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LSD AS AN ADJUNCT TO PSYCHOTHERAPY WITH ALCOHOLICS*

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A. Introduction and Problem

The treatment of alcoholics in a hospital setting, particularly in regard to psychotherapy, is and has been one of repeated failure. The alcoholic seems to view the hospital structure as a punitive one, and most individuals suffering from this type of disorder seem to seek ways to avoid interpersonal involvement with members of the staff. For the most part their general approach to their problems seems to be, "I'll never do it again." There is, and has been, a continual difficulty in keeping alcoholics in a hospital for any appreciable length of time. It has been found that almost as soon as the acute signs of alcoholism subside; that is, as soon as the coarse tremors of the extremities and nausea are relieved, the alcoholic makes demands relevant to leaving the hospital. Often, from this point on, they are completely inaccessible to psychotherapeutic intervention. Outpatients are equally inaccessible. Unable to tolerate more than minimal anxiety, they often relapse between therapy sessions.

A chemo-psychotherapeutic technique which would be helpful in making individuals more accessible to dynamic interpretations would have to satisfy four criteria: (*a*) it must have properties which would lessen the inhibition of the individual; (*b*) it would have to permit the therapist to be able to move through the defenses and allow a rapid penetration to the unconscious; (*c*) it would have to have a lack of toxicity, and permit the patient to return to normal functioning; (*d*) it should have properties which would not make the patient amnesic for what had transpired during the conference.

LSD, D-Lysergic Acid Diethylamide, has been the subject for experimentation since 1943. Most of the studies reported, however, have concerned themselves with general pharmacology. Very recently the use of LSD as a psychotherapeutic adjunct has been described.

In the recent past, Busch and Johnson (4) have concluded that LSD may

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offer a means for more readily gaining access to the chronically withdrawn patient. They have further stated that LSD may serve as a new tool for shortening psychotherapy. Frederking (5) discussed the therapeutic effects of LSD and describes the therapeutic effect as being such as to aid psychoanalysis in 24 cases. Abramson (1), Frederking (6), and Langner and Kemp (7) described experiments in which they conclude that LSD both enhances and facilitates psychotherapy by allowing a rapid penetration to the unconscious. Abramson reported that under the effects of LSD the therapist can recognize the presence of the processes of ego reinforcement, and that this medication operates effectively to allow the patient to utilize preconscious and unconscious material during therapeutic interviews lasting as long as four hours, and covering periods of observation lasting six hours.

Benedetti (3) reported in regard to the treatment of alcoholics with LSD. He discussed a marked psychocathartic effect resulting from the taking of this medication. Arnold and Hoff (2) have also worked with alcoholics, but do not report making therapeutic progress. Nunes (8) pointed out that LSD has non-harmful and non-toxic effects with alcoholics. Smith (9), in employing LSD with 24 alcoholics, concluded that the medication in conjunction with psychotherapy gives favorable results with a group of character disorders and some psychopaths, but that borderline or actual psychotics did not appear to benefit. He suggested that more extensive trials be made with this medication. On the basis of the literature reported, it seemed likely that LSD might offer a unique approach in facilitating psychotherapy with alcoholics.

B. Procedure

The patients in this study were 12 alcoholics, eight female, four male, who have a history of chronic alcoholism ranging from 8 to 20-plus years. Alcoholics were defined as: (*a*) patients whose drinking, either periodically or daily, is such as to interfere with their productivity; (*b*) patients who, during their periods of drinking, begin in the early morning, continue throughout the day, and imbibe at least one fifth of whisky daily; (*c*) patients whose drinking is accompanied by a marked degree of avitaminosis; (*d*) patients who may or may not develop psychotic symptomatology—i.e., DT's; (*e*) patients who have some degree of liver damage related to their excessive drinking.

LSD-25, D-Lysergic Acid Diethylamide (Sandoz), was used in all cases. Each patient had been amply prepared for this interview, was given notice as to when it would be conducted, and it was undertaken only after each patient had given his or her consent and had expressed a desire for aid. Ten patients

were started on 100 mcg. of LSD which was dissolved in a half cup of water or orange juice. After one and a half to two hours had elapsed, two of these patients were given an additional 100 mcg.; one was given an additional 50 mcg.; two patients received 50 mcg., and one of these was administered an additional 50 mcg.

This was administered on the basis of experience, inasmuch as it was found that this increased as well as hastened the onset of the desired reaction. The reaction which was desired was to make the patient more accessible, but was not of such intensity as to create hallucinations.

