
PSYCHOLOGICAL ASPECTS OF THE LSD TREATMENT OF THE NEUROSES

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(Received 26 November, 1953)

RECENT work by the author and his colleagues (Sandison, Spencer and Whitelaw, 1954) has established that lysergic acid diethylamide is of great value in the psychotherapy of the neuroses. This paper attempts to examine in rather more detail the possible mechanism of action of the drug in terms of dynamic psychology. It is now generally accepted that the psychoneuroses are the result of a faulty relationship between the conscious and the unconscious, leading to a one-sided or prejudiced conscious point of view. Any discussion which follows this observation must be preceded by a definition of the writer's conception of the unconscious, and in this paper the standpoint adopted by Jungian analytical psychology will be preferred.

It was noticed quite early in the therapeutic experiments with LSD that many of the LSD experiences were personal ones for each patient, and that they were intimately connected with the patients' psychic problems. Later, three types of LSD experiences were recognized. First, generalized non-specific images such as a sense of lightness of the body, changes in the surroundings giving them plasticity and fluidity, the appearance of coloured patterns and other hallucinatory experiences of a non-personal kind. Second, the recall and re-living of forgotten memories and experiences of childhood. Third, the experiencing of archaic, impersonal images in terms of images or hallucinatory pictures exactly similar in nature to those experiences of the collective unconscious which patients undergoing deep analysis experience in their dreams, visual impressions and fantasies. All these images are, moreover, felt with a degree of vividness and a sense of certainty concerning their reality and personal importance which is remarkable and convincing. Furthermore, these more primitive LSD experiences are accompanied by a sense of their agelessness and timeless quality which is the hallmark of the great archetypes of the collective unconscious. It should be noted that these experiences can occur independently of any previous analytical treatment. The manner in which LSD can enable patients to re-live forgotten childhood memories has already been described, and there is no doubt in the writer's mind that in many cases great benefit can be derived by helping the patient to come to terms with his repressed emotional life at this level. There are, however, almost always other factors behind these traumatic episodes, and one need hardly mention that the current emotional life of the patient must also receive careful examination. But the factors which have originally conditioned the patient to neurosis and may have caused him to relapse into neurosis again, even after abreaction to psychologically traumatic episodes, are to be found in his conscious relationship to the more universal aspects of the psychic life.

It is at this point that the problems of the psychotherapist begin. How shall he face the problem of taking his patients through a long drawn out process of coming to terms with and assimilating the unconscious? Some psychiatrists deal with the situation by the use of E.C.T. and other physical methods of treatment which, as the writer has already shown (1950), result in consciousness becoming cut off from the disturbing inroads from the unconscious. Others believe in helping the patient to make the best possible use of his existing psychic balance; social readjustment and supportive psychotherapy come under this heading. Many of these methods, including E.C.T., are remarkably successful in a large number of cases, and may keep the patient going for a number of months or even years. There are a large number of cases seen in an ordinary psychiatric out-patient clinic that are not truly helped by these methods. They include particularly the obsessional neurotics, young depressives who fail to respond to E.C.T. or who relapse within a few weeks, and numerous others whose problems seem so deep as to go beyond the confines of short methods of treatment. These, mostly, are the patients for whom a prolonged and expensive analysis would seem to be the best solution, and as things are at present, only a small proportion of these patients can ever hope to receive such an analysis. It is for at least some of these patients that LSD treatment may offer new hope.

The even more important question arises that, were it available, few of the patients described above would go through with a prolonged analysis. In so many cases the rigid conscious barriers and resistances offered by the patient are too great to be overcome. LSD gives these people some real and tangible experience of their own unconscious and re-kindles their faith in their own spirit at a comparatively early stage of treatment, and helps it to proceed more readily. This paper will describe two cases for whom little could have been done until LSD treatment showed them the contents of the unconscious and psychotherapy helped them to assimilate these. Their description will serve to illustrate the type of unconscious material obtained under LSD and will explain the writer's reasons for believing it to be an experience of the unconscious. It should be noted that the first patient had had E.C.T. four years before, and psychotherapy from another therapist for eighteen months prior to having LSD.

