that we were alike.

[This section makes clear the early influence of how the dominant castrating mother prevented the development of femininity in Joyce. Perhaps the mother felt that a truly feminine Joyce would be more feminine, more of a rival. In all likelihood this is confirmation of the confused identification forced on Joyce by her mother. A little girl programmed to be like her father can not easily develop normal feminine attitudes.]

Doctor: There was one beetle that didn't frighten you, that first beetle you mentioned later in the dream.

[Joyce may be, unconsciously, not frightened by her father but disturbed by her father's silence. This comparative silence of course, as emphasized in Interview 96, is a characteristic of the analyst's role and therefore in a sense aided the analysis by intensifying that feeling in the transference. However, the silence of the analyst threatened Joyce by making the analytic situation a replica, so to speak, of the conditions at home—criticism by the analyst playing the role of the mother and silence playing the role of the father.]

Joyce: Well, my father frightened me. I can't say that he didn't; he did, because he didn't express himself. So I didn't know what he thought or what he did. My grandfather was not too much in my life. I don't know; he, again, was a strange person, too. I didn't understand him too well, and, of course, so much of what I think or feel of him are impressions that I got from what my mother said. But when I think of him, though, before he died, he was a rather willful person, I think, and he knew pretty much what he wanted, no matter how my mother tried to influence him, or my aunt.

Doctor: Was he your mother's father or your father's?

Joyce: My mother's father. Actually he was the only grandparent that I ever knew to a certain extent. My other grandparents died when I was much younger. I used to feel pretty close to him to a certain extent, and rather affectionate too.

Doctor: You said your father frightened you!

Joyce: His silence did, yes.

Doctor: Well, what did you think about it?

Joyce: Of course, I used to take his silence as disapproval. He never had much to say. But I think, too, that perhaps it was the fear that my mother put in me. It was the idea that my father shouldn't know the worst. She gave me the impression that he shouldn't be told the worst things; or rather he shouldn't be let in on very much at all, no matter what it was. But when I did know, it was a peculiar thing; sometimes I didn't know whether he knew about things or not; but I would take it for granted that he did and, therefore, his disapproval was shown by his silence. Though I had the feeling, too, that there were times when he should have, well, sort of boosted me or sided with me or stuck up for me and didn't. I think I waited for a long time for him to show that

this feeling that I had, of the two of us fighting together, the way for him to show he knew the feeling that I had, and I think it never came. I guess I gave him up! And then, in fantasy, I started making a picture of the kind of man that I wanted to marry, which, of course, was not the picture of my father.

Doctor: You gave him up?

Joyce: Well, when I say "gave him up," I mean that I stopped looking to him for any sort of help or assistance. I gave up the idea of his ever being able to show me anything. I mean, I never have turned to him for advice of any sort. I know that he was a wonderful person, too, when I was very young. I know that a child doesn't try to imitate the many things that I tried to imitate in him, and then not go to that person for help or advice or anything else. *I never turned to him for any help that way, no matter what the difficulty!*

[The tragedy of the little girl who could not establish a meaningful relation with her father and therefore subsequently would find difficulty in establishing meaningful relations with men is sorrowfully expressed by Joyce: "I never turned to him for help that way, no matter what the difficulty."]

Doctor: So, the first beetle in the dream was your father?

Joyce: Yes, probably. I wasn't afraid of him in the dream, or I didn't show it.

Doctor: And the other beetles were the men who took his place, who got into your clothes, who left a sting in you, who made you itch, with sexual excitation, with anxieties?

Joyce: Yes.

Doctor: Then, you said your father didn't stick up for you, and you gave him up. Then you made a picture of the kind of man you wanted to marry. Your father was the first picture. That was implied in your words, wasn't it?

Joyce: That's right.

Doctor: So, this beetle dream takes on a slightly different aspect now, at this stage in your analysis, than over a year ago when you had it.

Joyce: Is it entirely different?

Doctor: I'll let you read the transcript of the first session of this dream. Make any remarks you wish while you read it. The implication is there what you just brought out. That's why I chose that dream. (Joyce reads the transcript of Interview 96.)

Did you read all through it?

Joyce: Yes.

Doctor: What do you think?

Joyce: That I just talked more, but about the same thing really.

Doctor: Well, your self-image distorted by the identification with your father, your concern over your relationship with him, is clearer now because of this session, isn't it?

Joyce: Yes. *This, of course, also led to my feelings of being more masculine than feminine.*

[Joyce here acknowledges clearly her struggle to divest herself of her identification with her father and to achieve femininity.]

Should her analyst have been a feminine woman? Her problem really was to relive the agonies of her confused and conflictual identification and to establish meaningful relations with a father figure and then a man. This hopefully would lay the foundation for the development of and acceptance of femininity.]

Doctor: But the first time, you said you weren't afraid of the lone beetle, but now you said that you were; and this shows your conflict. You also said in the first part of the dream you didn't know whether it was a man or a woman, but at the end you said it was a man. That also showed the conflict, whether the person you were walking with (or identifying with) was yourself, or your father or mother, or me, or all of us combined into one. But it shows the intensity of the conflict that's present.

Joyce: Yes, that's so.

Doctor: Now, there's one other thing in this dream; you were afraid of a sting being left in you.

Joyce: In other words, I'm afraid of what effect he has.

Doctor: More than that. What's a sting, what penetrates?

Joyce: The poison?

Doctor: But what in sexual life penetrates?

Joyce: Oh, the penis! Yes!

Doctor: We have to work more along that line—your attitude about something left within you or put within you, because you can see that in those days you have had and still have real fears concerning what Beetle Bugs symbolically represent.

[Recall that Interview 235 without LSD took place on a Friday. Interview 236 with LSD, which follows, took place the following Monday. The basis of this interview will also be the Beetle Bug Dream.]

Section 3.

Second Part of Couplet 235-236

THE FEAR OF THE STING OF THE BEETLE BUG

Thirty-five mcg of LSD 25 was administered orally at 2:00 P.M. on the Monday following Friday's Interview 235. The interview lasted four hours. The patient was not fatigued at the end of four hours and wished to continue. The integrative powers of the patient's ego were dominant over the ego-depressant effects of the LSD 25. Ego enhancement was the primary psychomotive effect. This interview illustrates how with proper preparation LSD provided a more comprehensive analysis of the Beetle Bug dream. Bear in mind that the effect of LSD taken orally is hardly felt until about one-half hour has elapsed. The peak of the reaction is between one and one half and three hours, tapering off at the fourth hour. With much higher doses in psychedelic therapy, both the pharmacologic and psychologic effects may be prolonged further. But it must be understood that psychodynamic insight along with its utilization usually

sought in psychoanalytically oriented psychotherapy is not usually part of high dosage LSD therapy. For example, the use of high doses in the treatment of alcoholism leads more to apocalyptic than psychoanalytic insights.

Interview 236

Brief Summary of Interview 236: Patient is given LSD. The first part of Interview 236, before the LSD effect is present, is concerned with the results of Interview 235. An important aspect is a new feeling of independence as far as Joyce's mother is concerned. "I'm no longer worried about what my mother thinks or how she feels about something. . . . It used to be that if I just thought of her, I could start scratching." Joyce acknowledged that the type of empathy she sought with Jack was blocked by "deep, dark secrets." In other words, communication between husband and wife was often threatened by unexpressed feelings. Joyce admits being afraid of her husband; afraid to speak confidentially to him, but she is much more at ease talking with women. There was no man in whom Joyce could confide, not even her husband. Her feelings toward the analyst surface for the first time, but speaking about sexual matters was difficult even in the framework of the analysis and after more than 235 interviews. There is no evidence of adolescent crushes, but they must have been fantasied. More obvious is the need to establish a non-threatening verbal confidential relationship with male peers. Joyce discloses that her mother emphasized that she was "one" with her father. We shall see that Joyce was in part programmed to identify with her father, especially utilizing his technique of remaining silent in the face of stress. At age 10, seeing her sister nude was repulsive to her. Contact with aggressive males during adolescence, as well as seductive episodes, were disturbing. As adolescence proceeded and Joyce went to camp, Joyce feared that she might be a lesbian even though no fantasied or overt homogenital activity occurred. Sexual intercourse occurred premaritally with her husband, orgasm being reached, however, by digital stimulation of the clitoris. It appears that the sting of the Beetle Bug symbolically representing the penis as noted in Interview 235 sets up hostile desires to destroy the penis. Indeed this fantasy of danger engendered by the penis is verbalized by Joyce's statement . . . "at first I was going to say the bridegroom attacking her" The penis is therefore in danger during the sex act. This feeling continued during marriage. The sting of the Beetle Bug remains in the body. An unwanted pregnancy is equivalent to the sting. Hostility toward her child led to her beating her 16-month-old child during toilet training, the child symbolically again being part of the Beetle Bug's sting and stain. The patient fantasied clearly cutting off that part of the penis which enters the vagina!

Joyce: Well, I know I had dreams over the weekend, but I don't remember any. My husband and I went away together over the weekend.

Doctor: Last week you said you were in a turmoil over taking the LSD. Are you still in a turmoil over taking it?