Each patient was seen in a bedroom-sitting room in the cottage in which he or she resided. The members of the professional staff who were present in the extended conference were known to the patient, and at the beginning of the interview, as well as at any time during it, the patient had the option of excluding anyone that they so desired.

The method that was found most productive was one in which at least two, and preferably three, members of the professional staff, as well as a registered female nurse, were in attendance. It was found that having at least two doctors present allowed for a much more intensive approach than would have been possible with only one member of the staff. The patients not only did not seem to mind the multi-therapist approach, but often expressed their gratefulness to members of the staff for their interest. At the conclusion of the interview, they frequently expressed their belief that it had been so successful because of the participation of so many staff members.

In this novel approach, one member of the staff would interview for a certain period. The others would make notes of material which was introduced by the patient, and which might prove fruitful if explored. After some time had elapsed, the other members of the staff would gradually and almost unobstrusively take over the questioning. It was found that this interview technique, which ran from a minimum of three to a maximum of six and a half hours, was so great a strain, that each member of the staff who attempted it alone found his concentration powers were not as keen after a few hours. It was also found that having trained observers, both with psychological and psychiatric backgrounds and hence with different orientations, allowed for moving into areas which one member of the staff would not have gone into alone.

The R.N., who sat unobstrusively to the side, took notes relevant to the time the interview commenced, the physical changes reported by the patient, and the time of the conclusion of the conference. Many patients later reported that they felt more secure with a female in the room (possibly a

mother substitute), and at the conclusion of the interview the nurse remained with the patient for at least one to two hours. Having someone with him who had been involved in the interview served as a distinct source of comfort to the patient. This opinion was gained from subjective reports by the patient.

Another aspect of this technique which was found most helpful involved having lunch with the patient. Since the conferences usually began at 9:00 to 9:30 A.M., having luncheon served in the bedroom-sitting room with the patient seemed a natural consequence. This served greatly to enhance rapport, and during luncheon the discussion moved away from areas of conflict. A few patients refused to rest, and felt the need to continue to ventilate. Immediately afterwards, dynamic material was discussed again.

Utilizing the method which was developed, the discussion was opened prior to giving the medication, re-emphasizing to the patient that there would be some pleasant physical sensations, and that it would make the patient feel more comfortable in speaking. After the medication was taken, and before it began to take effect, a general discussion was engaged in relevant to the amount of intake of alcohol.

Within 15 to 30 minutes after taking the LSD, the patient began to describe physical sensations (tingling of extremities and light-headedness), and the interview moved into having the patient discuss his or her early childhood.

By the end of one to one and a half hours, the patient usually reported a feeling of extreme well being, a feeling similar to that they said they experienced from one or two cocktails. At this point they were usually mildly euphoric and often seemed pressured to speak. A few patients reported some slight disturbance in vision, a form of diplopia, but no hallucinations. At this point the patient was led into more dynamic material relevant to parent/child relationships.

In the last hour to hour-and-a-half, the dynamic material was discussed again, and by the last hour of the interview the patients were able to make their own interpretations. Sudden insight reactions ("Ah Ha") were frequently encountered. During this time interpretations would be made by one member of the staff, enhanced and clarified by another staff member, and often the patient would then take over and interpret to himself or herself. In the last half hour, the material was reinterpreted, and the patients were allowed ample opportunity to discuss their feelings, newly formed attitudes, etc.

Termination of the interview was mutually agreed upon when it became

evident that further material would not be forthcoming. In all but one instance, the patients were most grateful, expressed the belief that they were "free" or "cleansed." Such attitudes carried over on the following days, when the patients were eager to meet with staff members to have material reinterpreted. The interpretations which were arrived at almost invariably revealed the basic problems of each patient which were directly related to the excessive use of alcohol.

C. Results

In all cases, the technique employed resulted in the patient bringing forth much of the dynamic material relating to the onset of his or her alcoholism. In all but one case, the patient was able to utilize this material in an insightful condition. They were able to relate their alcoholism to their own problems and adjustment, and in the majority of the cases spontaneously verbalized exception, the dynamic material was brought forth, and in spite of the fact that it was interpreted and reinterpreted, the patient remained highly resistent. He said that he could see no relationship whatsoever between his drinking and the dynamic interpretations. He "promised" that he would be able to stop drinking, "only by the force of my personality."

