

The Treatment of Twelve Male Homosexuals with 'L.S.D.'
(followed by a Detailed Account of One of them who was a
Psychopathic Personality)

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Homosexuality is considered by some psychiatrists to be a congenital disease unamenable to any form of treatment. It was thought that there might be some difference in the sex chromosomes of homosexuals to account for this. Recent work done however by Professor PENROSE showed that although some people do have abnormalities in their sex chromosomes, there is no correlation with homosexuality.

PETER SCOTT holds the view that homosexuality is a complex adaptation rather than an inborn tendency, since homosexuals frequently change their mode of sexual expression, sometimes being passive in their sexual approach and sometimes active. He mentions FERENZI as introducing two categories of homosexuals. 1. The subject-homosexuals who are narcissistic rather than feminine, falling in love with their own image in the form of a beautiful young boy, and behaving towards him as they would have liked mother to have behaved to them, i.e. bestowing enormous loving care and consideration on them, and being unable to live happily without them. 2. The object-homosexuals, who have anal rather than phallic characteristics, and wish to be "buggered" by father in the same way that they felt mother had been.

Another concept of the homosexual state has been given by FREUD, who showed that this was a stage in the emotional development of every human being, male or female, and that under certain adverse circumstances they might become arrested at this stage unless the situation was understood and altered before the condition had become

rigidly established. Even if fully developed however he found it could, like the perversions, in some cases be treated successfully by psychoanalysis.

The drug "L.S.D." with its special function of recall and re-experience of early memories, would seem particularly suitable for the releasing and resolving of these very early emotional conflicts, but in my opinion the drug itself is not sufficient unless combined with the dynamic Transference situation which it creates, and which necessitates the therapist staying with the patient during most of the session of seven hours, to prevent the unconscious material to become lost or repressed again, but together with psychotherapeutic techniques and interpretation, the conflicts are resolved more quickly and effectively than with many years of psychoanalysis, viz, the psychopathic case described in detail later on, and one of the obsessional cases who had received previously eleven years of psychoanalysis without improvement, but after twelve "L.S.D." followed up by psychotherapy, he showed a radical change in personality, and became heterosexually orientated. This appeared to be due to the fact that under the eleven years of psychoanalysis the transference relationship had not fully developed, whereas under the "L.S.D.", the drug itself appeared to promote a transference relationship from the beginning which eventually developed into a strongly positive one. I will quote his own words at the second "L.S.D.": "I waited for you to come back, and after some time I began to feel mildly resentful, but soon this changed to a wild and desperate rage. I felt I must have you there, I must, I must, and would not be kept waiting any longer, but would scream the place down. At that moment you returned, and I was able to shout at you and express my tearing rage for the first time in my life, which gave me an enormous feeling of release and satisfaction. I had never been able to express aggression to my mother as she could not tolerate it, but now you had accepted it, and I suddenly felt gloriously free and independent and *myself*, not just an appendage to somebody else. If you had not been there all this rage would have got buried again, and I could not possible have felt or expressed it the next day." The twelve male homosexuals treated in this series were taken from one hundred chronic neurotic patients treated by "L.S.D." at the Marlborough Day Hospital London, fifty of whom have already been reported. (*International Journal of Social Psychiatry*, Vol. 111, No. 3, Winter, 1957.) These cases therefore had all passed the criteria chosen for selection of "L.S.D." treatment under Out Patient conditions;

1. No previous psychotic episode, 2. Some knowledge of their unconscious processes, 3. Some degree of insight, 4. A high intelligence, 5. A good ego development, 6. A strong desire to get well. They did not therefore include Inverts, or those homosexuals already stabilised and accepting their homosexuality without any desire to change.

Procedure

Each of the twelve homosexuals were started on a dose of 50 gamma of "L.S.D." given on an empty stomach. According to their reaction, the dose was then increased by 20 gamma each time until a maximum reaction was obtained that could be used usefully in the therapeutic Transference situation. Extension of the dosage to the point of disintegration of the ego with feelings of depersonalisation and unreality were not encouraged. The aim of the therapist was to establish as quickly as possible a positive transference relationship with the patient, which would then win his confidence and enable him to work through all the early stages of his emotional development including the oedipal and castration complexes, and so enable the psyche to develop and integrate. This necessitated the therapist staying with the patient during most of the session.