Joyce: No, I don't think so. I didn't think about it very much over the weekend. When I did think about it—well—conversation more or less brought it to mind. Not that I thought of it spontaneously. I didn't seem upset by the idea. I think before I came today I became a little bit more excited, but not in the way that I was worried about it. I don't remember exactly what the conversation was about on Friday, but we more or less settled some questions that I must have had. Because after I left here on Friday (I don't know just why) my whole general attitude was a better one than what I had had. I think part of the reason, too, that I felt better on Friday was because we had gone over a dream, and it seems that I had accomplished something.

[What was accomplished? The nature of the confused identification and its explicit formulation of the goals of maturity in

Joyce; development, acceptance and utilization of femininity.]

Doctor: In other words, you were in a turmoil because you weren't "doing a job." You were still under remote control, so to speak, of your mother's attitude toward what you must do. You must do it and do it right irrespective of what your own feelings are?

Joyce: That's right, *and do it right!* I mean, not only must you do it right away, but you must do it right when you do it, too. My mother had no patience at all, whatsoever; not only with the amount of time, but also with the way you did something. It was strange, too, because on Friday, when I left here, not right away, but after a while, I saw my mother—and I had to—feel guilty. I saw her for about ten or fifteen minutes. It was a pleasant conversation considering the length of time, and I left her.

Doctor: Was that possible before?

Joyce: I don't think so.

Doctor: Is this a new kind of feeling you have in relationship to your mother?

Joyce: It's a new kind of feeling. It's definitely a feeling of independence and also of maturity. Although not totally either, because now that I think of it, I was going to her office to see her. I was very conscious of my appearance, which is something that she often used to nag about. I wanted to show her what I had on, and also I wanted to have the feeling that I looked nice and neat. It was something that she always used to stress.

Doctor: Now, I gather that your relationship has matured?

Joyce: Yes, I think it has.

Doctor: Would you say that it's an accidental thing, or would you say that it's more or less a thing which is part of you now?

Joyce: No, I think it's something that's part of me now, because I can go ahead and plan something and make a decision and no longer worry whether it will be approved by her or not. I mean, I feel that I, myself, am capable. Or it may be a matter where my husband and I decide that the two of us are capable of making a decision, I don't have to worry about her reaction to it. I don't seek her approval or her advice as much as I feel that I used to have to. This feeling on Friday of being aware of how I looked, that's also a feeling, too, of showing her. That is, I was going to prove something to her; not only did I want her approval, and I think I knew beforehand that I looked nice, and, therefore, I was going to prove something to her.

Doctor: You were going to prove something to her?

Joyce: Well, yes, in two different ways. First of all, the jacket was given to me by a friend. She had made some remark to me implying the jacket was not becoming. "Why did you take the jacket?" or something like that. I was going to prove to her that it did look nice on me. Secondly, it was a matter of, well, of showing her that I didn't need her to tell me how to dress.

Doctor: You were a big girl and could dress yourself?

Joyce: Yes, in a way; not only—not dress myself; yes, I guess that's it.

Doctor: Was there any other feeling connected with it?

Joyce: Satisfaction.

Doctor: Now, you mentioned independence before. Was this feeling of independence only related to the fact that you could dress yourself?

Joyce: No, it wasn't only to that. It also was connected to the fact that I haven't spoken to her all week. When I saw her on Friday, it was the first that she knew that we were going away for the weekend. I don't know! I mean, it was just a matter of—well, we made plans without consulting her and went ahead and fulfilled them. She used to resent very much if she didn't know—well, let's say the day that we planned to go away. If she didn't know right away what we were going to do and would find out at the last minute, she would resent it; she would become angry about it; an attitude of "You don't tell me anything." But I had no feeling about it; I just told her we were going away; that was all. It was not that I had to report to her! Or that I was afraid when I did tell her that she would resent it. When I had spoken to her a couple of weeks ago, she had asked me to drive my father and her somewhere. I had told her at the time that I couldn't make it on the weekend. I asked her to let me know if she wanted to go on any of the other days. She didn't call me all week to ask if I could drive her this past Sunday. She brought it up when I told her that we were going away. She said, "You were going to take us to X— on Sunday." I said, "Well, you didn't call, so I took it for granted you didn't want to go." I pretended that I had forgotten about it. What I think really sort of bothered me is that I answered her that way. If I felt completely independent of her, I think I would have said something else to her.

Doctor: You dreamt over the weekend?

Joyce: I did dream last night, and I woke up, and I know I said to myself, "It's a good dream," but I can't remember it at all. I know there was a young man in it; that's as much as I remember. To go back to my reaction of saying I forgot. When I think about it, it really is something that I do often, though. When I have a tentative appointment with someone and neither of us calls to confirm that we will meet, I usually use the excuse of saying I forgot about it. Then, too, I didn't really think about the appointment with my mother during the week. I guess if she had called me, I would have told her then, but I didn't. And actually I didn't think about it; I did forget it. I say that I feel independent of her because there are so many ways, so many times, that I used to do things and worry about them and feel guilty about them, which I don't do any more. I mean, I'm no longer worried about what my mother thinks or how she feels about something. It really doesn't bother me or concern me so much as it used to. I would say practically not at all. I don't know if it's a way of escaping or not, but I don't have as much contact with her; and I don't feel that I need it. I mean, I don't feel guilty about the fact that I don't.

[To repeat an important aspect of this interview, Joyce had had, like many children with eczema and asthma, a strong need to be engulfed by her mother, who was always ready to oblige. Joyce's mother was characteristic of the type that I have previously described as having the Cronus complex, which leads to an abnormal dependency developing in the child to satisfy the engulfment compulsion of the mother (or father). The develop-

ment of maturity in Joyce was, I believe, the result of her psychotherapy. Too often it is believed and maintained in print that the patient would have "gotten better without psychotherapy."]

Doctor: You mentioned you didn't scratch as much.

Joyce: No, I don't. I also don't scratch as much when I'm with her. I really don't scratch at all. It certainly can't bother me, what I am doing. I don't scratch because of what I am doing any more; I mean, as I used to, consistently. *It used to be that if I just thought about her*, I could start scratching. I should say, too, that I, myself, feel my age, I guess you could say, more than I used to. I don't know—I mean, it's a matter of realizing that—well, that I'm the middle generation, so to speak. I mean that I have a certain need to fill, so to speak, what my child is looking to get from me, what I vainly sought from my parents. . . .

Doctor: What you vainly sought from your parents?

Joyce: Well, I think I looked for help and advice. I didn't look for domination. I feel that my child is definitely old enough to think of many things where he needs help or advice; he does not need someone to direct him all the time and tell him what to do. When I was with my mother on Friday, it sort of brought to mind that when I was younger, how she directed me even to the extent of how to say "hello" to people and say "goodbye" to people, which she still did to me on Friday. It just seems to me that there was hardly ever a time when I could be myself or express myself. It was always something I had been taught.

Doctor: It's a half-hour since you've taken the medicine. Have you noticed any effect at all?

Joyce: Physically, no.

Doctor: Mentally? Feel free to interrupt your thought by describing sensations or anything that you notice, even though you think they're imaginary.

Joyce: Well, I don't think I feel any change yet.

Doctor: To go back to your mother now, you described the evolution of the development of a new kind of relationship with your mother and how that affects your relationship with your own child. Is there anyone else who comes into the picture with whom your relationship has changed because of the change in the relationship with your mother?

Joyce: Well, it's changed my relationship with my husband considerably because, of course, that was part of the reason that we were always so antagonistic. I don't think he really realized at the time my antagonism was related to my dependence upon her. He resented her interference and her domination because, of course, he had had it from his mother. The fact is that I just accepted it as such. He doesn't like her company; and he can't accept her, even to the point of not making any appointment where she will be involved. But then, at the same time, it doesn't bother me any more, either. If something does come up where he has to be there too, well then, that's the way it is! And if he doesn't like it, it's too bad! But it doesn't worry me any more,

either. I think my strain, my tension, at those times made things even worse than they were. For me anyway! Not for him! For me, because he did as he wanted anyway! I was the one who stood between the two of them and worried about it. It no longer bothers me, either, how she feels about him. I imagine she must know by now that he doesn't care for her company. Whether she admits it or not, she must know it. That was something I used to try and cover up too, by giving excuses that he had ten thousand appointments, every time she ever brought up seeing him. I feel that the day will come when he too will be able to face my mother as I can face his mother and not become upset by it. I sort of wonder lately, too, about our relationship, Jack's and mine. I know there are times when I'm upset by the analysis. Well, my attitude does get across to him that I'm upset. I wonder, though, if all the times that we do feel, well, not as close, let's say, not that there's tension between us always, just that we're rather distant. I don't know if it's always due to me or part of it is due to him. *I think the two of us sort of still look at each other and feel that we've deep, dark secrets. There's a lot that goes on inside of him that he doesn't express, and I too find it very difficult to talk to him.*

[In later interviews it developed that Jack had had serious difficulties which still persisted. Joyce at this time surmises that something is wrong with her husband, but she is accustomed to bearing the guilt. She does not understand, and her husband is unable to make her feel like a woman because of his own feelings about women. I didn't realize this fact at the time of the analysis. Jack's difficulties came to light some time later.]