The technique employed is not viewed as a curative measure, but only as a technique which permits rapid psychotherapeutic intervention with alcoholics. In view of the small sampling and the short period of time in which this technique has been employed, these findings should be viewed as tentative. It appears, however, that this technique has been successful in 10 of the 12 cases in which interviews were conducted. In regard to the other two cases, one was found to be suffering from well-integrated paranoid delusions, and was subsequently diagnosed as schizophrenia, paranoid type. The other failure has not as yet relapsed, has been home 10 weeks without drinking, but during the conference revealed himself as suffering from a severe compulsive personality disorder. He announced at the end of the interview that he had learned nothing about himself (although a great deal of dynamic material was unearthed), and angrily left the hospital two days later, reiterating his belief that the hospitalization had been detrimental to his health and that he would stop drinking, "by the force of my personality."

1. *Case 1*

A 49-year-old female clerical worker who has a history of alcoholism dating back 15 years, being described as a "silent wine drinker." She gradu-

TABLE 1
A SUMMARY OF THE RESULTS ON THE PATIENT POPULATION

Patient	Age (in yrs.) at time of interview	Number of previous hospitalizations for alcoholism	Length of time patient has been recognized as alcoholic (in yrs.)	History of psychosis due to alcoholism	Dosage of LSD (mcg)	Results (in terms of depth of understanding achieved by patient)
1	33	4	8-12	Yes	100	Excellent
2	50	1	9	Yes	50/50	Excellent
3	33	0	5	No	100	Fair
4	42	0	10-15	No	100	Excellent
5	56	2	15-20+	Yes	100	Poor
6	56	3	5-10	No	100	Excellent
7	57	9	20+	No	100/100	Good
8	50	4	15	No	100/50	Excellent
9	53	2	10	No	100/100	Excellent
10	49	0	15	No	100	Excellent
11	35	6	17-20	No	100	Excellent
12	53	2	8	Yes	50	Poor

ally progressed to the point where she was drinking a quart of whisky daily. Whenever she was able to get it she would become extremely overtalkative, nasty, and sarcastic. She would walk about the house muttering to herself, fall asleep for a short time, waken, and begin drinking again.

Her birth and early childhood were described as "normal." She has been in generally good physical health with the exception of having an appendectomy as a child, pneumonia in 1956, and liver damage as the result of her drinking. Her relationship with her parents and siblings was said to be a wholesome and well-adjusted one. She was a high school graduate, attended college, but did not graduate. She had worked in the same office for 21 years, and had obtained a leave of absence in order to enter the hospital. She was described as never having had much social life, and no hobbies. She was married for a few years; however, her husband died of cardiac disease. She had one son, 15 years of age, who lived with her in her parents' home.

An interview under LSD was conducted with Mrs. F. on November 25, 1959. Those present during the interview were three members of the staff and an R.N. The interview started at 9:30 A.M., and within 20 to 25 minutes the patient began to have a reaction and was able to verbalize freely.

A great deal of dynamic material was uncovered. The patient came to understand that she has been totally incapable of expressing hostility to anyone. It also became evident that she has internalized much of her feelings of hostility, defending against their outward expression by a retreat to religion.

Her hostility seems to be directed mainly against a younger sister and her mother. The patient's mother apparently delegated the care of all of the siblings to Mrs. F., she being the oldest. The patient consistently described her mother as "being around" and implied as well as stated frankly that during times of crisis or periods when her mother should have been about to be responsible for the care of the children, she had gone to the movies, shopping, was "in the kitchen," and left all responsibility to the patient.

It appears that this taking over the mother role was reinforced by her father, for whom she expresses great love. She feels that she was his favorite child, and he is certainly her favorite parent. But he, too, would confer with the patient in regard to the care and management of her siblings. During this conference she came to understand that he had cast her in the role of mother and that over the years she has lived this role.

This extended to the point where all the significant relationships she has had with strangers have been those in which she can be motherly. Prior to meeting her husband, she had had a deep friendship with a cerebral palsied young man she had to care for. She married her husband, a victim of en-

cephalitis, knowing that he was ill with hypertension, and apparently was able to exercise a maternal role in regard to him.

Her hostility towards her sister is of long-standing duration. The patient's sister is evidently more beautiful than she, and although only 15 months younger, she was spared having to care for the younger siblings as did Mrs. F. Several years ago her sister was employed in the theatrical business, apparently kept late hours, drank to excess, was sexually promiscuous, and subsequently became pregnant. The child was delivered in the patient's mother's home. Instead of her mother taking care of the necessary details, Mrs. F. was summoned from work, and even left her husband and child for a few weeks while she cared for her sister's child. She abreacted as she said she helped the physicians when they were transfusing her sister, helped make arrangements in an effort to deceive the neighbors that her sister had been married, took the steps necessary to see that the child was legally adopted by her mother and father, and also went so far as to be involved in seeing that the father of the child made a $10,000 settlement. Afterwards, her sister took her to live with her in the home she was able to buy with the $10,000, repeatedly and in a belligerent manner would inform the patient that she was living in her home, and eventually "threw" her out. During this time her sister bought a car, could not drive, and forced the patient into the role of chauffeur.