Conclusion

A Table was drawn up of the results of the treatment, and this showed that out of the twelve male homosexuals treated, seven became heterosexually orientated, four out of six obsessionals, two out of three psychopaths, and one out of three chronic tension states. Each of them required very varying amounts of individual or group treatment following the course of "L.S.D.". A follow-up survey after three to six years showed that only one obsessional homosexual had relapsed slightly following a broken engagement with the girl he had hoped to marry, but this lapse did not last long, and he was already courting another girl.

Of the remaining five homosexuals who did not become heterosexually orientated, two of them became stabilised with one male partner only instead of several as previously, one became interested in older men, another sublimated by taking up politics, and the fifth

sublimated by taking up painting, and meeting women at discussion groups. It was found during treatment that quite frequently the active homosexual became passive, and vice versa, so that no special point has been made of classifying them into these separate groups.

A Case of Psychopathic Personality with Homosexual Features Treated by "L.S.D."

This was a man of 32, referred to the Marlborough Day Hospital from the London Jewish Hospital, complaining of being a social misfit, inability to make friends, inability to keep a job, and having a stammer, and having homosexual difficulties.

Early History: A.B. was an only child, brought up by his mother and grandparents, and had never seen his father who had been abroad in Russia when he was born, and died there a few years later. His mother had to go out and earn her living from the time he was born. He slept in the same room as her up to the age of 12.

School: He went to the elementary school from the age of three to fourteen. He disliked school, and was unable to make friends with children or staff.

Career: He became a shop assistant at his Uncle's shop. He liked his uncle but not his aunt, and after 10 months he left to go into another shop. A year later he left to go into a leather factory to learn the trade, and he stayed there three years. He was then out of work for three years, and then joined up in the Army in 1940. He disliked this to start with, and got beaten up several times by the other men, and later developed headaches and his stammer got worse, and after 1½ years he was discharged on medical grounds. Soon after this he went to Canada for three years, but was no better, felt people were against him, and talking about him, changed his job every 2-3 months. On his return to England he got a job in the book trade.

Previous Medical History: In 1944 he attended the Tavistock Clinic, and had individual treatment for his stammer from Dr. STEIN, the authority on speech therapy and also attended a Group run by a woman Dr. This he said did not help him at all, although the speech therapy did. He was given an Intelligence test, and his I.Q. found to be 138. In 1950 he was referred to the Social Psychotherapy Centre, and here he saw several different psychiatrists from time to time, and attended one group, but this did not help him. When I saw him in 1955, he was an extremely miserable and desperate person. He told me that he had been getting more and more depressed, because none of the previous treatment had really helped him to stabilise and get on with people and keep a job, nor to lose his symptoms, nor to become heterosexual, but on the other hand, he had stronger homosexual tendencies than ever, and could not bear the thought of heterosexuality. He had previously spent some months at the Rehabilitation Neurosis Unit at Belmont Hospital without success, and now he felt so desperate, that if there was no treatment that could help him, he would just have to accept the fact that constitutionally there was something missing which made it impossible for him to adjust, and if that were so he thought it better from his own interests as well as that of Society, to take an overdose.

Procedure: My problem was to decide whether this man was suitable for "L.S.D." treatment under Out-Patient conditions. He fulfilled the criteria I always used to help me decide, ie, he had no history of any previous psychotic episode, some knowledge of his unconscious processes, some degree of insight, a high intelligence, and a strong desire to get well, but the only dubious factor was his personality which was a weak and unstable, and it seemed to me that I ran a slight risk here of a paranoid psychosis developing, or of a more deranged and unstable personality, temporarily at anyrate. But considering the desperate state of the man, I decided to take this risk.

"L.S.D." Treatment: 50 gamma of L.S.D. given orally. Small reaction, thought everything looked brighter.

One week later: 2nd L.S.D. 75 gamma given. After one hour patient began saying he was very cold, and demanding more blankets in spite of it being a very hot day. Later he was very angry with me, and said he felt as though he was lying in a pool of blood, and why did I not do something about it. I reassured him, but he continued to say I was neglecting him, and that he would die if I did not do something about it fairly soon. I asked him to be patient and see what came into his mind, and he said he felt he had just been born, and was lying in a pool of blood, and no one was bothering about him because they were bothering about his mother. Later it came out through his Aunt that his mother had been very ill when he was born, so that this could have been a true experience.