I think I can talk to other people more easily than I can to him. That is, to get myself to begin to talk to him, I find difficult. Once I begin a conversation, I can break down a little; yet I'm very afraid whenever we get onto anything psychological and, of course, anything that refers to the analysis. I immediately find myself clamming up and picking out what I'm going to say or how I'm going to explain it. In some way I'm still afraid of him. I don't know if it's a matter of fearing him, or that by telling too much, he will gain some power over me, which was something that my mother did, a way that my mother conducted her life, with everyone, I would say. She wouldn't tell my father too much, and she wouldn't tell my aunt too much, and she wouldn't tell my sister and me too much. I mean, it was always a matter of not telling anybody more than you have to.

[Here Joyce has explicitly compared Jack with her mother and points out that he uses her mother's techniques to establish a relationship with her. However, Joyce skips this connotation and proceeds to describe her silence on the basis of her identification with her mother rather than on the basis of her fear of Jack having "some power over me."]

Doctor: Do you think that has come into your own analysis, in some way, in your relationship with me?

Joyce: Well, it could have, I guess. I was never too talkative a person. That was another similarity between my father and me. We didn't talk; we kept

everything inside. I know I wanted to talk, though. I knew that the more I talked here, the more I would gain, and the further the analysis would move. Intellectually, I knew; I don't know how I felt, though. I don't know! Maybe I got to the point where you and my father became one. And I never had anything too much to—well, as I said before, I never came to him for anything. I never really had any personal discussion with him. Maybe I reached a point here where I found it difficult to talk to you because I never talked to him. Maybe that's why I can't talk to my husband. It's so! I can talk to a woman! That's usually where my confidential conversations go to, always to a woman. I can never see a relationship between a man and a woman as being one of good friends. Well, between a man and a woman, there is no tie for friendship, really. So I could never, well, I never could—I *never found any man, I would say, with whom I could be friends, in whom I could confide.*

[The patient cannot consciously be friends with a man, not even her husband. The unconscious processes which led to these fears will be subsequently developed as the LSD takes effect. In this part of the interview the patient lays the groundwork for her revelations under the influence of LSD.]

It was one of the things that bothered Jack, too. He said that my mother always drew my sister and me into the bedroom to have long conversations. He would be left outside. I never realized it until he brought it to my attention. It was often done to my father, too. I was just trying to think of the kind of a feeling there was just between my mother and my sister and me, when we'd go off like that into a group. I don't know; it wasn't a feeling of conspiracy on my part. I imagine I was drawn along into it unknowingly. It was more or less that when we were together—it was a woman's world, and a man should have no part of it, so to speak.

Doctor: Would you like to rest ten minutes now, or would you like to continue?

(About 50 minutes have elapsed since the LSD was taken.)

Joyce: I think I'd like a rest.

(Interview resumed with the patient desiring to sit up.)

Doctor: You may sit sideways. Now, anything that comes into your mind or anything that you feel!

Joyce: Well, the only thing is that my heart beats faster.

Doctor: Well, anything that comes into your mind. Would you rather lie down?

Joyce: No, I'm comfortable like this. When we first stopped before, I started thinking—well, how I felt towards men. And it seemed as though I just had a clear-cut thought that men didn't think the same as women. They were like a separate, distinct world. I guess I accepted the fact intellectually. Let's say that when Jack said he disliked his mother's domination—well, he didn't like it. But that his feelings would be entirely different from the way I would resent my mother's domination! That is, a man was dominated differently by his mother than a woman would be. I couldn't go and talk to my father because my father wouldn't understand; he wasn't a woman. So the problems that I had,

he couldn't solve for me. But then, of course, my father was a stupid man; that's how my mother put it to me, that he didn't have any education. He couldn't understand, he didn't know anything, he couldn't answer my questions. I think part of my fear of you for a time was and still is, I guess, that you expect more from me than I can give; and that you think I'm better than I am; that my I.Q. is higher than it really is. Then, of course, I think a great deal of you, your work, and I'm afraid of you because I think—well, I think of you as being so superior mentally, and I guess I'm afraid of being a little insignificant nothing.

Doctor: Have I ever made you feel that way?

[The LSD is beginning to have its effect. The question is designed to catalyze verbalizations concerning the transference.]

Joyce: No, that was my doing. Last summer when I met Dr. X, he said he knew you. I asked him about you. I asked him personal questions about you! Perhaps in talking to somebody else who knew you made you more of a person to me. But then, I think I got back again to that point when I stopped coming in with dreams or working, as I put it, of looking at you at a distance and thinking I am not even fulfilling the psychoanalytic job. I was thinking that before I started analysis at all, I felt that I needed analysis; I felt that I needed psychiatric help. I had no objection going to a male doctor or talking to a doctor about anything. But then, when I started analysis with you—of course, when I was with Dr. K., (her first analyst) it was so entirely different. I think I hated him from the time I began, and I think I hated him more when I finished. I disliked him intensely. I met up with someone entirely different when I began with you. I think at the beginning I found it easy to talk because I was talking about my mother. I was letting all that venom, or hostility, so to speak, come out. Then when I started going into sexual matters, I found it very difficult. I felt myself very tense when I was talking; my feet would be tense; my hands would be tense. Of course, I would say that I found talking about sex difficult at any time, whether it was to a man or a woman. When I said before that I couldn't see a man and a woman having a platonic friendship, I think that's so, because come to think of it, when I was about nineteen, I met this boy. Actually, that's why I thought I was in love with him for a while, because we used to get into conversations about things that I had never discussed before with any boy or a mixed group. I guess for the first time I felt something more than just adolescence! What made me feel that, I don't know! Men think differently from women; this gave me this fear of talking to a man. To go back to what I said before, there was a long period of time when I was, well, when I was very curious about you personally. And then, I found it very difficult to talk about religion. I didn't know how to talk about religion. It's also something I have found very difficult to figure out in my life. Of course, that question came up in my mind concerning you.

Doctor: Now why do you think you were concerned about that?

Joyce: Because I am concerned about that myself. Of course, this started when I was a child. My father is German and my mother of German descent.

Of course, they had this bigotry about any other ancestry except that of their own. A German was the pinnacle, not of someone in religion or in religious beliefs, but Germans were supposed to be of the higher class, I guess, socially. I became very mixed up at that time. I would say that possibly I'd resolve the points for myself as to my—I don't know. It seems to me that the only thing I believe in is that there is a God. I don't know; I say I've lost all religion except for this one thing of believing in a God; but I guess it's something I more or less like to leave alone.

Doctor: What is "it" you would like to leave alone?

Joyce: I guess the ceremonial part of the religion.

Doctor: You mean you'd like to retain your feelings for those parts, or you'd like to get rid of them?

Joyce: I'd like to get rid of them.

Doctor: I see. It's an hour and a half now since you had the medicine. Have you any unusual sensations or feelings? Have you been experiencing any of the symptoms?

Joyce: I don't know. I think I talk more freely. Of course, I question whether I talk more freely because I know that's one of the symptoms of the drug; maybe I talk more freely for that reason.

Doctor: Well, you might. How do you feel about the way you talk? Do you feel that you're talking more freely?

Joyce: Yes, I feel I'm talking more freely.

Doctor: Well, go right ahead. Talk as freely as you'd like to talk.

Joyce: I started talking to you last Friday about my stage of transference, that of depending upon you. I think I have more or less come today with the idea of resolving that also, resolving it by trying to find out why I stopped talking. And, I don't know; I just sort of feel that I stopped talking when I got to the point of my father, of really trying to work out my feelings toward him. I think at first, probably, part of my trying to be as congenial as possible was one way—that was one way—of always being pleasing. I think, then in time I found it more difficult to talk because I was expressing a great many things which I never expressed to anyone, no less to a man. I was telling you things that I never could tell my father. For a long time I could look at you as a doctor and feel that I could talk freely and easily. And then, I guess as time went on perhaps it was too deep for me. I mean, I was getting too close to home; and I couldn't get at the things that I couldn't express, the things that I thought, because I had never talked like this before. . . . I just feel at this moment that my father was always so far away from me, that not being able to get to him at all, any time, gave me a very distant feeling towards men in general. I think my mother helped me also feel so distant and so far from men, especially in the way I learned about sex and in the way she brought me up with those feelings. So that between the two of them, I had my mother's teachings on one side, and I had nothing to contradict them on the other hand. What she said then had to be the things I believed in, because my father didn't ever change anything. I think possibly if I knew some way, if I had some means of communication with him, maybe I could feel freer here; I could feel freer with Jack. I think I feel

now that my father is still a man of mystery to me; and I guess actually there isn't that much mystery about him. Maybe not, maybe I'm looking for something that isn't there at all. I mean, how much feeling, how much thought, how much could I feel toward him when I was younger and I had no relationship with him, except when I was very young, I guess. No, I can't say I idolized him; I did want to imitate him. *And, as I said, my mother said the two of us were together, that we were one.*

Doctor: It was a vicious circle set up then; on the one hand, your father was mysterious, and if you were going to imitate him, you also had to be silent and mysterious. If you're going to be silent and mysterious, you couldn't communicate readily.

Joyce: That's right.

Doctor: Therefore—

Joyce: I'm still the same way.

Doctor: You're saying that vestiges of that are still remaining in your relationship with other men, like your husband and myself?

