

The Treatment of Frigidity with LSD and Ritalin

THOMAS M. LING
and JOHN BUCKMAN

"Frigidity" is the inability to enjoy sexual love to its fullest capacity. It may vary in degree or in type.

The capacity of the human female to respond sexually depends upon a complex network of interdependent activators. These activator systems include the endocrinological, the somesthetic and the psychic.

In lower mammals, the endocrine system predominates, but in humans the somesthetic and the psychic are paramount, particularly the latter.

The recognized incidence of frigidity and its manifestations such as vaginismus, passivity, lack of vaginal orgasm and refusal to have intercourse, depends a good deal on the outlook of the gynaecologist. Thus Hamilton (1961) estimates that 40% of American women suffer from frigidity in some degree, while a London gynaecologist states approximately 30% of his private patients complain of sexual difficulties, a number of which are aggravated by the incompetence of their husbands. The incidence in hospital practice is apparently lower, which is attributed to the fact that owing to pressure of time, a detailed history covering emotional factors is usually impracticable.

The textbooks are not encouraging about treatment. Thus Curtis and Huftman (1950) write as follows :

Female frigidity often presents an insolvable problem. Prudery, incompatibility, ill health and coital maladjustment are among the numerous factors involved. Common sense advice has been effective in some cases.

Young (1958) states :

In many cases, there is no local lesion present at the vulva or in the pelvis to account for the symptoms. In such cases we can sometimes discover the history of a painful lesion from which the symptom has dated as a kind of neurosis. In other cases the condition is to be explained on the lines of a disturbed sex psychology.

MacLeod and Read (1955) write :

Frigidity and most cases of dyspareunia are but further examples of

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psychosomatic disorder. . . . A multitude of symptoms may unfold themselves, including neurasthenia, insomnia, loss of weight, and vaginal pain of wide distribution, in fact a state of chronic ill health. As few women will volunteer information on their sexual inadequacies, it should be the aim of the gynaecologist to ascertain whether such a state of affairs exists and if possible, correct it.

Judging by the above extracts from standard British and American text books, frigidity and its associated manifestations are diagnosed to a variable extent, while its alleviation is usually difficult and frequently impossible.

The Psychiatric Aspects of Frigidity

In psychiatry, sexual difficulties frequently form part of the total problem. Treatment is often as difficult for the psychiatrist as it is for the gynaecologist. O'Neill (1954) has written wisely on the subject.

Sexual maturity equates with emotional maturity, and frequently this has been arrested by early childhood experiences such as parental disharmony, sexual guilt absorbed by the small child from the parents or nurse, or a sexual assault in early life. These experiences are forgotten but continue indefinitely to influence the woman as wife and mother.

Their release from the unconscious by deep psychotherapy is very time-consuming and frequently unrewarding. On this account lysergic acid diethylamide (LSD-25), combined more recently with Ritalin, has been used as a part of a research program in this Hospital for the last five years in selected cases of neurosis for the speedy release of the unconscious material and alleviation of its associated sexual and other manifestations.

Action of Lysergic Acid Diethylamide (LSD-25)

LSD-25 was synthesized by Sandoz in 1938, is a synthetic amide of lysergic acid and belongs to the ergonovine group of alkaloids. After its ingestion, or injection in minute doses, it induces psychic states in which the subject, in a state of clear consciousness, becomes apparently aware of repressed memories of childhood and infancy and other unconscious material, including fantasy. The drug is administered to out-patients intra-muscularly, with the patient in bed in a quiet darkened single room. A session takes about four hours and leaves the patient fatigued.

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When LSD is given alone, it frequently accentuates anxiety so that it is now combined with intravenous Ritalin (methylphenidate). The latter is a C.N.S. stimulant and acts particularly on the posterior hypothalamus. This combination enables the patient to recall forgotten material with less fear.

The patient develops the capacity of watching and understanding her own unconscious and the recovered childhood memories and fantasies. Often one of the most gratifying results of treatment is the progressive maturity that comes from self-understanding, and one is reminded of the inscription over the Delphic temple: "Know thyself."

Sessions are given every two weeks. Patients are seen regularly during treatment, and a varying amount of psychotherapy is given in all cases.

The selection of patients is important. Good intelligence, a real desire to be cured, absence of psychosis and being under fifty years of age are prerequisites.

The treatment is more effective with educated patients, as their active cooperation and appreciation of interrelated experiences are essential.

Sandison (1962), Bierer (1960), Martin (1957), Eisner & Cohen (1958), Robinson *et al.* (1963), and the authors of this article (1964) among others have described the clinical use of LSD in a wide variety of neurotic and psychosomatic conditions. Many of these cases include sexual difficulties among their multiple difficulties, while this article details the treatment of frigidity occurring as the patient's only problem. There were 1,122 references in the world literature as of January 1964, and this is the first contribution to its use in the treatment of frigidity.*

Details of Case

A married woman of thirty-three and the mother of two young children complained of lack of any sexual desire since marriage. She was fond of her husband, and their relationship during the daytime was harmonious. The husband was fully potent, successful in his profession, in love with his wife, and they were good parents.

