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COMBINING EXTERNAL AND INTERNAL SYMBOLIZATION IN THE LSD EPISODE* [1]

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A. PURPOSE

The usefulness of D-lysergic acid diethylamide (LSD-25) with respect to facilitation of psychotherapeutic endeavor has been adequately established (1, 4, 5, 6, 7, 10, 12, 14, 16, 17, 20, 21, 23, 24, 26, 27, 28, 30). In particular, therapists stress the unique value in relation to emergence of preconscious and unconscious material, ego enhancement, dramatization of conflictual material, acceleration of treatment, effect of transference intensity, disruption of the defensive system, retention of the intact ego during treatment, and intensive abreaction (2, 3, 4, 11, 21, 22, 25, 26). Perhaps the most significant impression is that patients not found amenable to the usual therapeutic approaches will at times respond to treatment with LSD (8, 10, 23, 27). Needless to say, the particular value is dependent on the particular patient. With certain nosologic categories, the use of LSD is contraindicated, and even within those categories that have been found amenable to treatment with LSD, the potential value is dependent on the particular personality structure (13, 28).

Internal symbolization (IS) refers to the hallucinatory material produced by the patient while under the influence of LSD, and external symbolization (ES) refers to objects or situations, interjected by the therapist into the patient's perceptual field during the drug interview. Much mention of hallucinatory material is found in the literature, but little mention is made of the specific significance and potential therapeutic utility of IS. Eisner and Cohen (17), in recognizing these factors, state, "One of the more therapeutic actions was to direct the patient toward the frightening or painful symbolic material and to assist him in experiencing and understanding it." The similarity between the hallucinatory material produced in the LSD episode and dream symbolization has been mentioned by Sandison (23).

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[1] The content of this paper is based on personal contact with approximately a thousand LSD episodes, conducted in a private psychiatric setting.

Internal symbolization seems to be a product of the ego's defensive organization, and just as in the dream, unconscious material finds expression in a symbolic or resistive form. A therapeutic advantage offered by LSD is that the process of defensive symbolization takes place in the presence of the patient's *intact* ego. Level of dosage, frequency of treatment, and concomitant psychotherapy may be manipulated so the ego will remain relatively intact during the drug episode. On rare occasion, a patient would be forced into a dissociative defensive maneuver (1 to 24 hours in the author's experience) but no lasting negative effect was apparent. Savage (29) has published a point of view somewhat at variance with this conclusion. Cohen (13) has made available the experience of many therapists with respect to the risk involved in the use of LSD.

The nature and use of ES lacks general recognition in the literature concerned with LSD. Eisner and Cohen (17) cite the use of music, mirrors and family photographs in their LSD treatments. External symbolization has long been used in the form of play therapy with children, and subtle ES is often found in adult therapy. In this work, many symbols were lifted from the play therapy situation and applied to the LSD treatment of adults. The baby bottle, clay, dolls, art media, use of the toilet, photographs, and TAT cards were employed. External symbolization of a situational nature was frequently introduced in the form of social interactions: between therapist and spouse in the case of marriage partners, prearranged situations between therapists, and the use of transference relationships that had previously been set up between the patient and other hospital personnel. Frequently the ES was absorbed into the IS, but at times the patient would not permit this to occur.

Resistance in the form of IS may be useful if appropriate ES in introduced, and if interaction between IS and ES occurs. Symbolic resistance may thus be seduced and used as a tool for therapeutic growth.

The combination of IS and ES can provide a bridge between discharge of libidinal material in hallucinatory form and the difficult working through of conflictual material in the external world. Such a philosophy requires the therapist to assume a directive function, especially with respect to selection and introduction of the external symbols and interpretation of the IS. The choice of ES may be aided by the content of the patient's IS but generally, knowledge of the basic conflicts as reflected in history, dreams and transference phenomena are an adequate guide.

Abreaction may occur with respect to the ES; for example, hostility may be ventilated toward a doll, or directly toward the therapist. He may be

involved as both IS and ES, depending upon transference needs and the role he chooses. A baby bottle may be perceived as a source of oral satisfaction, a symbol of mother, a focus for hostility, an object for self-nourishment or whatever the patient needs it to be. The mere sight of the toilet may trigger feelings of hallucinatory material concerned with this particular phase of development.