The first patient was a single girl, twenty-five years of age. She was an only child, brought up in a sheltered moralistic environment, both parents having narrow views. The family pattern, however, with the exception of her mother, was one of independence and sexual freedom. This girl's early adolescence was emotionally stormy, the practical implications of which she was scarcely called upon to face, as she developed tuberculosis at the age of sixteen, but she became physically able to resume a normal life at the age of twenty. Almost immediately the problems of her love-life led her into severe conflict. She adopted a prim and virginal attitude towards her fiancé and soon began to be tormented by evil thoughts about him which amounted to a conviction that he was a murderer and that he would do her or someone else severe physical harm. These confusing thoughts led her to break off the engagement and thereafter she found that she would develop the same morbid thoughts about each man in whom she became interested. She became increasingly aware of a sense of frustration and emptiness in her life. She had long periods of deep depression and at the time of her admission to hospital, just before starting LSD treatment, she was on the point of suicide. She had previously attempted to counteract her evil thoughts by taking an active part in church life but she soon found that her very worst thoughts would come to her in church. There seemed to be no remedy. Eighteen months of psychotherapy had shown her that the problem was to come to terms with her own turbulent instincts but she saw no way of doing this. Such is the background of the early LSD experiences. These were dramatic and consisted of those archetypal universal experiences to which we have already referred. The most important of these images was the snake, which the patient recognized as a part of herself, but its behaviour was not under her control and the snake tended to behave autonomously, as the unconscious does when it is not accepted and integrated into consciousness. The third LSD (100 gamma) brought forth a series of experiences of which the following is her own written account. This writing was accompanied by thirteen illustrations which, unfortunately, cannot be reproduced here.

"Drug taken at approximately 9.30 a.m. Effects felt about twenty minutes later. I had the

sensation as in my first LSD treatment of a snake curling up round me. I felt very sick and dizzy. I then began to see serpents' faces all over the wall—then I saw myself as a fat, pot-bellied snake slithering gaily away to destruction. I felt horrified and thought 'whose destruction?' I then realized it was my own destruction—I was destroying myself. I seemed to be having a battle between life and death—it was a terrific struggle, but life won. I then saw myself on the treadmill of life—a huge wheel was going round and round with hundreds of people on it. Some were on top going confidently through life, others were getting jostled and trodden on but still struggling to go on living (I saw myself as one of these people) and then there were others who just couldn't cope with life and were being crushed to death in the wheel. I had another realization of how I was destroying myself—by carrying on this affair with this married man—how all the better side of me was gradually being destroyed through carrying on this affair and I knew it must cease and knew that I must never see him again. Also when I was watching myself as a snake going to destruction I cried for the Doctor because I wanted him to show me the right road away from self destruction.

"The Doctor came in and asked me how I felt and I told him that there were snakes everywhere. I had the sensation of being right in the middle of them. The Doctor asked me if it was like anything I had experienced before. I said it was a dream I had had as a child. He asked me if I knew what that dream represented and I said 'sex'. He said 'What sexual feelings could a small child of that age be having?' or words to that effect and I said 'I don't know'. Actually at that minute I was right back as a small child with moving grass all round me and I could see snakes slithering through the grass. The whole atmosphere was as it had been when sexual incidents occurred with boys when I was about six or seven.

"I then had the feeling of being back in ancient Egypt lying at the bottom of a well with high walls round and Egyptian faces all round the walls and something hovering over me. I said to the Doctor, 'Something terrible is going to happen to me'—I felt as though a huge whitish snake was hovering over the top of me and might drop on me at any minute. Then I had the feeling that I was the Devil—I could see my long, pointed tail curling round the back of the Doctor. I thought, 'Poor Doctor, he doesn't know he is sitting with the Devil!'

"After the Doctor had gone I had a vision of myself in Hell—of being dragged out by chains—the Doctor and other people were pulling me out and I was very reluctant to come out. I had all sorts of queer dizzy feelings—of patterns and colours all whizzing round in circles and I felt very tired but also a sense of happiness—as though I had sorted out quite a lot of problems under this LSD. I again felt that this was the treatment for me and my only way back to normality, but I also felt the need and presence of God. I felt that although the Doctor was helping me to get well through LSD, we all needed God's help above anything else. I had a vision of life as a dark murky pool and saw myself dipping my toes in gingerly with first one man then another, of being urged on by some of them to go down into the pool with them but I kept drawing back—I just had to wait for the right man to experience the pool of life with. I felt very tired all day but extremely happy and I laughed a lot. Colours looked very vivid and beautiful to me as though I were seeing them clearly for the first time.