Since girlhood, the patient had been frightened of sex and later

[* An extended popular account of psychoanalytic treatment of frigidity with LSD is seen in C. A. Newland, *My Self and I* (1962), reviewed in our previous issue.—Ed.]

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had intercourse as a marital duty. Two years previously, she had been told by a consultant gynaecologist that she was physically normal. He was very sympathetic and suggested that she should learn to accept her disability. She was subsequently seen on a number of occasions by a psychiatrist without improvement.

The following is a summary of her experiences under LSD and Ritalin:

First Session. 50 μ g (micrograms) LSD intramuscularly and 20 mg (milligrams) and 10 mg Ritalin intravenously.

My experiences were divided into four phases. I felt physical misery and depression. Then I felt frightened. Half of my mind desperately wanted to remember what had happened, and half would not allow it.

After the next injection of Ritalin, I pictured my father as a young man who rejected me. I felt disappointed, bitter and resentful. I could not understand why he did not love me. Then I seemed to travel backwards in time to a point where I had idolized him and felt possessive. My conscious mind prompted me that sex came into this and, at the same time, I knew it was because he was a man that this love was so important, but adult sexuality was not involved.

Following the last injection of Ritalin, I felt a wonderful outpouring of love and a zest for life which I had never felt before. I felt that nothing would ever frighten or hurt me again. I thought "So you had a baby love affair with your father and you don't have to hide yourself away because he rejected you." The most important thing was to love and live life to the full, and the least important was to be afraid of anything. I felt that sex came somewhere halfway and was a healthy way of showing that you loved someone and were happy — like laughing. In this mood I felt that my erotic responses would be entirely different from those I had previously experienced, which were unsatisfying and guilt-ridden.

I felt that in sexual intercourse I had, unconsciously, been seeking that pinnacle of love that I had felt for my father and that, not having found it, I was left with a feeling of disgust.

I know that my father is totally incapable of showing affection. I have never seen him show affection to anyone, not even my children. Perhaps my rejection came when I felt that he did not show me any love at all.

Three weeks later she reported progress as follows:

The most obvious change in my feelings is in my reaction to sex. I now feel very differently about it, with varying enjoyment. I can now enjoy certain intimacies which previously I had indulged in with shame, and which afterwards I had preferred not to think about.

The other marked change in my feelings is the thought that I might

become pregnant. I have always felt that to have another baby would be disastrous, but since the last treatment all the practical reasons have been swept aside by a purely emotional desire to have a small baby to care for again.

Second Session. 75 µg LSD, 20 mg Ritalin and 10 mg Ritalin.

After a short time, I felt that I was a tiny baby, suckling at the breast, and I felt the secure feelings that it gave me. I also remembered being held and cuddled by someone.

I would not let myself enjoy these memories for any length of time, as my mind kept telling me that it was not the experiencing of these infantile pleasures that would cure me, but that I must find out what it was that was so crushing, that had cast its shadow over my personality all my life.

After the last injection of Ritalin, I had a feeling of frustration and of being kept a prisoner. I desperately sought release from this tension, and I had the sensation of being physically held down and of something on top of me. I felt that this was an important experience, and the failure to recall it fully left me depressed.

A few days later, the patient reported progress :

I feel much more at ease over sex, but this is not yet right. Also I have got over my fear of spiders. Another change is that I am no longer afraid of being alone when my husband has to be away for the night. I feel much more tolerant towards the children and I feel more confident in dealing with them. My husband has noticed other changes which I have not, and says that I am much easier to live with.

Third Session. 75µg LSD, 20 mg, 10 mg, and 10 mg Ritalin.

I felt I wanted to remember my first awareness of sexuality and what happened. Then suddenly I remembered. I was a tiny baby about six months old, lying on my back with my legs in the air, with no clothes on and my father was looking at me. I was aware that he was male and I was female. He was looking at my private parts and I expected him to react in an approving way, but he did not. I cannot remember exactly what his reaction was. It was either indifference or disgust, but it was not what I expected and was a shattering blow to my self-esteem. I felt that here was the very essence of my femaleness, and the one male I most wanted to show approval, did not do so. I see now that this infantile rejection was the reason why I felt having a surgical induction with my first baby such a ghastly experience. It was much more than just embarrassment that I felt.

I felt that as a baby I tried more than once to gain my father's approval and failed. I felt that for some time I was competing with my mother for my father but in the end she won.

Looking at the session afterwards, it seems hardly credible that this incident could possibly have had such a shattering and lasting effect upon me. Being able to live through the experience and feel the way I

felt at the time, makes me appreciate what a devastating experience it was, combined with my tremendous and useless competition with my mother. I feel enormously released.