Joyce: Yes, you see that was a very strong feeling, a very strong point, I should say, when I first started analysis, that my trouble is very deep, very mysterious. I think even now, I think that's part of the reason why I went into those periods of silence and especially of anger. That was an imitation of my father. That's what he always did. There, again, it's a contrast. You see, I would go into periods of silence like my father when I was angry at Jack and like my mother when I was angry with my son. . . . I know too, that your silence has bothered me in the same way that my father's silence has bothered me. I didn't know what you were thinking; and he never told me either. So I was always left in a state of suspense until I felt that something had passed over and I didn't have to worry about it any more. And then the same sort of false comfort that I had of expressing myself: that is, silence with Jack and a vile temper with my child. I felt the same thing with Jack when he used to keep quiet; that bothered me, too. And he did that for quite a while. Then, when he shouted and screamed, I became afraid of him, as I became afraid of my mother. There was also a feeling (I think I used to like to feel that I could handle people) at times of anger and of arguments when I felt that the other person was stronger than I. I sort of became, I guess close to panicky at those times, too. I was just thinking that when this would happen with Jack, I would often start crying. I remember when I was younger, and I used to get into these fights with my sister and brother when my mother wasn't home; I used to stand and swing my arms in a wide circle to hit her with all my force because that was the only way I could handle her. I would be close to hysterics, crying and screaming, wildly fighting practically for my life.

Doctor: Would you like to rest a bit now, or would you like to go on?

Joyce: No, I think I'll rest again.

(Pause for ten minutes. About two hours have elapsed.)

Doctor: How is the LSD working?

Joyce: I think it's interfering with my eyesight.

[LSD produces dilated pupils. Eyesight itself is not interfered with. The effect is local. The patient is essentially at the height of her reaction. Note that this interview has continued for two hours without effort. It will continue for two hours more with increased, not decreased, verbalization.]

Doctor: Would you like to walk up and down and talk so you won't have to sit, or lie down?

Joyce: I'd like to shut my eyes and see what I see lying down.

Doctor: Do anything you'd like to do. In what way, however, does it interfere with your eyesight?

Joyce: Well, I find it difficult to see as soon as I—I try to focus; and then I'm very aware of the top, mostly, of my glasses.

Doctor: In what way are you aware of the top?

Joyce: The rim, the frame, they don't seem to fit me; I'm not looking through them right.

Doctor: Does it make any difference with the room dark? What would you like to do or talk about more than anything?

Joyce: First, I was aware of my eyes. I think maybe I find it more difficult to talk to you in the position I was in, because I'm very aware of the fact that you're there and won't forget; I think I'm more conscious of the fact of not looking at you. I also started thinking that my not looking at you makes it, maybe makes it more difficult for me to talk. When you have a confidential relationship, when I used to have a confidential conversation with somebody, I didn't sit and not look at him.

[The patient had previously used the couch and had not sat vis-a-vis with me. However, LSD increases anxiety; and Joyce is for the first time, sensitive to the fact that she cannot observe me. It is important when conducting interviews with LSD as an adjunct to psychotherapy to relinquish rigid notions regarding the conduct of the interview.]

Doctor: Well, would you like to sit up and look directly at me?

Joyce: No, I'm comfortable as I am now.

Doctor: Would you like to lie down?

Joyce: No, I don't think I'd like to lie down.

Doctor: Well, how do you feel now? I mean, what are the other effects of the drug, or the medicine, either way you want to look at it?

Joyce: I felt pretty tired each time we stopped. Then in a few minutes I was able to pick up again. The first time I definitely felt sleepy; this time I just felt tired, and then after a few minutes I felt I wanted to go on again. During the rest period I had to do something; I couldn't sit still. I tried to read; I found it difficult to read. Could you give me something to talk about because I—

Doctor: Well, do you see any spots before your eyes, or do you have difficulty in seeing someone? For example, what does a book look like? Does it look like a book?

Joyce: It looks like a book.

Doctor: Does everything appear in its usual form, or does anything appear distorted?

Joyce: No, everything appears in its usual form, but I find it more difficult to read printing, though.

Doctor: I see. It's fine print. Why don't you lie down and say the first thing that comes into your mind.

Joyce: I couldn't work on an old dream today, could I?

Doctor: Yes, if you'd like to. Would you like to pick one of your dreams?

Joyce: No, I'd like you to pick it.

Doctor: Let's go back to the dream of last Friday. Would you like to do that?

Joyce: No, I'd like another dream.

[Again Joyce shows rather definite resistance to analyze the Beetle Bug dream. An attempt will be made to persuade her to go back to that dream.]

Doctor: No, it seems to me that we really continued the dream of last Friday. You see, today you pointed out that your relationship with me and with your father is somewhat similar. Do you remember that?

Joyce: And with Jack, too.

Doctor: And Jack, too! Now, does that bring up anything for discussion in connection with that one beetle bug that was getting at you? On Friday (Interview 235) it seemed quite definite that the one beetle bug, symbolically speaking, that you both were and were not afraid of (because you took just as strong a position in each time) was your father. My relationship to you is similar, and your husband's relationship is somewhat similar. I think you ought to, if possible, discuss your relationship with me in those terms—which you haven't done until today. That's why I think that dream is possibly worthwhile dwelling on. Do you follow that?

Joyce: When you started me thinking, just now, about the dream, when you started talking about the one beetle bug, the one that was separate, so to speak, from the others, I started thinking of this one boy that I mentioned before. As I said, he was the first boy with whom I had ever been friendly and with whom I was able to talk far more freely than anyone before. I met Jack right after, or while I was going with him, really. And, of course, even though I felt that this first boy was someone I could talk to, I more or less had to live up to a picture, I guess, that I thought he had of me in certain ways. He was the first one I could talk to, but I would say that Jack was actually the first one to whom I expressed my fears. My fear then was of going out to get a job. And I guess what actually appealed to me in Jack was the feeling of security that he gave me. But when Jack would question me, I haven't let him get near the analysis! If I don't talk about it at all and he starts questioning me, I clam up; not because I found anything that would come to my mind distasteful, but I couldn't tell him. I feel so sleepy as soon as I stop!

[I believe sleepiness here is resistance that is stronger than the stimulating effect of the LSD. In some patients, withdrawal may occur even with much higher doses of LSD.]

Doctor: You were talking about Jack giving you a sense of security.

Joyce: Well, of course, he presented a picture to me of someone who wasn't afraid of anything. And I have, of course, I think, placed all my dependence upon him for a long time. When he was in the Air Force, it was a matter of, well, more or less of waiting until he would be back. Whatever he said he would do, he'd accomplish! And then, gradually, I guess, the picture I had about him also faded. My mother was able to take me back under her wing again very easily, because I still needed someone to depend upon. I know that we (patient and doctor) talked about why I reached a point where I completely broke down. When I say broke down, I mean started scratching so awfully, so intensely, I can't remember now what!

Doctor: You say that we started to talk about why you broke down.

Joyce: Well, the reason!

Doctor: Shall I trace for you what we've gone over? I wonder if the medicine isn't making you a bit confused. Would you like me to tell you what we've gone over?

Joyce: Yes.

Doctor: I brought out the fact that we had already been working on the Beetle Bug Dream, because you pointed out that in your relationship with Jack and with me, your father was also involved. That your father, according to the interpretation of the dream last week, was the beetle bug whom you both liked and didn't like, the one beetle bug that was a prelude to all the others that went into your skirt and into your dress and that you wanted to get away from. And I thought it might be desirable to discuss your relationship with me in connection with the Beetle Bug Dream and your feeling toward me in connection with your feeling toward your father: similarities and differences. Thereupon, you decided to discuss the first boy with whom you'd been friendly, who was succeeded by your present husband. But before he became your husband, you became friendly with him, and he gave you a feeling of security. Do you remember?

Joyce: Yes.

Doctor: You mentioned that you were trying to live up to what your first boy thought of you, and you also mentioned that you are trying to live up to what I thought of you. Do you remember?

Joyce: Yes.

Doctor: So, we didn't discuss, I believe, what made you break down. That was something that you brought up, I believe, out of a clear sky, which is good. I'd like you to go ahead and talk about that. Do you agree with my resumé of what you've been saying, or are you confused?

Joyce: No, that's right.

Doctor: Keep on talking. Would you like to get up and walk around?

Joyce: No.

Doctor: Are you sure?

Joyce: Yes. I must have talked about it sometime, though. . . .!

[I believe that I also misunderstood Joyce's remark. She meant to go over the initial episodes of very severe scratching before her

analysis began. I was considering the content of Interviews 235 and 236.]

Doctor: Go ahead.

Joyce: I mean, talked about when I started scratching so very much. . . .

Doctor: Just talk freely, just go ahead, don't worry about whether you did or didn't.

Joyce: Of course, at that time, I started scratching so badly in the fall. The summer before was Jack's first summer in a position of authority. That was the summer, too, when I had those ferocious temper tantrums about my son dirtying himself. There were doctors that I knew, but I wasn't able to develop any sort of working relationship with any of them. It wasn't a fear of doctors; rather enthralled of doctors, I guess it was. And I guess I classified doctors as another world of men. You see, I've never been afraid to talk to a doctor professionally, but, of course, here I became afraid to talk because what I talked about no longer was professional; it was personal.