"I had the sensation of the jig-saw puzzle which I have had in each LSD treatment, but this time there were no pieces missing. All the pieces were there but not quite in line—it seemed as though it needed one jolt and all the pieces would fit in together and I should be well again. I thought, 'I had better have a dose of E.C.T. and see if that will shake the jig-saw into place'. I had a vision of myself and all my fears—I realized that I was afraid of being afraid—afraid of fear itself, which is surely much worse than being afraid of something tangible.

"I didn't sleep that night—about 1 a.m. I had another sensation of watching myself. I was out of Hell—standing on the brink and I was perfectly pure. I felt that I might be drawn back in again so I made myself run away. However, I was drawn back and looked down into Hell, and there was my snake still down in Hell. I jumped back into Hell—right into the snake's mouth and became the snake. Then I started the ascent out of Hell, but it was a terrific struggle—I seemed to be carrying a huge weight but I kept struggling to get out. Then I felt a snake biting my tail—then I realized I was biting my own tail and eating myself up. The struggle to get out of Hell was too great and I thought, 'Oh, well, it isn't such a bad Hell after all' and curled up in Hell and went to sleep."

These experiences present to the analyst all the fascinating problems of the serpent as one of the great archetypal images with all its accompanying mythological references and its deep significance in the human psyche. We are all familiar with the serpent in his two aspects, as the poisonous reptile and destroyer of man's relationship with God, on the one hand, and as the healing and regenerative principle on the other, as we see in the caduceus of Mercury and the use of the serpent in Gnostic rites.

The inferior, unconscious demoniac aspects of the serpent are well illustrated in the patient's account of the experience, and the moving adventurous nature of the fantasy is most important as it helped her to understand the nature of the archetype and her relationship to it. The identifying of the serpent with

the negative guilt-laden aspects of sex is clearly seen. The experience of actually becoming the serpent is of great interest and shows how easy it is to become possessed by and identified with an archetype at which point the patient can only see things from the serpent's point of view.

The reference to E.C.T. is a reference to the fact that she had had 12 E.C.T. four years before starting treatment with LSD. Her comment on this is:

"I . . . realized . . . that this awful nightmare was the state I had been in four years ago when I was so terrified I nearly committed suicide—I had 12 E.C.T.s and it did bring me out of that awful pit of horror, fear, and terror. It cut it off from my unconscious mind but it went on troubling me just the same."

Her wish to have E.C.T. again is probably a desire to avoid the unconscious, a wish to be made well from outside which is quite contrary to the need for understanding and accepting the unconscious which LSD or analysis demands.

The sensation of biting her own tail and eating herself up is of great interest also and occurred on other occasions. In the patient's position at that time this symbol merely represented a destructive fantasy and acted as a resistance. It might be regarded as akin to a masturbatory act, i.e. a sterile procedure leading only to worthless fantasies and on many occasions, particularly between treatments, this was just the impression that this patient had of her LSD experiences. According to Jung the "tail-eater" or Uroboros, either as a serpent or a dragon in mythology, is a redeeming symbol, mandala, or a materia prima of the alchemical process, and may be regarded as a protective device against the perils of the unconscious (Jung, 1953). In this patient at present there is a great desire to turn away from the unconscious, seen either as a fear of further treatment, hostility to the doctor, or seeking escape in many ways, none of which are likely to be a solution to her problems. Her comment on the value of LSD is that all her previous treatment (including eighteen months of psychotherapy) had given her an intellectual understanding of her problems but she had never seen any way of dealing with them. Under LSD she saw the problem as part of herself and could also see developments and ways of coming to terms with herself. She was able to make alterations in her life which she had never had the courage to do previously and in a series of dreams her immediate problems and certain aspects of her relationship to treatment were presented in a clear and concise form.