3rd L.S.D.: He relived his early childhood, and all the horrible women (prostitutes), who lived at the pub, where he was sent sometimes to be looked after while his mother was working, and he remembered how they played with him, and were amused because he had a big penis, and told him what to do with it. He thinks he went round doing precocious things to girls whenever he could, and that he got a bad name in the district. Under the L.S.D. he used a number of sexual swear words over and over again, and took much delight in shouting them at any Nurse or Sister who entered the room, and was annoyed if they took no notice. He became very sexually stimulated and threatened to rape any-woman in the room.

4th L.S.D.: Rape desires continued. Felt very strongly in relation to myself. At one moment I was very young and attractive, and the next very old and unattractive. During this session he worked through a lot of transference material, and finally he relived making a deliberate attack and attempt to have a sexual relationship with his mother at the age of 10 years. This liberated a good deal of guilt, and he said that after this event in his youth, he went off girls and became interested in boys, although he did not have an intimate relationship with a man until he was 21.

5th L.S.D.: 150 gamma. Patient became very arrogant, and domineering, ordering about the staff, and having omnipotent power phantasies. He thought he was Nero, and could conquer the world, and have as many women as he wished and indulge his sadistic feelings with them. He then went into an orgy of the cruelties and tortures he would like to inflict. This led to a discussion later on as to why he should feel so sadistic towards his mother, and he thought he blamed her very much for leaving him as a baby to go out to work, when he always thought she might not come back, and then he seemed to have the feeling that she had got rid of father and killed him off. He relived very strong feelings to kill his

mother, which he said he had had since a very early age, and these were the feelings that put him off women, and made him afraid to approach them, or ever to get married.

6th, 7th and 8th L.S.D.: These were taken up with the resolution of the Transference situation. The patient had relived during these sessions the feelings he had as a child for his mother, making her sometimes take the role of father, and his feelings towards his grandmother and grandfather, all of which in turn he had projected onto me, and was able now to make them conscious, and assimilate them into his conscious personality. He gradually became less frightened of his killing compulsion, and to have more positive feelings towards women, and a desire to get married.

After Care: The patient continued to come up to the Hospital for a methidrine abreaction once in two weeks. He said this helped him immensely to keep down the hostile feelings and tension. He was able to get a better job, and he started to study French and Russian at evening classes, with the idea of doing Translations later on. (His father had been a linguist, and he also had a liking for languages.)

One Year later: In April 1956, the patient got married to a Nurse, and has lived happily with her for the past five years. He says she is very kind and understanding, and when he sometimes gets hostile feelings, he is able to hold onto them, but lets them out more now in discussion, since his stammer has cleared up.

Seen on 11. 2. 61, five years later. The patient has had no medical treatment nor taken any tablets for the last eighteen months, he sleeps and eats well, and has put on two stone in weight. He can mix fairly well with people now, and no longer feels they are against him, so that he has one or two good friends. He has a good job, and supplements it with doing French and Russian translations, and his wife also works part time. They would both like to have a child very much, and are taking advice about this from University College Hospital, London.

Conclusion

A case has been described of a psychopathic man of 31, a misfit in Society, who could not keep a job for more than a few months, had no friends and no interests, and suffered from stammer, and homosexuality over the past 10 years.

He was treated with 8 L.S.D. sessions, and as result of the reliving of early experiences and particularly the Oedipal Conflict, the Castration Complex and the whole of the intensely incestuous desires towards mother which had never been resolved previously, the patient was able to stabilise and integrate, and eventually settle down in a harmonious heterosexual relationship.

Summary

An account has been given of the treatment of twelve male homosexuals with "L.S.D." followed up in some cases by individual or group treatment, (and a detailed account of one psychopathic personality).

Table Showing the Results of Twelve Male Homosexuals Treated with "L.S.D."