In spite of this, the patient claimed during part of the conference that she loved her sister, was grateful to her, and bore her no hostile feelings. Eventually, as we were able to deal on a deeper level of the unconscious, the patient verbalized extreme hostility towards her sister, and although wincing as she did so, called her a "tramp" several times.

A relationship between the patient's drinking and her underlying dynamics was uncovered. She came to see that drinking has a threefold purpose for her; that it represents an internalization of feelings of hostility, that she figuratively drinks her anger, and in this way convinces herself that she is worthless and a "bum." Drinking, then, is a self-derogating device in which the patient punishes herself for feelings of hostility which are harbored on an unconscious level. A second reason for drinking is related to her need to take a dependent role. The patient, who recognizes that she never had an opportunity for a normal childhood, has, by virtue of her drinking made it necessary for her mother to take care of her and at the same time, she, the patient, is able to divest herself of responsibilities and of taking care of others as she always did. During her long history of alcoholism, her mother has had to care for the patient's child while the patient was "around." Mrs.

F. came to see that this drinking also served as a device for her to express hostility covertly.

By the conclusion of the conference, Mrs. F. had been able, in an insightful manner, to make these associations and accept the interpretations. She was greatly relieved, seemed genuinely moved by much of the material that was unearthed, and said in a very sincere manner that she did not think she would have to drink again. She added that the revelations were too new to her to be able to make any forthright decision. She was told that she would be seen by a member of the professional staff who had been at the conference, to go over these interpretations with her, and she was also urged to seek psychotherapeutic aid on the outside. She came to understand that this need to be maternal has permeated all life relationships and thereby impaired her functioning and life adjustment.

2. *Case 2*

A 35-year-old male insurance broker, who has been married for 7 years and has three children, 5, 4, and 2 years of age. This patient is reported to have been drinking for the last 20 years, and heavily off and on for the last 17 years. For the 5 - to 10-year period prior to his admission to the hospital, he was said to be a "continuous drunk," and would drink more than a quart of whisky daily. In spite of his joining Alcoholics Anonymous, as well as taking antabuse, he was unable to remain sober for more than a five-month period.

He had several previous periods of hospitalization in general hospitals, rest homes, and homes set up solely for the care of alcoholics. In the two-year period prior to his admission to this hospital, his drinking became progressively worse, and he would drink every day. On occasion he would take up to two quarts daily.

The patient's familial relationships, particularly with his father, have been difficult. The father was described as very hard to get along with, and apparently there were many arguments in the home between the mother and father. His mother is described as overly protective, very close to the patient, and a woman who has always projected the cause of her son's alcoholism onto others. This patient is one of three siblings. His older sister is a heavy drinker, who takes a great deal of wine each night, stating that she must calm her nerves after the children have gone to bed. His younger sister is married to a heavy drinker, but apparently does not drink herself.

He is a graduate of a military academy, during which time he was very active in sports. He was given a scholarship to a Jesuit college, and graduated

with a degree in economics and philosophy. He worked for his father in his insurance business for approximately seven years, but was never happy there because of a personality conflict. Two years ago he decided to open his own business, did very well in the beginning, but as his drinking has become more of a problem, all the responsibility of the management of the office has been taken from him and his wife takes care of all business matters. This patient is said to be somewhat withdrawn, with no close friends, likes to garden, and enjoys doing charcoal paintings and hunting.

An LSD interview was conducted with Mr. O. on December 2, 1959. Those present at the interview were three staff members and an R.N. The interview was started at 9:30 A.M. and terminated at 1.25 P.M. The patient was given 100 mcg. of LSD at the time the interview began.

In accordance with the plan which was evolved with the use of this medication, the patient was encouraged to discuss his history of alcoholism in the period immediately after he took the medication and before it had begun to take effect. He discussed the fact that he began to drink at the age of 15, that he took whisky at that time, was castigated by his father, who told him he was too young to drink whisky and should drink beer. He related that the drinking continued throughout the time he was in the Army, when he was in college, and during his marriage. He said that he had been drinking to excess within the last several years, and has learned from a bartender that he would drink 40 to 50 glasses of beer a day. He also admitted to drinking at least a fifth of whisky daily.