The second patient was a married woman of twenty-six years. The death of her mother at the age of twelve, a restless, psychopathic father, the failure of her marriage and other factors had led to a progressive severing of all human ties and emotional relationships until she was faced with despair and suicide. Almost the only remaining value in her life was her feeling for her dog. She had reached this desperate position despite many months of psychotherapy elsewhere before coming to our hospital. The problem of securing any sort of rapport with this patient, of enabling her to regain the spirit of life through contact with her own unconscious, and of helping her to bridge the gaps over the years beyond her mother's death into her childhood, was immense. Her early days in hospital were used by the therapist in an attempt to build up some feeling of hope through the transference and by the patient in working out purely intellectual reasons for suicide. Her argument was that she saw no reason for living, that it was her life to sacrifice if she wished, and that we had no right to interfere. During this period certain pieces of information were obtained which formed the background for the future material released under LSD. The first was a disturbance of sleep which had occurred since the time of her mother's death, in which she would become increasingly restless in her sleep, finally waking up screaming, "Oh, no, Oh, no" repeated many times. This was observed in hospital on numerous occasions. Next was an unreasonable fear of spiders. One of her pre-LSD drawings was a sort of man-spider, a repulsive representation of the animus, which the patient was at heart able to recognize as connected with her bad moods, although its character was usually projected on to her father, but sometimes on to her husband. Finally, the death of her mother had become an emotionless fact. "One day she was there, and then she was no longer there", but the patient did know that her religious beliefs and her faith in life had ceased from that time.

The first LSD was a dramatic affair, causing the most violent abreaction, accompanied by screaming and restless behaviour, the "Oh, no" cry being the only words that could be distinguished. This reaction occurred in frequently repeated outbursts. She did not know as yet the significance of this screaming. In that first day it seemed as if she passed back through her whole life. At lunch she appeared to be eating a dish of asparagus cooked by her mother. By tea-time she was a small child, keeping her food possessively to herself. Later she became still more regressed; she wished only to look at coloured pictures and finally became deprived of speech. This was followed by a fairly rapid recovery, and on the next day she felt exhausted, taut, and nervous. This experience, as were most of the others, was characterized by a great hunger or thirst, a craving for something. She knew not what this could be, but it was partly satisfied by drinking and inhaling deeply. Thus we see the beginnings of the recognition of lost emotions, the craving for mother love and the need for the life giving spirit. In this first experience she also met the spider, a huge, ugly, terrifying and menacing animal, quite out of her control.

Then followed many experiences of the spider of which the following is a fair descriptive example. "Flashes of a woman's face, I think my mother's. Continuous pictures of the four eyes of the spider and of complete spiders advancing upon me (coloured green and black) . . . Following this was a sensation of looking through a cavity—myself in shadow to the right, bright colours to the left, and through the cavity was peace and fulfilment. I struggled mentally to get through but could not. This was followed by another hysterical outburst. The spider never touches me but seems to want to enfold me and take me bodily . . . I remember thinking that I myself was the spider." The implications of that experience are very telling and not without signs of danger. The separation of the patient from consciousness, being herself identified with the shadowy unconscious realms ("myself in shadow to the right"), are compensated by the discovery of the cavity drawn by her as a mandala, which is clearly a centre of organization and "fulfilment"; the most dangerous element is the untamed autonomous spider which threatens to possess her completely.

This experience was followed by others in which a great deal was learnt about her relationship towards her parents and family. Her own commentary about the middle of this period was as follows. "As far back as I can remember, even into childhood, there has been something lacking in my life, no spark, a feeling of not really being here, incomplete. Since having my first LSD, at times, all of me has come alive, I have really lived and been aware of everything about me. I have been able to know and express my emotions, a great sense of freedom of mind and spirit." At about this time she realized that the "Oh, no" nightmare was a reaction to her mother's death, a denial of its reality which had become unconscious, so that the very idea of mother seemed unimportant. Finally came the revelation that the spider was in reality a mental function and that it could be a great source of energy and feeling if come to terms with. This is revealed in the following experience.

"Sometime after this I found myself inside a cell of my subconscious mind. It contained my spider, no longer alert and frightening and vivid, but tired, beaten and almost dead, it looked pathetic. With the spider there were thoughts and feelings and from these, the conscious person, myself, sitting on the bed, had to learn a lesson. It was a most peculiar sensation. I found that my conscious self 'A' was speaking to my subconscious self 'B'. 'A' was learning and speaking the lesson, 'B' was teaching it by sending out waves of thoughts and feelings. 'A' spoke the following words—"The love I felt"—at this 'B' sent a wave of pure love pulsing through my body—"The tears I shed"—a strong feeling of emotion came to my throat and tears to my eyes—"The pain"—with this a terrific weight on my body. At this point I got confused, 'A' substituted the words 'unhappiness' and 'burden' for pain, but 'B' did not seem satisfied with any of these words. All the above was repeated again and again, always getting confused at 'the pain'. Eventually I cried because I was unable to understand and learn my lesson. I came out of my subconscious and sat on the bed thinking about what had just happened. I realized that I had been in the cell of memory containing my mother's death, that in it were the mistakes I had made at that time and from it I could learn a very valuable lesson. I decided to try again, but though I tried with all my power of mind to learn the lesson, I could not, the words, feelings and meanings were all there but I was too tired to hold them together. I lay down and cried with disappointment and exhaustion. Later I realized that the room and everything it contained was dripping with tears, and that I was crying inside my throat though not from my eyes as it all had been earlier in the day. This continued until about four p.m."