[Joyce here makes a remarkable statement, e.g. feelings are personal but organic complaints are impersonal. It is unfortunate that medicine itself is still compartmentalized similarly to a great extent into organic and mental illness. For several decades treatment of the patient as a whole has been advocated by a small group of physicians. But I see arising in the midst of modest progress the demoniacal effect of a new machine age of medicine. Computers, automation, highly sophisticated gadgetry, "profiles" and techniques designed in part for socialized medicine, have intrigued the laboratory man in medicine to isolate himself more and more from the patient, to insulate himself in a bubble of technocracy, to separate himself by a transparent plastic shield from the necessity of facing his own conflicts, certain to be present and requiring understanding if he is to treat the patient as a whole.]

I think, too, that I said before when I started analysis I felt that I was such a deep, mysterious person. I was afraid no one would ever be able to get to the point of understanding me and helping me to solve my problems. Probably when I first started with analysis here, it was all with the "professional" thought of mind on my part. But then, I think, gradually when it got down to the personal, and then down to the point where I had to think about my father and, in turn, with men in general, I couldn't lose myself; I mean, I had this wall around me. Maybe that's part of the reason that I was—I think that practically everything ran in a vicious circle in my life. I had such a difficult time meeting boys when I was younger. I had a difficult time because of my relationships at home. The more difficult it became for me to meet boys, I think the greater the wall I set around myself. I think that's why, when I meet someone to whom I feel I can talk, I tell everything. . . .

Doctor: How do you feel now? Do you have any special feelings? Sleepy? You seem to have slowed up in your discussions. Are you reluctant to talk for fear of what you may say?

Joyce: No, I'm not reluctant to talk; my thoughts are jumping.

Doctor: In what ways are your thoughts jumping?

Joyce: Well, I think about one thing one minute and then something else.

Doctor: Well, why not do this: why not try telling me? Follow each thought verbally and tell me what you're thinking about. I have a feeling that you're trying to make this a formal session and that you're fighting the effect of the medicine.

Joyce: Well, I was trying to get back to what I was talking about and just talking.

Doctor: Well, tell me what you think about when you talk.

Joyce: Yes.

Doctor: Follow your thoughts instead of trying to control them. They don't have to be in a sequence; just say them at random, even though they don't follow a sequence. Just say anything that comes into your mind.

Joyce: I think what happened was that all of a sudden I realized that I'm jumping so terribly, and I'm not following anything through.

Doctor: Well, do what comes into your mind; just go right ahead. Do you find it difficult to say what comes into your mind? Would you like to sit up and talk?

Joyce: No, I don't find it difficult.

Doctor: Well, go ahead, just follow what comes into your thoughts.

Joyce: Well, I shouldn't say that. I mean, I found myself doing the same thing that I've done before, and that is thinking but not expressing myself.

Doctor: Just tell me what you're thinking about without worrying what it means; whatever comes into your mind, without any regard for any logical framework. Will you try?

Joyce: Yes, I will. At the very end there, I was thinking that on Friday I mentioned how I wanted to cry; I felt that I wanted to cry. When I left her, I felt very exuberant. There's something in my frame of thought; it's a matter of running away; I think that's why I want to cry. It's a matter actually of losing myself for the time being, because that's really how I felt before. I get the sensation of wanting to cry, of wanting to get away from it. For just a while back, too, I think I went into a period of silence. I don't know, I had the sensation of sort of being out of this world, then I had put myself back to what I was talking about during the time that I was talking and of not being aware that I was here.

[LSD may produce depersonalization. Joyce experienced this in a mild form. But it must be borne in mind that the effect is caused by both the drug and the psychoanalytic setting.]

Doctor: Go on.

Joyce: I was a strange sensation. I guess, I imagine how you feel when you come out of hypnosis maybe, what you picture of it. I always get back to that point too, of saying to myself that I can't or couldn't understand my father; and I couldn't talk to him; and I can't get anywhere; I can't get myself anywhere beyond that point of feeling. It just seems to me that all the part of growing up—the different questions that I guess almost every child has,

everything came to me as a mystery. I guess I had to question for so many years, and all of a sudden it would dawn upon me; there was the answer right in front of me. Not that my questions were ever answered! I think, too that I got to the point where I never asked any questions. I realize I always keep saying that I never asked my parents any questions, and, of course, that should be a natural thing, to go to a parent. But I also had an older brother and sister. I never went to them with any of my questions. I don't know, I mean, I was so afraid actually of all of my family. Oh, I had the feeling of—I mean I loved them all; I had the feeling of closeness at times when the mood was light in the home. But, I don't know, I think that, in general, I lived alone from them. What I mean,—I started thinking—I'm jumping!

Doctor: Go ahead; jump.

Joyce: What was it? I mean, after all, certainly I did not have to wait until I was 18 years old to start feeling in the least bit close or confidential with my sister. What was it in our relationship that kept her at such a distance from me, or that I kept myself? Of course, I was always made to feel "that little child" at home. My mother probably babied me, and my sister probably had to fight back to keep her position in controlling me. But I was afraid of her also in the minutest things such as being afraid to go through her belongings, her drawers, as I was of my mother's. Keeping out of drawers was such a big item that I think, even now, when I go through my own drawers, I get the same sense of pleasure, of seeing things, finding things, the same that I used to when I went through their drawers. I even got to the point where I used to think that if I just opened the drawers and closed them again, my sister would be able to tell that I did that. I remember, too, my sister and I had a room and a bath by ourselves, and I guess I was around the age of ten, eleven, twelve, I guess, where I remember that I used to think it was terrible that she walked around without any clothes on. This would be in our room, and I would be the only one there. I think I even got to the point where I disliked her body, to even look at her body. I think at that time I began to dislike her even more. It was also at that time, too, when—

Doctor: How old were you really?

Joyce: About nine, ten, maybe I was older. I guess it started around the age of ten and went on through about the age of twelve. Maybe I began to dislike her because she was the one who told me about menstruation. Maybe I found it very disagreeable. So, instead of disliking my mother, I disliked her. As I said, I start wondering; where did I get the idea to dislike the person who tells you about it? There seemed to be a great deal going on when we lived in that one apartment. It was during this time, too, that the Depression came and that these horrible arguments of Monday nights used to start with my parents. And it was when we lived there, too, and I was about eleven and a half, that I started menstruating. Then it was also there that—well, I don't know how old I was at the time; I guess my sister was around eighteen, so I must have been eleven or twelve—these two boys came up to the house one time, which I mentioned before, and the two of them got her down and started taking off her dress and exposing her breast. It was the first time, too, that I can remember

fighting, not knowing why, but just fighting as I fought them; I fought the boys. It was there too, when I lived there, that the doorman kissed me. It was also when we were living in this apartment that a man exposed himself when I was riding in the elevated trains. And then it was also when we lived in this one house that the elevator boy attacked me, and there again, I fought, not knowing why, just fought. In the meantime, my father was being—well, I guess, actually for the first time and actually for such a long time—torn down in front of my eyes by those weekly fights that my mother always had with him.

Doctor: So the swarm of beetle bugs were really the men who were trying to get under your dress?

Joyce: Yes.

Doctor: Remember, you felt quite anxious in the dream.

Joyce: And I was most anxious at those times. It was also a man in the dream to whom I talked, but he didn't answer me.

Doctor: I think it's quite evident who that man is.

Joyce: Yes.

Doctor: In the first part of the dream you weren't sure whether he was a man or a woman; it was only at the end of the dream you knew it was a man. Perhaps that was a wish that I were a woman so that you could have confidence in me the way you did earlier in your life. You were used to talking to women, remember? So that part of the dream was probably an unconscious wish on your part that you had a woman analyst so that you could really get cozy without danger of having another Beetle Bug on your hands. So you think that's it?

Joyce: Possibly, yes! I don't know! I think it was more to the point that, I ran away; I ran away actually within myself, just not talking to men. I mean, I became afraid of them; I didn't talk. And I think that I just couldn't talk here because here was another man; he wouldn't understand because it's the only one to whom I've been able to talk, with whom I have been able to get confidential, who has been able to understand me to date. I don't know.

Doctor: Yet you haven't mentioned a woman who had understood you.

Joyce: No. I always start off, I think, by thinking that here is someone who will understand me. No, I think I first start off because I had an aunt whom I could pour out my woes to. Then, I think after I started talking, maybe here is someone who will understand me. I think, for a while, I can believe that I am understood. Then, again, of course, I always find in the end, no, that I'm not understood.

Doctor: These women?

Joyce: Yes.

Doctor: So, your rationalization of why it's safe to talk to them must have another meaning. In reality the people you mentioned today, that you could confide in at first, were not women, but your first young man and your husband; your husband, a man, made you feel secure. You never mentioned that your mother made you feel secure, so it was something else in your relationship with women that made you willing to talk to them.