As he began to experience some reaction to the medication, the second phase of the interview was entered. During this time the patient discussed his early childhood, parental relationships, and attitudes towards his siblings. He related that his home life had been a stormy one, that his mother was "vicious" in her continual domineering attitude towards his father. He related that she picked on his father almost mercilessly and that she used him (the patient) as a pawn in the battle with her husband. The patient feels that his mother overindulged him and always met all of his needs prior to taking care of his father, but that she did so not because of genuine love but because this was a way for her to express hostile feelings. He related that when his father was not about, his mother would be vicious towards him, that she would laugh at him in a most derogatory manner and made him feel inconsequential and rejected.

During this second phase of the conference, he discussed his father in an ambivalent, almost confused manner, spoke of hating him at first, and with tears in his eyes amended this to say that he did not really feel this was

genuine hostility. He spoke of his siblings in a rather general fashion, indicated that they were more subject to hostile expressions from his mother, but it did not seem that he was genuinely involved with his sisters.

In the third phase of the conference, material relating to parent/child relationships was entered into on a deeper, more dynamic level. The patient came to understand that he has unconsciously been trying to identify and compete with a father whom he has always felt was more successful, more intellectually endowed, and more social than he. His father has always discouraged the patient about accepting the idea that he is an alcoholic. When he was 16, he advised him that he should learn to drink beer before taking whisky, and regaled him with stories of his own drinking during his teenage years. Of late, he has again told the patient that he is not an alcoholic, and should not be in A.A., but that he should "learn how to drink."

The patient's idea regarding the prestige of his father is related to observing his father drinking with his many friends who were also alcoholics. He has been able to rationalize his father's weaknesses in dealing with the mother by coming to view them as a virtue. He relates that his father has always said, "When they bury me, they'll put on my tombstone, 'Here lies a man who had infinite patience'," and he feels that this is an indication of his father's strength rather than weakness.

In this identification and competition the patient has always felt, and apparently always *has* come out second best. For example, his father is a graduate of an "Ivy League" college, and made it quite clear to the patient on his graduation from college that he demeaned the patient's accomplishment (our patient graduated from a small Catholic university). His father is in the insurance business, and the patient entered this business, but again with less success. As a matter of fact, his drinking has made it impossible for him to carry on the business and he has turned it over to his wife.

In his marital relationship, although his father was clearly subservient to his mother, the patient felt that his father was still able to maintain an outward appearance of being the "man of the house." He recognizes his own deficiences in this regard, sees that his wife has taken over the business and control of the finances, that she gives him an inadequate allowance when he works and nothing at all when he drinks.

In his social relationships the patient has again tried to emulate his father, but with less success. The only friends he has had are those that he meets in bars, who are also alcoholics, and in order to impress them with his importance he begins to talk about his accomplishments as a sports star and as a soldier in Japan during World War II. (His father was evidently able to

attract friends without having to resort to resumés of his past accomplishments.)

His competition with his father and desire at the same time to gain his favor extends to his career in sports. The patient was active in baseball and lacrosse, but was very desirous of playing basketball. He was encouraged in this by the coach of the team, however, he relates that his father forbade him to do so, stating that if one played basketball in a closed arena one was subject to tuberculosis.

During this interview the patient came to realize that courting the favor of his father as he did was the very reason that he did not play basketball, that he acted as a young child even though at the time he entered college he had completed Army service and was in his 20's. During the early part of the conference the patient had related that his nickname was "Joe." When questioned about this during the third phase of our interview, he revealed that he was overjoyed to take the nickname Joe because he could then give up his own name, Charles, Jr. He realized at this point that the idea of being "Junior" to his father was abhorrent to him. Suddenly and in a highly insightful manner, the patient, came to realize that his life pattern has been one in which he has either served as a buffer between his parents, or has unconsciously tried to emulate his father. He said, "I have never been me . . . I have got to be me." From this point on the material which was revealed was reinterpreted to him.

At the conclusion of the conference he seemed to have good understanding of what he learned and spoke of his hope and resolve that he would never drink again. He was encouraged, and seemed to understand the necessity for his continuing as an active member of A.A. At the same time he came to understand that he was in need of intensive psychotherapy for a protracted period so that the understanding that he developed during this conference could be enhanced and so that he could see how it had affected and permeated all of his life relationships. The patient seemed exceedingly grateful to the members of the staff who had been in the conference with him, expressing his thanks for the aid that he had received and at this point the interview was concluded.