She painted a picture of this experience, in which four circles are arranged in a square formation. Three of these circles are vague and unknown, but the fourth, which is the larger, is the "cell" of her mind referred to above. It contains the defeated spider, and it also is the place of tears, and no doubt represents the long lost feminine feeling function. The precise significance of the defeat of the spider was not clear, but it is probable that it represents a retreat on the part of the patient from possession by the spider-animus; she now becomes able to experience feeling and to relate herself to the events of her early life. She must not lose the spider, of course, but events to date do suggest the possibility of a better relationship to these archetypes. This particular LSD experience was also marked by a much greater control of the situation and this satisfactory ability to make the fantasies active, and to move amongst the unconscious images is one of the most useful properties that LSD may confer on a patient. One may compare it with the process of active fantasy so much used in analysis.

In our opinion one should aim at getting the patient to the point where he can actively

influence the images produced under LSD so that he can consciously explore his mind and learn something from the great wisdom of the unconscious.

For some weeks thereafter the LSD experiences were concerned with the recapturing of the feelings surrounding her mother's death, in which the process of mourning was enacted in her. "The room became very bright. I was extremely weary, but felt peaceful in the presence of my mother . . . suddenly I became aware of myself kneeling on the bed crying. I could feel a pain in my heart and throat, and I could feel the tears running down my face."

These experiences helped somewhat, but the nightmares continued and she felt as far away as ever from her husband, and she still had aggressive and angry moods. At this stage she became interested in finding out something about her father, and the abreaction began to involve him deeply. In successive treatments she believed that he was strangling her and sexually assaulting her, and in particular that he was having oral intercourse with her. She could not say that these were actual memories, and they were most probably fantasies, but such behaviour towards her would be in keeping with his alcoholic psychopathic personality. Then, despite her ferocious antagonism towards him she began to feel as a little child, loving and adoring its father. In LSD 10 she described this feeling. "I thought I would rest and try to sleep. I lay there for some time, then I realized I felt like a small child curled up against its father, loving and being loved, warm and safe." The impersonal nature of this feeling is suggested in the next treatment (LSD 11). "I found myself under water. I thought how remarkably pretty this land of the unconscious was. Then the colours changed, the water became green and angry looking. I felt afraid . . . I found myself in a cave under water. In this cave or room was a tree and plants. I found myself crying because I loved my father, his presence was all round me in the form of a spider, but unlike the spiders of previous LSDs I was not afraid of it. I cried a lot and said how much I loved him, in spite of what he was—for a moment I was proud of him; then I was deeply ashamed of him."

Shortly after this, by one of those mysterious so-called "chances" that occur so often in analytical work, her father came to the hospital to see her. She had not seen him for some years, and neither appeared to have taken any interest in the other since shortly after her mother's death. His arrival put her in a most hostile and irrational mood, until she realized that she often felt like that in the presence of her husband. She spoke of being "humiliated" and "degraded" by having to see him. However, she persevered, and is now seeing him regularly. He, for his part, has gained some unconscious inkling of her need, and is content to come.

Her position with regard to the whole of this father-animus-spider image is, at present, a complex and ambivalent one. On the one hand she writes of her father as "this loathsome creature, unclean, dissipated, whose breath alone makes me vomit", while on the other hand she has the following dream.

"I was in a cellar, it was clean, but bare and old. My father was there too. He invited me to go into the next room. I went in. It was a large kitchen with a red-tiled floor. Everything was bright, clean, and shining. There was a rack containing bottles of rare and valuable wines."

This dream suggests that in her father's house there is something of great psychological value to her. She has, herself, some notion of her confused position with regard to the archetype of the father, as she writes (LSD 16). "The huge and horrible male spider was there all round me. I began by being afraid of it . . . then I found I wasn't afraid any more, and that this choking sensation wasn't going to do me any harm. I wondered who was choking me, and felt it would be someone that I love. I thought that it was an odd way of expressing love. The spider was still with me. I cautiously looked at it and realized that I was a little nearer to it, as though I was sitting in its shadow. I didn't mind this, wasn't screaming at it, but wasn't sure about it either."