B. Protocol

The following transcript illustrates a combination of ES and IS with respect to an attempt toward emotional self-nourishment. This adult female patient was troubled by an alcoholic problem, depression, suicidal ideation, and in general deep hostility turned both toward herself and others. Long term psychoanalytically oriented psychotherapy with LSD as an adjunct had preceded the present episode, but with modest gain. Sexual misidentification is evident, and the expression and recognition of this problem in this session is interesting. As usual the transcript was reviewed with the patient the day following the LSD episode.

Dosage—200 micrograms—orally—LSD at 1:15 p.m.

Patient speaks of not liking the room she is in today—doesn't like the bed or the way the room is arranged. She thinks the medication may not work because she ate only an hour before. "My ears feel funny, like they are about to pop. Maybe I'm going on a space flight." (She laughs.) "I'm awfully scared of dying. Sometimes I get so scared I'm almost sick. Sometimes—I think I'm going to die soon." (She laughs again.) "I've been thinking about it a lot the last three days. It seems that if I get well I'll have to die. Sometimes, especially in the evening when I am walking outside and I see the sunset, I think, 'My God, how terrible to die!' It scares me so I get sick to my stomach. I imagine myself being killed in an automobile wreck. I imagine myself being all horribly mutilated and dead." (She laughs.) "I cannot imagine myself hurt a little bit. I always have to be dead. I feel real hungry now like I was very, very little, and I am lying in a bed and it is cheerful, and I am getting well from something. That's a funny thing to imagine at the same time as imagining yourself dead. I much prefer getting well, but it seems I have to die whether I want to or not. Sometimes I imagine what it would be like to be killed, if there was another nuclear war. I see my kids and myself dead. Then I get mad at myself for wasting my time on such horrible thoughts. I think I'd go nuts if anything happened to the kids. I don't think I could take it if anything happened to

them." (Patient yawns.) "Gee, I'm getting a headache. My ears are ringing." (Patient holding hands clasped in prayer position.) "I can't figure out what's going on. My head is spinning." (She smiles and sits up on the side of the bed.) "Do you suppose they'll give me a couple of aspirin? I don't like the way this bed sinks in the middle. You can't swing your legs." (Patient laughs.) "It's just not built for it. Besides, it's facing the wrong direction. God, I feel funny!" (Patient drops her eyes.) "Wish I could find out what makes me have such bad dreams in the morning. Sometimes I feel the greatest test as whether I am well or not will be whether I have bad dreams in the morning. God, I have a splitting headache! I guess I'm afraid of something—though I'd hate the thought of going out of this place being still afraid of something. I thought this was all done with. I don't want sympathy. I'd much rather be well and able to operate by myself. My skin feels like jelly, almost feels like I haven't got any spine." (Patient laughs.) "It's like I am being dissolved." (Laughs again.) "I feel helpless with this hand in a splint, have to do everything with my left." (Squeezing her eyes tightly shut.) "Just trying to figure out what's happening." (Lies back against the wall, covers her legs with a blanket.) "My teeth are chattering. Everything in this room seems the wrong way. Everything is on the wrong side of me." (The room is actually arranged the opposite of her usual room.) (Patient curls up on her side with her eyes closed.) "Are you supposed to say whatever you think about in these things?" (Therapist in. Patient tells him she isn't getting anywhere.) "I keep wondering what it would be like to have a baby, just for myself, maybe, another immaculate conception." (Patient laughs.) "I don't know if I feel old or young. I'm glad you're here today. Wish you could help me find out what the monsters are. I don't feel like it has to do with anybody. I feel very much alone. Afraid of nothing in particular." (Therapist out.) "I felt safer with him in here than I do now. It's sort of like being afraid to have a baby. If I ever had myself, I would take care of it, take better care of myself, like shaving my legs tonight." (Patient laughs.) "I keep thinking about a little baby and how I will take care of it. I seem to feel myself big and small, like two separate people, like the big one has to take care of the little one—somehow. But the big one is so scared, it doesn't know what to do. Just the sight of that little baby is a disturbing thing. It doesn't even have a sex. I have to give it one. I have to decide whether it will be a man or a woman. I'd almost rather it was a man." (Patient lying with her head at the foot of the bed.) "I still wish I had been a boy—like my father. Seems like I have to give myself my own sex—whether I like it or not. It's just the baby's big open mouth. I