3. *Case 3*

A 32-year-old married female, who has three children. This was her third period of hospitalization in a mental institution within a one-year period and on her arrival she was reported to have been drinking to excess for six or seven years. During this period she had had six or seven admissions

to the psychiatric division of a general hospital, had also been in hospitals set up solely for the care of alcoholics, as well as numerous "homes" for alcoholics. This is a patient who was said to consume one and a half to two quarts of whiskey daily, and who has been unable to stop in spite of an association with A.A. During periods when she drinks, she begins in the early morning, filling a coffee cup three-quarters with whiskey, one-quarter with coffee, and then continues throughout the day. She does not eat during these periods, is greatly undernourished, and is reported to have liver damage. This is a patient who hides liquor in the home, orders it through her grocer, butcher, cleaner, etc., and during a period of one month has charged as much as $140 for whisky. During times in the past, as well as during her first hospitalization here, psychotic symptomatology was noted.

Familial relationships were described as healthy, the patient's father died when she was only 4 or 5, was said to own a large contracting company, was an honorary member of the police force and very well respected in the community. Her mother, who is 61 and resides with the patient, was described as a pleasant, easy-going individual, who has always been very close to the patient. Her husband holds a very responsible job with a manufacturing company, and is reported as intelligent, pleasant, with a good sense of humor, a man who is devoted to his wife and children.

This patient attended parochial schools in Chicago, Ill., and graduated from high school with barely passing grades. She had a great many friends during the time she went to school, has since given them up, and most of her associations are with people who have the same problem as she. She has no hobbies, "only one, and that is her drinking."

An LSD interview was conducted with this patient on November 13, 1959. The interview was begun at 9:15 A.M. and was concluded shortly after 1 P.M. Those present during the conference were two staff members and an R.N. The patient was given 100 mcg. of LSD at 9:15 A.M. Prior to the time she took the medication, the patient, who seemed apprehensive and tense, asked that we address her by her given name, Mary. She expressly asked that we not refer to her as Mrs. J.

At this point, utilizing the technique that has been developed, and prior to the time the medication began to take effect, the patient was encouraged to discuss her drinking. She did so rapidly, pointing out that she began to drink even prior to the time she was a teenager. She discussed the fact that her mother was always having parties and that she and her brother would entertain themselves after the parties, drinking the remainders of Manhattans and taking the cherries in each drink. She says that by the time she was 13 or

14 her mother would have a scotch and soda waiting for her when she came home from school, and that the two of them would drink together, to help pass the time. The patient said that she now understands why she had so much difficulty with her school work, inasmuch as she could not concentrate after having had two or three drinks. She related, too, that her entire family has always drunk freely and openly, she has always been surrounded by drinking people and a great deal of liquor. She says that she began to drink heavily when she was 18 or 19 and that this has continued over the years. Within the last several years, alcoholism has become a problem and she can take even more than a quart of whisky daily.

As she reached this point, she began to experience a reaction to the medication, spoke of a tingling sensation in her extremities and of a feeling of light-headedness. At this point she was diverted into a discussion of parental relationships. The patient hastily dismissed the topic of her father, pointed out that he had been a "gangster" who had been murdered by an opposing gangster faction, that this was a topic that had always been taboo within her family. She said she did not remember how her father looked or acted, and it was quite evident that it was anxiety-provoking for her to continue.

Her discussion of her mother was a more elaborate one, and one which was characterized by her expressing marked feelings of hostility. She related that her memory of her mother was that of a "queen," that she recalls her mother remaining in bed late each day, and that both she and her brother were only permitted short visits with her in the afternoon. The patient remembers with some feelings of disgust that on weekends she was permitted to go to her mother's room for a longer period and to share sections of the newspaper with her mother while they both read.

This image of her mother as a "queen" extends to the point where she saw her mother inviting a great many people to the home for drinking parties and avoiding all interpersonal relationships with the children. She relates that instead of being given love and maternal affection, she was given unlimited access to charge accounts to buy whatever she wanted, keep whatever hours she wished, going with whomsoever she desired, and to bring anyone that she wished home.

By this point in the conference it was possible to move into deeper dynamic material. In questioning her it became evident that the anxiety regarding her father is the result of most complicated feelings. Abreacting, the patient was able to recall a most pleasant relationship with her father, who must have loved her deeply and whom she loved in return. Although he may have led a most unsavory life, the patient's memory of him is of a kind, sweet, non-

drinking individual who would lead a horse about on the grounds while she was sitting in the cart. She was also able to recall the details of his death, of how he left the home one morning, there were shots, the maid ran to the door, ran back in, her uniform covered with blood and said, "Children, pray for your father, he's dead." The patient was not permitted to go to the funeral and apparently in order to escape the same gangsters who killed her father, she, her mother and brother had to move from one relative's home to the other for several months.