The further development of this situation will surely involve the question of the archetype of the father as god, and also, inevitably, the transference situation. But on the practical side she writes, "My one desire is to be a wife to my husband; this desire has grown stronger in the past weeks." At the time of writing she is spending a week or so with her husband for the first time for over a year. This development is remarkable in view of the desperate state her marriage was in, having drifted, over six years, into complete separation and impending annulment. All this has been accomplished in eight months and there seems little reason to doubt that this patient will completely recover and live a satisfying and consummate married life.

LSD Treatment and the Transference

The essentially analytical and psychological aspects of LSD treatment naturally give rise to all the transference problems of orthodox analysis complicated by the various mythologies which exist in patients' minds concerning the nature of physical treatments and the use of drugs in psychiatry. It is well known that many patients hitherto have thought they were having no treatment unless they were being given E.C.T. or insulin; that thiopentone is the "truth drug"; that hypnosis gives the doctor magical power over the will. Some patients at first found it difficult to get beyond the notion that they were being cured by

a drug, and it may be that this partly accounts for the poor success of LSD in the psychosomatic disorders.

A variety of attitudes towards the treatment were expressed by patients. Some tended to use the feelings of fear and the disturbing experiences as a means of regressing to a childish state of dependence. One patient who had religious experiences under LSD thought that it was wrong to be using a drug to enter these spiritual realms. Some have thought that the doctor was exerting a hypnotic influence over them and this idea probably arises from the fact that the LSD experience is frequently accentuated or modified when the doctor enters the room. The doctor may also become identified with one of the images of the experience. Despite these difficulties the author has found that both positive and negative aspects of the transference are readily revealed and the nature of the experience is such that the patient usually has no doubt about its meaning. The meeting of resistances and hostility to the therapist are usually expressed by the patient as an objection to the drug itself. He will make it known that he thinks LSD treatment is no use, that he feels worse, or that he is leaving hospital at once. Despite these frequent assertions the remarkable fact is that so few patients give up LSD, once started. Provided the case proves suitable for this treatment, the great majority (35 out of 36 cases) have seen the treatment through and this can hardly be said of any other form of psychiatric treatment. No doubt the universal fascination of the unconscious is the deciding factor. Provided that the patient is not allowed to indulge in this fascination there is no difficulty in bringing the treatment to an end and in resolving the transference. At the weekly group meetings these transference problems have been greatly discussed.

Experience to date suggests that there should preferably be some rapport between doctor and patient before LSD treatment begins. In some cases however where no such relationship could be established the LSD treatment itself appeared to kindle the transference. Faith in self, faith in "LSD" and faith in the physician are clearly inter-related.

The patients in the hospital group are all aware that LSD is a new drug for assisting the unconscious to reveal its secrets and one has been most encouraged by the help they have given in the work of investigating its uses. Many patients have assisted at clinical meetings by describing their experiences or actually having the treatment for the benefit of other doctors. My thanks are due here to the many patients who have contributed to this work and I should like also to thank the two patients who have allowed their material to be used in the preparation of this paper.

CONCLUSION

An analytical survey of the material produced under the influence of LSD from the thirty-six psychoneurotic patients described in a previous paper has convinced the writer that it bears a striking similarity to the dream and fantasy material of patients undergoing deep analysis. The procedure of treating this material on analytical lines has here been described in two cases and the results of treatment in these two patients to date indicate a high probability of ultimate success.

It is sufficient at this stage to regard LSD as a drug which produces an upsurge of unconscious material into consciousness, and that this material is of great personal significance to the patient. We shall, no doubt, find many cases in which these experiences cannot be understood by the patient, and in them the treatment may be of no value. It is vital, however, that the material should be understood by the therapist, although the foregoing Jungian interpretation is not held to exclude other possible ways of treating the material. The writer, therefore, offers this contribution to all who are interested in the various methods of psychotherapy.

ACKNOWLEDGMENTS

My thanks are due to Sandoz Products Ltd., who generously supplied the lysergic acid diethylamide for this investigation. I should also like to thank them for their warm interest

in the work and for supplying me with much useful information concerning previous investigations on the pharmacology and mode of action of the drug.

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