Joyce: Well, the first girl that I think of being very friendly with, when I was around the age of six or seven, up till the age of nine, I had this one girl to play with. But then I'm thinking later on when I became friendly with this one girl, Ethel. I never became too confidential with her, although I was friends with her for a good long time, from about the fifth year of elementary to high school. The first girl that I ever talked to, now that I think of it, was when I was at camp. She was a counselor; I think at first I disliked her! And I don't think I ever really became very friendly with her, because she gave me a poem which was supposed to express the fears of a young person as to the future. I was fifteen, I guess. You know most of my life, every once in a while, I'd meet up with someone who gave me the feeling of confidence so that I could talk. Maybe I needed someone very badly at the time, so that I did talk. But other than those times *when I broke down and confided to people* here and there, I always, no matter whom I was friendly with, it always seemed as though I had to live up to a picture or an ideal that I thought the other person had of me. I would say probably that those summers I spent at this one camp, which was for quite a long time. It was an all girls' camp. I don't know now how many of the counselors were lesbians; I think some of them were, at the camp there. I think some of them probably were. First of all, the camp being far off, you didn't get in to see other people or anything else, so that the counselors and campers were more or less thrown upon each other. Therefore, as I got older, I would, as all the other campers did too, form extremely close attachments to counselors. The whole situation, the whole environment wasn't a healthy one because, come to think of it, I think we used to fight for the counselors' close friendship, not just friendship, but close friendship as you would fight for a boy's. And then, of course, I got past being a camper and I went back there as a counselor. Certain counselors had been there previously as friends. I guess it was acutally at camp where I first broke down, where I first became confidential with someone.

[Note the expression "break down" is equivalent to "confidential." The resistance that Joyce has shown at this part of her analysis has certainly had obvious roots in childhood. Note also the absence of overt homosexual activity. Shortly Joyce repeats here fears of lesbianism. These fears, however, were partly based on misconception.]

But, you know when I was younger I don't think I ever became confidential with the person whom I was supposed to be most friendly with. I said before that I went with this other girl for a long time. She, supposedly, was classed as my best friend, but I never became confidential with her. Then, at camp when I was a counselor, I remember too I was very friendly with this girl, Dory, and she supposedly was my friend at camp, but again I never became confidential with her. It was another counselor whom I really talked to. And then I think of the girl out at Y—. By that time of course, the big question in my mind was whether I was a lesbian or not!

[This fear of lesbianism, here casually mentioned, will develop into a more serious problem.]

I had been going with Jack for over a year, and we had had sexual relations. I knew that in our sexual relations the only time I actually reached an orgasm was through (digital) manipulation. And I went out with this girl one night. We went with someone else too, another girl, another librarian. She got drunk! When we got back, she asked me to kiss her. Of course, it shocked me, because I didn't think of her—well, let's say it just shocked me at first. Then in time I heard more about the other two girls that she had been going with. When I think of it now, of course, I was dumb. I should have realized then—well, she asked me to do that and not only was I shocked, but also I didn't want to. It repulsed me more or less, this thought that she presented to me. I guess I should have realized then that if I could be repulsed by an idea such as that, I was not as much of a lesbian as I thought I was. When I say my life is a vicious circle, I guess there again is something that made it sort of a circle, too. Not only wasn't I able to go to my father, but I wasn't able to develop any friendship with boys outside of my home because I always went to an all-girls' school and I went to an all-girls' camp. So the only people I ever had any really close contact with were women. And, of course, as I was growing up, I had only girls and women around me mostly. As girls grow up, most of their conversation is about boys. Boys who were an absolute mystery to me! Most of our conversations were about, well, of course, about boys.

Doctor: Do you notice any effect of the medicine now?

Joyce: Yes, just talking. I mean, I try to pull myself back, but I'm just talking.

Doctor: What do you mean, trying to pull yourself back?

Joyce: To continue one train of thought.

Doctor: Well, it isn't necessary to continue in one train of thought. Why not let yourself go?

Joyce: No, I am now; I'm just talking. The medicine definitely makes me talk more easily. I think I expected to talk more easily than I do, but I am talking more freely. Talking more freely *when I said to you before that the only way (manipulation of the clitoris) I was able to reach an orgasm is something that I have thought, has come to my mind I don't know how many times, and something I have never been able to say before.* I have a feeling, too, that the summers that I spent at this one college had a great deal of influence upon my thinking also. But I guess just my environment year by year was the same and never something that helped to bring answers to the questions that I used to have in my mind. I guess when it came to men I always had only a woman's viewpoint, but never really direct contacts, so that I could learn through personal relationships. Everything I learned was by hearsay, so to speak. I did have one (contact with boys); there was one way that I became acquainted with boys, and that was at Sunday School. But it was the only time, and I was very unhappy there. I first learned to hate Sunday School because I felt that I had to study hard to win prizes. Then Sunday School became the social focal point in my life and my mother's life for me. I hated it because I didn't know how to get along with boys and to have boy friends.

I am amazed at what time it is. I hadn't realized that so much time had gone

by or that I had been talking for so long. I still feel lightheaded; I don't focus quite well.

Doctor: Do you mean your eyes or your mind?

Joyce: My eyes. But I don't have a strong sensation with my eyes as I did before.

Doctor: What other feelings do you have?

Joyce: When I sit up, I still feel my pulse going rather rapidly. I also notice that my chest has slightly filled up (preasthmatic breathing) since I'm here. When I finished just before the last rest, while I was resting, I started scratching a little bit.

Doctor: What are you anxious about?

Joyce: I don't know. I think I could probably give you lots of reasons, which I think might be rationalizations.

Doctor: And go ahead, give me the reasons; talk about that. Why do you think you scratched?

Joyce: Well, I think first of all, I was talking about a difficult time, I think, when I was younger. Also it was difficult for me to talk about that time before. Maybe I'm wondering whether all the talking that I am doing, whether I'm saying anything worthwhile.

Doctor: Everything you say is worthwhile, and is very important. What you said today in terms of your relationship with your mother! And how you now feel your responsibility toward your own child was not to act as a daughter but to accept your responsibility as that of a grown person, not that of a frightened child. You could see that all the things that you've said during the analysis has led to better integration of your own self-image as an adult, and not as a frightened child. Do you see?

Joyce: Yes.

Doctor: What you told me today was that the fears which made you scratch were those of a frightened child. But you're no longer a frightened child; you're a grown woman with a child of your own. There's no reason for you to have these fears any longer, because they were the fears of a child which you no longer are.

Joyce: You say that they're fears of a child, but—

Doctor: Yes, because your concern over your sexual development is connected with the fact that you never had a suitable chance to develop as a woman. But the same thing would happen to a rooster or a hen. If you put a rooster from birth on in with hens and only hens, he would act like a hen. He wouldn't know what a rooster is. If you were to keep women together without exposure to males, they wouldn't know what to do when a male appeared in their midst.

Joyce: (laughs) They may go crazy!

Doctor: After all, the psychosexual (heterosexual) development of a little girl is something that starts with her father, and your father never really participated in that according to your view. So your psychosexual development really evolved toward maturity during your analysis when you began to have vaginal orgasms with your husband.

Joyce: That's right!

Doctor: I was playing the role of father, explaining to you that it was all right for you to enjoy the sexual act, that you didn't have to do it vicariously, that you had no need to accept sexual substitutes, that you should accept your husband as a man and not as something sexually threatening, but something that is part of your physiological and psychological need and not as something which was forbidden you. And you did that during your analysis, when you worked out the great fear that you had of your mother, and the threat that your mother made to you when you wanted to be a little girl. (This was worked out in earlier sessions.) All your life your mother had told you: *Don't be a woman but be a little girl and be dominated by me; be a little girl, not to love a man but to use a man.* And that you brought out in your analytic work here. As soon as you saw that, you began to have pleasure in your sexual relationships. Isn't that correct?

Joyce: Yes, definitely.

Doctor: All right. Now, that's what your analysis has done for you so far and did for you today. Today you recapitulated the involved tangle which came out in the Beetle Bug Dream, the fears of men getting into your clothes and staying there and stinging. Do you remember that?

Joyce: Yes.

Doctor: Well, a sting is obviously a male organ symbolically.

Joyce: That's right.

Doctor: Now, if the stings are left in, what is to be feared? Have you thought of that? That was one of the things I said would have to be worked out.

Joyce: Well, it. . . .

Doctor: The penis was a threat to you. Wasn't it?

Joyce: Yes, it was.

Doctor: Now, what does that mean? If something threatens you, what would you like to do to it?

Joyce: Kill it, break it!

Doctor: Talk about that.

Joyce: Well, when I think of an insect stinging me, I think of the part that breaks off and leaves the sting in you. It leaves a mark; it leaves a stain on you. And actually I found out, I guess, when I was eighteen, that a penis does give off a fluid, that it can leave a stain. When I was younger, the physiological makeup of a man's genitals was an absolute mystery to me. Then, I had the one experience on the elevated train when a man exposed himself. At that time, I don't know if it was my impression or what, but I could only remember my feeling at the time was of horrible flesh! It was just a—it left an awful picture in my mind of the flesh itself or something, I don't know; I can't even describe it, but it was ugly. It wasn't until I was in college that I ever actually saw a picture of a man's genitals and understood how they functioned! And then, of course, well, I was eighteen when, as I mentioned before, this happened. As I said at another session once that I felt guilty wearing white as a virgin bride. It was because I had felt that I had been stained. I had no right to wear white! I'm not quite sure that I really understand why I stop talking to

you. I know I had you pictured with my father, yet I also think that I said before that I didn't think—I didn't think a man or a woman could have a platonic friendship because I've never been able to actually have such a relationship with any man, any boy. Even though I confided in Jack before we had sexual relations, I was still going with him. At first I was, I guess, physically attracted to him or something! And it was the same thing with that first boy, so that I had never, and I don't think I have yet, except now with Jack, met a man and just been friends with a man as you could be with a woman or a girl. It was always some other involvement, so to speak, either sexual or physical or something.