Her memory of her mother as a "queen" dates from this point, and it was suggested to the patient possibly her mother became deeply depressed at this time and may have been ill, this resulting in her withdrawal rather than in conscious wishes on her part. The patient came to feel that she has always held her mother responsible for the death of her father. She thinks that her mother was actively involved in the sale of alcohol during prohibition, with her father. She has been led to feel over the years that the reason her father acted illegally was because his wife had made so many financial demands upon him. The problem that the patient has had in regard to her father is that she has always loved him, but at the same time has been made to feel guilty that he was her father. In school it was always brought up to her that she was the daughter of a gangster, children shunned her, and she feels the nuns who taught her were very critical and cruel.

At this point it was possible to introduce into the interview her statement about wanting to be called only by her given name. This seemed to introduce a vast area of information. The patient said that she has always quickly made friends with others, so that she might call them by their given names, and that having a surname is most anxiety-provoking. She relates that she never wanted to be known by the name of Mary R., this being her maiden name, as her father was infamous and it brought on the anxiety about having a gangster father. This has extended to the point where she does not use the name R. as a middle name, but instead uses the name Sarah.

Her unwillingness to use the name J. is the result of guilt she has in this regard. She came to understand that she married at the young age she did, to a man she did not love, because he offered her an escape from the name R. Using her present surname is most anxiety and guilt-provoking, and she prefers not to do so.

The patient came to see that her drinking represents a form of hostile expression for her which can be used against her mother. It seems that on a deep level of the unconscious she has introjected the idea that she is a "gangster's child" and drinking allows her to act in this fashion. The principal

reason for the drinking, however, is clearly that it allows for the expression of hostility when intoxicated. Even here she sees that she has been unable to bring up her true hostile feelings towards her mother, always passing out before she is able to discuss her late father.

As the patient came to understand this, as the material was reinterpreted to her and as she herself experienced the "Ah-Ha" reaction, she came to see that there was no need for her to drink in the future. It was impressed upon her that she requires not only active participation in A.A. after she left the hospital, but should also have the benefit of extensive psychotherapy to further explain these interpretations and to see how they have generalized and permeated all of her interpersonal relationships. The patient seems most willing to take such aid in the future, and in a rather sardonic manner expressed her belief that she now would no longer drink because there would be no reason for her to do so.

4. *Case 4*

A 56-year-old female patient with a history of heavy drinking over the last 10 years, and to great excess within the last five to six. She was previously hospitalized at Knickerbocker Hospital and later at another hospital under the auspices of A.A., where she remained for two weeks. The patient is reported to drink at least a quart of whisky daily, is said to become most unattractive when she drinks, neglects her home and person, becomes argumentative, uses profane language, and the problem has become so acute that her husband has now separated from her and will not return to live in the family home. This is a patient who begins drinking in the early morning, usually has about 10 cans of beer and then starts to drink whisky by midmorning. She is reported to have some liver damage as a result of this drinking. This is a patient whose birth and early development were described as normal, whose relationships with her parents were said to be happy, the family being a very close-knit unit. She is the youngest of seven siblings, one of whom has been hospitalized for 30 years in a State hospital, diagnosed dementia praecox, and the remainder are said to be well-adjusted emotionally.

The patient is married for 33 years, her husband is said to be an individual who has a great deal of finesse, but who can also become brutal and assaultive. He is a heavy drinker, encourages the patient to drink, wants her to entertain his business contacts, but has no patience with the fact that she cannot control her drinking. She is the mother of four children, all of whom are said to be in good physical health and well-adjusted emotionally. This is a patient who is a high school graduate, and also took a B.A. degree in edu-

cation at one of the City colleges. She has been teaching off and on throughout the years of her marriage, and has apparently done extremely good work. She has had a very active social life, but mostly through her husband's business associations, and she has practically no close friends.

An LSD interview was conducted with Mrs. Y., on November 2, 1959. Those present at the interview were three staff members and an R.N. The interview was commenced at 9:55 A.M. and concluded at approximately 2:20 P.M.

Just prior to the time she took the medication, as well as for approximately the first half hour to 45 minutes afterwards, the patient discussed her history of alcoholism in a relatively superficial manner. She had not yet had any effect from the LSD and spoke of the fact that she had always been a social drinker, but that in the last several years she had been unable to control this. She said she drank more and more, to the point where her husband became disgusted with her and subsequently left.

She seemed somewhat hostile towards her husband during this phase of the conference and indicated that she felt that he was as responsible as she for her alcoholism. She said that he drank to excess himself but that he could manage his intake and she related that he encouraged her to drink. She claimed that her husband's business position was such that he must do a great deal of entertaining, that he does not want her to stop drinking completely, but merely to be able to control what she does take. She said that there had been times in the past when she had tried to stop drinking, but that he would almost deliberately taunt her by drinking fairly large amounts in her presence, often encouraging her to do so.

