Quite early in the LSD studies it was noticed that many of the LSD experiences were personal ones for each patient and that they were intimately connected with the patient's psychic problems. Later, three types of LSD experiences were recognized:

1. Generalized nonspecific images (e.g., 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).

2. The recall and re-living of forgotten memories and experiences of childhood.

3. 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.

LSD treatment may offer new hope for patients who do not respond to other treatment including ECT. These patients include particularly the obsessional neurotics and young depressives. LSD gives these people—some real and tangible experience of their own unconscious and re-kindle their faith in their own spirit at a comparatively early stage of treatment, and helps it to proceed more readily.

Two cases are described in which little could be done until LSD treatment showed the patients the contents of the unconscious, and psychotherapy helped them to assimilate these.

Case 1: Psychotherapy had shown the patient that the problem was to come to terms with her own turbulent instincts but she knew no way of doing this. With the third dose of LSD (100 mg) she was aware of herself and must seek the right road away from self-destruction. She felt she had sorted out some problems under LSD and that the treatment would provide the only way back to normality. She commented that all her previous treatments had given her an intellectual understanding of her problems but she had never seen any way of dealing with them. Under LSD she knew 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.

Case 2: Under LSD the patient experienced a great hunger and thirst, a craving from something she knew not what. The desire was partly satisfied by drinking and inhaling deeply. Thus were seen the beginnings of the recognition of lost emotions and craving for mother-love and the need for the life-giving spirit. Subsequently, in other experiences much was learned of the patient's relationship towards her parents and family. She commented that since having the first LSD experience all of her had come alive. She had really lived and been aware of everything about her. She had been able to know and express her emotions, she had a great sense of freedom of mind and spirit.

As a result of treatment the patient was spending a week or so with her husband for the first time for over a year. This development was remarkable in view of the desperate state her marriage was in, having drifted over 6 years into complete separation and impending annulment. All this had been accomplished in 8 months and there seemed little reason to doubt that the patient would completely recover and live a satisfying and consummate married life.

LSD treatment and the transference

The essentially analytical and psychological aspects of LSD treatment gave rise to all the transference problems of orthodox analysis complicated by the various mythologies existing in the patients' minds concerning the nature of physical treatments and the use of drugs in psychiatry. Some patients at first found it difficult to get beyond the notion that they were cured by a drug, and this possibility partly accounts for the poor success of LSD in 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. Some patients thought the doctor was exerting a hypnotic influence; this idea probably arises from the fact that the LSD experience was frequently accentuated or modified when the doctor entered the room. The doctor could also become identified with one of the images of the experience.

Despite these difficulties the author found that both positive and negative aspects of the transference were readily revealed and the nature of the experience was such that the patient usually had no doubt about its meaning. The remarkable fact was that so few patients gave up LSD once they had started. Provided the case proved suitable for this treatment the great majority (35 out of 36 cases) saw the treatment through; this could hardly be said of any other form of psychiatric treatment. Undoubtedly, the universal fascination of the unconscious was the deciding factor. Provided the patient was not allowed to indulge in this fascination there was no difficulty in bringing the treatment to an end and in resolving the transference. At the weekly group meetings, these transference problems had been greatly discussed.

Experience suggested there should preferably be some rapport between physician and patient before LSD treatment began. 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 were clearly inter-related.

A Jungian interpretation is not held to exclude other possible ways of treating the material.

COMMENT: Sandison et al. give full details of the treatment in another paper (LSD 48). Frederking (LSD 38) has reported on LSD therapy in patients refractory to Freudian psychoanalysis.