Doctor: Are you implying that you are afraid something like that would happen with me?

Joyce: No, I never thought of that, and I never was afraid of it. That's why I said that—

Doctor: Yes, but you said that you can't be friends with a man, and here I was your confidant, so to speak.

Joyce: Well, you were, but—

Doctor: Now, I know that I'm older, and I'm a doctor and so on, but nevertheless, I'm still a man.

Joyce: Yes, but I think you were fulfilling for me the place that I wanted my father to fulfill.

Doctor: Yes, but what place was that? Do you remember what you said on Friday? You said, "I gave up my father and began to visualize the kind of man I really wanted to marry." Do you remember that?

Joyce: Yes.

Doctor: By implication you had more or less said that he was your first love, which is perfectly normal and natural and nothing to be ashamed of. That is what happens normally, the little girl, usually at four or five, first thinks of her father as somebody whom she logically should marry. You said, "My father should have stuck up for me. I waited for him to show the same feeling that I had. I gave him up, and then in fantasy visualized the kind of man I wanted to marry. Not a picture of my father."

Joyce: Well, you see, I think too that as I said before, he was being torn down in my eyes right at that time when I started thinking about the man I would marry, when I started having, well, the dreams that I used to have. And you see, it was more or less like two things, like sides of a story; he was not only torn down as a man when a girl pictures her husband or her lover, but I was also never able to go to him to answer my questions, in any way, to better my—to give me knowledge.

Doctor: But you've been able to do that with me.

Joyce: Yes, and I'll answer you that you don't answer me directly. I've been able to do it, but my questions aren't answered directly.

Doctor: But through me you got new knowledge!

Joyce: I did get new knowledge!

Doctor: So, I'm wondering now, just possibly your recent refusal to go on with the analysis was because it brought you into the same position with me

that you were with your father before you gave him up. And in this case you might not want to give up so easily.

Joyce: I notice I just felt itchy.

Doctor: Why?

Joyce: . . . Because, I don't know, I mean, I guess I can intellectually say that you were taking my father's place, but right now I don't know.

Doctor: Well, you could say very easily, "You're much older than I am. I don't consider you a desirable sexual object." I'm not referring to that; I'm referring to the feeling which made you itchy: that I'd be fulfilling an unconscious desire on your part which still remains to be resolved. That you, as a little girl, didn't have a father who was satisfactory, and now you've been going through that type of relationship with me. Because of my age, it's simple for me to exchange places with your father, but that very thing makes it difficult. Sexual fantasy would create anxiety, and yet the possibility exists of a sexual relationship with someone my age, isn't that so?

Joyce: That's so.

Doctor: So, your reaction is extremely complicated, and it could produce anxiety. It could mobilize all your defenses against a relationship of that kind because it might prove very disturbing, unless it were discussed openly and worked out in the way I've been trying to work it out with you.

Joyce: You know, when I ever pictured in my fantasies a man, it would always be a—well, someone who had power over me, but not in a physical way, in a mental way. As you were talking, the thought came to my mind, and also the fact that you could fit into the fantasies that I used to have. But you are the opposite of my father in that way, because you are superior mentally.

Doctor: Opposite? Being superior mentally doesn't mean opposite; it means having something in a supplementary way. It would be father plus, not father minus.

Joyce: Yes, but when I said opposite, I meant opposite of what my father was in reality.

Doctor: Yes, and as I mentioned it, it would be a satisfactory father figure.

Joyce: But this wasn't as a father that I had the fantasy.

Doctor: Talk about that.

Joyce: When I said I used to have these fantasies of men, it would be, well, it would start off with my meeting a man and falling in love and getting married. Then, as time went on, and I learned more about the sex act, that too would be included in my fantasies.

Doctor: Well, how did you fantasy about the sex act?

Joyce: I guess actually it was more the approach to the sex act that my fantasies involved rather than the act itself. It wasn't the act itself; it was the approach to it. See, this would be in the fantasy story. It would include, then, the wedding night.

Doctor: What you fantasy?

Joyce: Well, it would—I am again finding it difficult to talk. In the wedding night it would be going off on the honeymoon, no matter where. It would start off with closing the door to their own private room, of the bride getting

undressed, I guess. *I don't know, at first I was going to say the bridegroom attacking her, and that's not so, though.* It was all so very—more in the movies' style.

Doctor: But you were going to say *attack!*

Joyce: Yes.

Doctor: Talk about that.

Joyce: Well, I would say, then, that in my fantasies I probably would dream of movies and doing it in the movie way. But I had found that's not so. *I was going to say that I had found in reality that it was more or less attacking;* but it wasn't.

Doctor: Now, you just pointed out that the sting of the insect and the man's penis were somewhat the same, and the insect lost the sting. Were you concerned with the following: that when the man *attacks* you with his sting, so to speak, that you might crush or kill his penis? And that you unconsciously were afraid of what you might do to the man's penis because of your hostility toward the sting? These dangerous Beetle Bugs with their stings?

Joyce: Yes, I was afraid of what I could do, not that I thought that I would crush—I mean, actually, I would say that it was only a few years ago, a couple of years ago really, when I realized during sexual intercourse with Jack that a good many things that I thought would hurt, didn't. I guess I had either heard or learned that it was the most sensitive part of the man. I guess I always felt that, well, you could hurt a man's penis very easily because it was so sensitive.

Doctor: And when this man exposed himself, you saw an ugly mass of flesh. You didn't see what was there, did you?

Joyce: No, it was fleshy flesh.

Doctor: So your fantasies came in, instead of reality, which was obscured. I wonder, then, if your feelings of guilt of having sexual intercourse weren't connected with your fear and hostility toward the male and fear of damaging the male by hurting his penis. And that's what you were guilty about, and that's why the relationship wasn't good. Because unconsciously you hated this thing, which could stain you. What do you think of that concept?

Joyce: Yes—the—you see, *the stain of the sting, so to speak, actually went on even after I was married, because I did feel until recently it's the woman who bears the brunt of it all.* If an accident happened and I did become pregnant, *I would be the one who would have to bear the brunt of it, the stain of it and everything else.* You see, also, when my sister became pregnant with her second child, it was only a few months after the first one was born. There too, it was a disgrace at that time to have another one so soon. And it was my brother-in-law's fault because he did it! He should have worn a contraceptive so that she didn't become pregnant! *They both were animals; that was my mother's description. He was more of an animal than my sister, but my sister was an animal.*

Doctor: So, the sting, then, is not only the man's penis but also the baby which results from it.

Joyce: That's right.

Doctor: Talk about that.

Joyce: Well, the first thing I say to you is that the baby is a stain, and a child is a stain to me also, which was part of my resentment. Look how children interfere with life! That's what babies do. Although a man should support a child financially, other than that it's not a man's burden. I don't know, it was the idea that there, again, it was for social and economic reasons that the lower class women have lots of children and that's why the husband gets tired of them. That's why the husband will leave.

Doctor: So you were retaliating through your child against your husband when you beat him (the child) at age sixteen months? You were beating your husband's penis?

Joyce: Yes, it was.

Doctor: That perhaps is a little farfetched to you.

Joyce: Well, when you said it, I thought of again, well, I beat him when he dirtied!

Doctor: And stained. He reminded you of what you thought he was symbolically. Do you see how that all fits in? This shows the way that unconscious constellations can influence us.

Joyce: I see.

Doctor: Now, none of the things we've been talking about are real; they're all vestiges and residues of feelings and emotions and fears which you had at one time. They're of no value to you now, except to give you insight and to remove those fears, because they're not real fears; they're only symbolic fears of a frightened child. You don't need these guilty fears any more.

Joyce: I seem to have to mull over them for a while. Because, I would say that probably when I leave you, I'll think about them a good deal and then gradually less and less, so that as I'm thinking less about it, the fear, more or less, I guess will leave me.

Doctor: That's right, but I want you to know that these things are of importance only in working out the problem, since they are not real, and they need not produce anxiety any more. We've been able to show successfully how complicated getting pregnant is. In terms of symbolism, we have seen the growing child's fears, and the equivalence of penis and child, the fear of being stung by a Beetle Bug and the role of the Beetle Bug in complicated incestual relationships where social difficulties and stigmata appear. You see, all of these set up in the unconscious both confusion and terror when they report in part, to consciousness. These things never reported as such briefly to your consciousness; you didn't know they existed, did you?

Joyce: No.

Doctor: You probably had some vague feeling that they were connected, didn't you, in some way or other?

Joyce: Oh, yes, I did have the vague feeling that they were connected, but I couldn't connect them.

Doctor: Yes. But now through the Beetle Bug Dream, through the reassociation of that dream, through the use of LSD, I think we got together

the pattern which made you choose or accept women for a certain period because of the dangers of men and the dangers that men themselves would experience at your hands. You would crush them, wouldn't you?

Joyce: Yes.

Doctor: Do you follow all that?

Joyce: I think, yes.