At this point in the conference she entered the second phase when she began to experience a tingling sensation of her extremities and a general feeling of light-headedness and well being. At this time she was diverted into a discussion of her early childhood. At first she was inclined to gloss over anxiety-provoking material and confine herself to a discussion of her own accomplishments in life. She spoke glowingly of her attributes, mentioned that she had received a college education under trying financial circumstances, that she had become a highly sought after teacher and that in recent years she had served as a substitute at the high school in her town. She spoke of her accomplishments as a mother, mentioned that she had four children, all of whom had had the benefits of college training, and with whom she feels she is a good mother. She spoke of her own home life as a child as having been happy, mentioned that her father and mother were hard-working people who loved each other.

By this point in the conference she was under the effects of LSD to the degree where it was possible to broach deeper material. She had given hints throughout the discussion that her need to gloss over and present material in such a favorable light was related to the fact that she had to defend against underlying anxiety occasioned by unpleasant experiences.

The patient began to discuss her father as a tyrant, spoke of him as having been of the lower class, brutal, punitive and rigid, a "typical German." She mentioned that her father's needs were always met before anyone else's in the home, that if there was only one piece of meat the children would sit at the table and watch him eat it. She recalled that he was assaultive on occasion, striking the children and her mother, that he drank to excess in "saloons" but that if anyone tried to urge him to stop drinking he would become brutally angry. She described her mother as a "perfect soul" and as she went on it seemed that she thought of her mother as a self-sacrificing, angelic, hard-working, completely submissive female.

It was possible to bring her into this discussion on an even deeper level and what eventually evolved was that the patient was not panicked but rather fascinated and sexually attracted to this brutal father. She was able to recall both in pre-adolescence as well as adolescence that she would lie awake until late at night, awaiting her father's return from the saloon. At first she said that she wanted to hear if he would be assaultive to her mother, but later, and evidently under great strain, she confided that she would wait to hear if they had sexual relations. She said their bedroom was next to hers and vividly described the sounds that her parents made while engaging in sexual relations. She spoke of her mother crying out as if in pain, "Stop, you're hurting me," or, "It's too hard," and of her feeling that her father was not going to stop. Abreacting, she came to understand that this was not revulsion she was feeling, but tremendous attraction and she suddenly also recalled that she did not feel her mother was in pain but rather in ecstasy.

The patient's own drinking is clearly related to her sexual needs. She described her husband as a mixture of "earthiness" with "ethereal qualities." She spoke of the sexual adjustment as having been fine, but expressed fears that it was becoming less satisfying as the years went on. The patient came to understand that her drinking increased during this period because her husband's so-called earthy qualities were diminishing as he was moving up the executive scale.

At this point she recognized she began to drink and would then begin to frequent "saloons" rather than "cocktail lounges," that she picked up stocky, coarse, crude men (father images) and that on innumerable occasions she

engaged in sexual relations with them. Drinking thus became the only acceptable way that she could satisfy her own sexual desires for a father image and still maintain her integrity. The drinking increased in recent years because of the patient's distorted belief that as her husband moved up the executive scale he was becoming less and less like her father and more and more effeminate. She was able to unearth the distortion she felt that people in the upper echelons of executive ranks were always effeminate and less sexually interested than working men—i.e., her father.

This material was interpreted to her on several occasions, the patient seemed to experience the "Ah-Ha" reaction, spoke of a feeling of having had a burden lifted from her, and expressed her belief not only that day but on days following that she no longer had any need to continue drinking. The need for further psychotherapy was impressed upon this patient at that time and it is believed that she came to understand her need for further aid. She promised she would avail herself of further psychotherapeutic services once she left the hospital.

D. Summary

A group of 12 patients with a history of alcoholism dating from 8 to 20-plus years were treated with LSD-25 as an adjunct to psychotherapy. The medication was given as an aid in establishing rapport and to allow the working through of material on the deeper levels of the unconscious. It was not intended as a curative measure. The principal value of this technique is that it allows a rapid working through of basic conflicts. In the past, hospitalized patients proved highly resistive to therapeutic intervention and out-patients, unable to tolerate the anxiety these conflicts provoked, relapsed into alcoholism before they could make appreciable progress.

The results of a useful and novel interview technique are described. Of 12 subjects in which this technique was employed, the results were favorable in 10. One of the subjects was subsequently diagnosed as schizophrenia, paranoid type, and the other as a severe personality disorder.

This study is part of a preliminary trial. It is suggested that these results justify more intensive investigation.

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