can't tell it to stop. I'd like to go back looking like a baby. But it looks like a cartoon with a big, open mouth. It's like a cavern that you can't fill. It's like you couldn't stick such a little thing as a bottle in that big mouth. You'd have to stick a penis in it or something. But if I'm not a baby, I don't want that either. I suppose you feed them or slap them—to get the baby to close its mouth. If I can't make this mouth go back to a normal mouth, I'll never be able to feed it. I'll have to make it into a nice little girl baby. It's still got a big mouth." (Patient laughs.) "If you put a bottle in it, it would just disappear. Maybe I should make an extra big bottle for it." (Patient laughs.) "A giant size bottle. The bigger the bottle gets, the bigger the mouth gets." (Patient laughs and yawns.) "I don't know why I've been thinking of a bottle. It could have a great big breast.[2] In all the world, you should be able to find one big enough. If I don't figure out what to do, that baby is going to die. It's almost like I have to make a smaller one so it won't want so much." (Patient laughs.) "How do you give a baby a bottle anyway?—Guess you just stick it in its mouth. I've forgotten what milk tastes like. I feel like there isn't a breast or penis in the whole world that could fill it. Besides, it wants something to eat, not to suck on. It wants a lot of milk." (Patient wants some milk. Nurse brings milk to her. Patient says it tastes good and wants more.) "It just doesn't want milk. It wants to suck, too. Guess I have to drink it from a glass. It wants to suck so I have to hate it. Maybe it's not so silly. Maybe it's the only logical thing to do." (Patient wants a bottle, drinks another glassful of milk while she's waiting for the bottle.) "I don't think it matters if it is a girl. I'll love it just the same, even maybe 'cause it's mine." (Patient lies down and covers herself, sucking from a baby bottle. She didn't want the nurse to give it to her, said she'd give it to herself.) "This feels sort of silly, but it's nice. I like it. It's nice that I don't want anyone to do it for me. I want to do it myself. I'm glad the baby is a girl. It's nice having a girl and not being ashamed of it. When I tried it the other night I didn't know how to suck on it, but now I do." (Patient laughs.) "There's a knack to it so you don't get your teeth in the way." (Patient laughs again.) "I am getting full." (She is finishing her third carton.) "I feel good. It seems so wonderful and so simple and so nice to do it for myself. Maybe this room wasn't so bad after all. I feel too good to even go to sleep." (Patient sits up on the side of the bed to light a cigarette, sees that she left a small amount of milk in the bottle, and lies down to finish it.) "What time it it? I'm not afraid any more. Oh, I guess I am, sort of.

[2] The equation of penis and breast is interesting considering Freud's remarks on this subject (19).

I really enjoyed sucking on that bottle. Nobody told me I shouldn't or that I wasn't supposed to. The baby doesn't have his mouth open any more. I'm just not used to calling myself 'she'." (The patient goes to the bathroom.) "This is kind of a nice little room after all. I feel so nice and warm and peaceful. This room is sort of special. I'll have to bring my kids here some day and show them where I was born." (The patient laughs.) "I feel like saying, 'That wasn't so bad, was it?' In fact, it's kind of nice being born. I just thought I saw a spider run across there, and it's nothing but a work in the wood. Even if that would have been a spider, I wouldn't have let it go. It wouldn't hurt me. It is only 4.15. It's funny what you do to yourself, only I think I started out right with this baby this afternoon. I think she should be very happy that I found her. If I don't sleep well tonight, I will just punch them in the nose." (She burps.) "There! I burped." (Patient laughs.) "It seems so simple now. If somebody's mouth is open, just feed it. That's what they kept telling me, but I didn't believe that. It seems funny to sit here and look at my unshaven legs and think, 'My God, I'm a woman'!" (Patient laughs.) "I have to wipe my own butt and powder it, but it doesn't seem so bad. It's not always so simple, but it's good enough for me at the moment. I feel like celebrating. I'm glad my therapist wasn't here. I'm glad I did it by myself. I really feel like going to sleep except I am too excited. I feel like saying, 'Look what I did!' yet, it's not so much after all."

4:45 p.m.—Termination medication given. (100 mg. Thorazine)

C. Conclusion

The transcript illustrates the integration or working through of conflictual material in a way that facilitates ego development. Symbolic expression of need is dealt with by introducing ES into the fantasy created by the interaction of the primary and secondary processes and the required regressed state is achieved through the use of LSD. This is not to say that most therapeutic endeavor does not employ symbolic interaction, but that such therapy does so without the intensity, directness, and speed available with LSD. Again it must be pointed out that this is not so in all cases. The literature, at times, has been a bit grandiose in its claim, but adequate guidelines and prohibitions concerned with the selection of patients are available in the aforementioned references.

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