Category (A) (Subject Homo-Erotics)						
Type	Age	Duration	No. L.S.D.	No. Individual Sessions	No. Group Sessions	Result
Ob.	53	30 years	14	12		Heterosexually orientated
Ob.	26	10 years	10	2 years, once weekly	-	Stable with one male homosexual
Ob.	45	3 years	4	2 years, once weekly	3 months, once weekly	Compulsion for boys less. Interest in older men
PsP	36	15 years	6	Occasional	3 years, once weekly	Stable with another man
T.	48	10 years	4	Occasional	-	Compulsion for boys less. Sublimation in politics
Category (B) (Object Homo-Erotic)						
PsP	18	10 years	10	Occasional	5 years	Change in personality. Heterosexually orientated
PsP	26	10 years	8	Once weekly for 1 year	-	Heterosexually orientated. Happily married
Ob.	29	12 years	12	Twice weekly for 2 years	-	Heterosexually orientated
Ob.	28	14 years	8	Occasional	6 months, once weekly	Heterosexually orientated. Married
Ob.	30	16 years	8	Once weekly for 3 years	Twice	Heterosexually orientated
T.	25	8 years	14	14 Hypnosis	-	Heterosexually orientated. Happily married
T.	29	7 years	7	Occasional	3 months	More responsible job. Meeting girls socially

Three theories of the causation of homosexuality were mentioned, i.e. Congenital, Complex Adaptation, and Arrested Emotional Development. This latter was the one used in this series, and examples were given showing the technique and aim of the therapy was to establish as quickly as possible a dynamic and positive Transference Relationship which would enable the patient to work through his earliest emotional conflicts, and so free the Ego to develop and integrate. This necessitated staying with the patient throughout most of the session, but although time consuming, the results were much quicker and more successful than many years even up to eleven years of Psychoanalysis.

The Criteria for treatment and Procedure were described, and the results as given in a Table describing the age, type of neurosis, duration of homosexuality, number of treatments, and accessory treatments, showed that seven out of the twelve homosexuals had become heterosexually orientated, and remained so after three to six years follow-up respectively.

Zusammenfassung

Es wird über die Behandlung von 12 männlichen Homosexuellen mit LSD berichtet, die in einigen Fällen von Individual- oder Gruppentherapie gefolgt war, und von einer psychopathischen Persönlichkeit wird detaillierter referiert.

Es wurden die Theorien über die Verursachung der Homosexualität erwähnt, nämlich die der Congenitalität, die der Verursachung durch Komplexe und die der stehengebliebenen emotionalen Entwicklung. Diese letzte war die in unseren Serien benützte, und es wurde an Beispielen gezeigt, wie Technik und Ziel der Therapie waren, so schnell als möglich eine dynamische positive Übertragungsbeziehung zu etablieren, welche den Patienten befähigte, sich durch seine frühesten emotionalen Konflikte hindurchzuarbeiten und so das Ego zur Entwicklung und Integration frei zu machen. Dies zwang, mit dem Patienten die meiste Behandlungszeit zusammen zu verweilen; aber obwohl es viel Zeit benötigte, wurden doch viel rascher und bessere Ergebnisse erreicht als mit vielen, bis zu elf, Jahren Psychoanalyse.

Die Kriterien für die Behandlung und das Vorgehen wurden beschrieben, und die Resultate, die in der Tabelle angegeben sind, welche das Alter, den Typus der Neurose, die Dauer der Homosexualität, die

Anzahl der Behandlungen und die accessorischen Behandlungen enthält, zeigen, dass sieben von den zwölf Homosexuellen eine heterosexuelle Einstellung gewannen und in ihr drei bis sechs Jahre respektive verblieben.

Résumé

L'auteur donne un aperçu sur le traitement de 12 homosexuels mâles avec LSD, suivi, dans quelques cas, par un traitement individuel ou de groupe et à cela s'ajoute aussi un compte-rendu sur une personnalité psychopathique.

Trois théories de l'homosexualité sont mentionnées: congénitale, adaptation complexuelle et développement émotif retardé. Cette dernière est admise dans le présent exposé, des exemples montrant la technique et le but de la thérapie d'établir aussi rapidement que possible un transfert positif rendant le malade apte à assimiler ses conflits émotifs antérieurs et à libérer le Moi vers une meilleure intégration. Ceci avait réclamé l'assistance du malade durant la plupart du temps, mais tout en étant long, le résultat fut plus rapide et plus heureux que les années (même jusqu'à 11 ans) nécessitées par la psychanalyse.

Les critères pour le traitement et la technique sont indiqués et les résultats sont résumés dans un tableau indiquant l'âge, le type de la névrose, la durée de l'homosexualité, le nombre de traitements. Sept des douze cas sont devenus hétérosexuellement orientés et restèrent ainsi 3 à 6 ans après.

References

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