Doctor: Are you sure? This is very important.

Joyce: It's so very true! I mean, actually I did believe, I mean, I did think, although it never occurred to me before that I could hurt or crush a man, but there was a fear, so to speak, on my part. I remember—I think of it in terms of this one girl with whom I was friendly. It was a boy, I think, too. Was it a boy? I don't know. Maybe it was a girl who called her that! It was the first time that I came in contact with the expression "C.T." and she was supposed to be a "cock teaser." I had these pictures in my mind of her teasing boys to almost the point of having sexual intercourse but not going through with it. I'm wondering how she was brave enough to do it and not be afraid of hurting them and also of going pretty far without having the fear of becoming pregnant. It was a very complicated thought about her. But I guess she was the first one I thought of being very experienced with men. The expression itself brought one thought to me. I made more of a picture around her in that way—of hurting the men!

Doctor: Well, in what way did you feel that that would be injurious to a man?

Joyce: Well, I would say that I knew that the man's penis became muscularly extended. I still felt that the sensation, though, or that it was possible, well, I knew it happened, but I still pictured it in the state of flabby tissue and, therefore, sensitive to being hurt very easily, and that sensation, and that it was so highly sensitive. I don't think I put the two of them together to realize that while the penis is muscularly extended, it is no longer as prone to feel pain as when it's not. And that's why I said before that it was only a short while ago that I realized that it is not as sensitive as when it's not erect. When we were walking in New Orleans we passed a store that had contraceptives in it. And I'm sure that it had other things in the window such as—I don't know if I heard this or what, but of course, I had heard the joke that lesbians use candles in place of a penis. I don't know if I dreamt this, but I said to Jack that I saw in the store window an artificial penis. He told me that's what lesbians used. He said that it's not so, that they couldn't even have anything in the window like that, which is probably true. It made me think of this penis that I thought I had seen and then I thought that the end of the penis was exactly at a point where it entered the vagina; *it would have a part exposed and a part not exposed; the part that entered and the part that didn't. The penis could be chopped off at that point.*

Doctor: Now, you see, all of these things may have interfered with your having pleasant sexual relations! Fear of your injuring the penis, unconscious fears, do you follow that?

Joyce: Yes.

Doctor: Now, again, as you know now, there's no such danger.

Joyce: It's strange that I should have such a fear, because very often when Jack would enter me, I would have pain. This wasn't imagined.

Doctor: Well, why did you have pain?

Joyce: When I spoke to the doctor about it, he said that it was probably due to the position of the uterus at the time.

Doctor: Do you have it now?

Joyce: Once in a while.

Doctor: But your pain could also symbolically be a projection of your unconscious desire to hurt a man's penis. I'm not sure it was all physical. But with the complicated sexual development which you described, after all, your emotions might be mixed; you might have a spasm causing some pain.

Joyce: I do know this: that the first year we were married—this is after, not when we first had sexual intercourse, but after we were married, I did have this intense pain very often. I had, too, when he returned after a prolonged absence. I had it once only, I would say, during one year.

Doctor: Probably it was a spasm.

Joyce: It could be. I don't know; I think, yes! Because if I remember clearly, the last time I had the pain, I don't know how much I wanted to have sexual intercourse at that time.

Doctor: You can see that a spasm with vaginal muscle would symbolically mean a threat to the penis, cutting it off. Now, how do you feel? Any effects of the medicine?

Joyce: No, I don't think so.

Doctor: Would you like to stand now? Tell me how you feel; turn on the light. How are the eyes?

Joyce: I feel lightheaded, but maybe it's because I've been lying down.

Doctor: Well, you've been working pretty hard for four hours.

Joyce: My eyes are pretty well focused now.

Doctor: How about the glasses?

Joyce: They're still a little bit strange.

Doctor: Well, do you want to sit and rest now, or have dinner, or go on for another hour?

Joyce: No, I think I—I didn't realize the time; it's getting late. I think I'd better eat now, otherwise I may be lightheaded.

Doctor: I can give you a Seconal to decrease the last trace of the LSD.

Joyce: No, I don't think I have that much effect.

End of Interview: 5:55 p.m.

Length of Interview under LSD: approximately 4 hours.

Discussion

The verbatim recording of Interview 236 really speaks for itself. The reader skeptical of the value of the effect of LSD might hold that the length of the interview, four hours, led the patient to the disclosures of the connection between eczema and sexual conflicts reported. A four-hour interview without

the catalytic effect of LSD would be difficult indeed to conduct. As a matter of fact early in my work I attempted to conduct such four-hour interviews without LSD with highly motivated, verbal patients. No unusual disclosures occurred comparable to those described here.

The material obtained in this interview (236) occupied 46 typed pages. Interview 235 required 12 pages. There were few silent periods under LSD. Indeed the data substantiate views previously expressed by the writer that certain desirable reactions occur when LSD-25 is employed as an adjunct to psychotherapy. These included: (a) pharmacologic safety, (b) effectiveness in small doses, (c) conscious cooperation on the part of the patient, (d) elimination of the difficulties of narcosynthesis, (e) feasibility of repeated administration, (f) absence of addiction problems, (g) excellent recall of events and ideas during psychotherapeutic interview.

The reader may feel that the use of LSD and other hallucinogens as adjuncts in psychotherapy is precluded by unfavorable publicity. However, the Drug Abuse Council has taken a favorable position re LSD. This council, a private nonprofit foundation serving on a national level as an independent source of research in the field of drug abuse, has published its views regarding psychedelic drugs. Specifically, they state:

PSYCHEDELICS (HALLUCINOGENS)

While many factors influence the effect of psychedelic drugs—LSD, mescaline and psilocybin, for example—most users and observers believe that the perceptual distortions and mood changes so characteristic of these drugs preclude aggressive, behavior, particularly the kind of sustained aggressiveness required for criminal activity.²¹

Nor, for several reasons, do these drugs lend themselves to chronic use:

- No physiological dependence develops;
- Daily use leads to an increase in tolerance for the drug that vitiates the effect;
- The so-called trip tends to lose its appeal as the user becomes more familiar with the experience.²²

There is every indication that, except for very occasional panic reactions, assaultive, antisocial behavior is not increased and may be reduced.

The Council has added a new quality to the clinical value of LSD therapy: possible reduction of antisocial behavior. Thus, the Council, supported by the Ford Foundation, the Commonwealth Fund, the Carnegie Corporation, the Henry J. Kaiser Family Foundation, and the Equitable Life Assurance Society (U.S.) lend strong credence to my view, expressed not only in this paper but also in earlier publications, that LSD is of value as an adjunct in the practice of psychotherapy.

Summary

This second paper on the reassociation of dreams confirms 1. the value of reassociating a key dream (The Beetle Bug Dream) and 2. the use of lysergic

acid diethyl amide (LSD) as an adjunct to psychoanalytic therapy. The patient (Joyce) was a young mother whose very severe eczema and asthma were accompanied by an incapacitating depression. The following summary of the three interviews indicate briefly the psychodynamic materials developed which helped Joyce uncover her confused sexual identifications and fear of lesbianism.

In Interview 96 the initial Beetle Bug Dream was studied cautiously. On analysis the tentacles of the Beetle Bugs symbolically represented the hands of a man mauling a girl's skin. A sexual approach by a man is considered an attack. "Bugs get under the skin. If Jack (my husband) touches my skin, that spot itches." A second Beetle Bug is described. The special aspect of this unique Bug is that it was not threatening. This Bug is discussed in terms of the transference: the silent analyst and a father who responded to her childhood travail by silence are compared.

Reassociation of the Beetle Bug Dream without LSD took place one year later. The session (Interview 235) lasted about 45 minutes and the verbatim recording occupied 12 typewritten pages. Free association led to the realization that the patient was programmed in part to identify with her father—a silent, passive individual. It was apparent that a psychological struggle for femininity, induced by the confused identification led to a threat of penetration by the sting of the Beetle Bug and, where a man was involved, penetration by the penis.

Interview 236 (three days later) was conducted under LSD 25. The Beetle Bug Dream again formed the basis of this interview, which lasted four hours and occupied 46 pages of typewritten, verbatim material. A new feeling of independence from maternal influence is felt. "It used to be if I just thought of her, I could start scratching." The relationship with her husband is complicated by "deep, dark secrets." She is afraid of her husband. Her mother emphasized she was "one" with her father. Contact with aggressive males during adolescence, as well as seductive episodes were disturbing. In camp she feared that she might be a lesbian. This fear persisted into adult life. The threat of the Beetle Bug sting is developed further. Hostile feelings toward the penis are revealed in detail. The part of the penis in the vagina could be chopped off—the penis was what the sting of the Beetle Bug would be if it penetrated the skin. The bridegroom *attacks* the bride. An unwanted pregnancy is equivalent to the broken sting remaining in the skin. These revelations led to insight regarding unusual violent anger toward her child during toilet training.

The data support the view that publication of verbatim recordings are a necessary condition for establishing psychoanalytic procedures as a basic science of medicine and of the validity of psychodynamic theory.

Further discussion of the value of LSD as an adjunct in psychotherapy will be part of the third paper of this series. Data in support of the safety of LSD when administered medically is supported by the views of the Drug Abuse Council and reviewed briefly.