It was decided to rest the patient after this session, and six weeks later both partners were seen again. The husband reported that the patient was a much happier person, a calmer mother, and was now sexually responsive on approximately every other occasion. The patient said she felt much more at peace with herself but still had considerable fear of her own sexuality. She felt she had not completed treatment.

Fourth Session. 75µg LSD, 20 mg, 20 mg, and 10 mg Ritalin.

At first I had the usual turmoil of unpleasant emotions, fear, guilt and a desire to run away and hide.

Later, when I had calmed down, I had a memory of tremendous sexual excitement. I felt that I was about six and that somebody had been "playing" with me sexually. I also seemed to be near water, perhaps a river.

Later the memory of this experience faded and after the last injection of Ritalin, I had a feeling of disgust, followed by a dream-like sequence of lavatories, drains and rushing water.

Three days later, the patient said she felt very tense, that her experience of the assault was incomplete and pleaded for another session as soon as possible. She felt fairly certain that it was her uncle who had assaulted her. She had always known that, as a child, she used to stay with her uncle and aunt who lived on the Thames.

Her summary of the session four days later was as follows :

Fifth Session. 80 µg LSD, 30 mg, 20 mg, and 10 mg Ritalin.

I have put off writing this report because I am very reluctant to put down on paper the incident which I have remembered, and am so ashamed of.

I remember mostly the emotions which went with this incident. I remember the feeling of sexual excitement, of knowing what was happening and the feelings of disgust afterwards, but I cannot remember the actual physical contact. After the last injection, I could remember being held down and the uncontrolled lustful look on my uncle's face absolutely vividly. It was as though it had happened yesterday.

I think we were on the bank of a river under trees and I had a feeling we were disturbed, but it was not clear. I also think that my uncle may have got me in this state of excitement more than once because I seem to remember two separate occasions, once when I was sitting on something high up and once when I was lying down.

I have still only experienced partial release from my tension and sexual difficulties, and still feel rather shocked and depressed.

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At the next interview, she stated with embarrassment that she had remembered under treatment that her uncle had performed cunnilingus on her, a perversion of which she was totally unaware prior to the session. She agreed that the whole episode needed clarification with another session but was much less pressing than formerly, regarding immediate treatment. She felt the end of treatment was not far off now.

She stated that she had always known that there had been a violent quarrel between her father and her uncle about this time, and that she was never allowed to stay in her uncle's house again.

A further session was arranged in two weeks' time, of which the following is her summary :

Sixth Session. 80 µg LSD, 30 mg, 20 mg, and 10 mg Ritalin.

Under the drug I had the feeling that I was searching for an ideal, e.g., the first time I was sexually aroused, and the man who did it was a sort of god to me. Then things became blurred, but after the second injection of Ritalin I remembered with complete clarity that I had enjoyed my uncle playing with my privates. The enjoyment was brought to an abrupt end when he tried to rape me. I remember feeling a blow in the area of my vagina and a feeling of force, but he could not really enter me. There the memory ends. I cannot remember what the outcome of it all was.

I have felt much more tranquil after this last session than I did after the two various ones, and the physical effects have not been so severe as they were the time before.

Six weeks later the patient was seen again and reported as follows :

After the last treatment, I had my first intercourse with full orgasm internally, which was a completely new and wonderful experience. My sexual life is now completely different and I get a wonderful feeling out of it on most occasions. The marriage is now very much better, but I believe there is still room for improvement and for me to feel complete ecstasy on every occasion.

As she was improving steadily, it was agreed to leave further treatment in abeyance. Some patients may continue to improve and gain insight for weeks and occasionally months.

Six months later, the patient reported as follows :

Here are my latest views on my progress. My feelings towards sexual intercourse have undergone the greatest change. I can say with no reservations whatsoever that I have lost all my inhibitions regarding sex. I am completely free of all the feelings of distaste

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and guilt that I had, and am able to enjoy in a "down to earth" and healthy way.

In general I feel more confident and mature. I am now prepared to go more than half way to make friends with people. I am much happier about expressing my views.

I know my husband finds me much better company and I have a much more positive approach to him and life in general, and I have much more patience with the children.

I have scarcely given a thought to the incident with my uncle and when I have, I felt completely detached and unemotional about it.

During the interview, it transpired that she had had a full and completely satisfying vaginal orgasm on every occasion except once, when she felt particularly tired. She looked much happier and was now clearly at peace with herself and her surroundings.

Further treatment was considered unnecessary by psychiatrist and patient.

Conclusion

A case of complete frigidity without other neurotic features is reported which has been fully relieved after six sessions of LSD.

The patient re-experienced sexual excitement, rejection and guilt associated with her incestuous feelings and possible assault. She improved as a result of understanding that, early in her life, sex became associated with fear, violence and parental disapproval.

Her husband reports that the patient is a much happier and more relaxed person, and that their sexual life has been revolutionized so that the marriage is now outstandingly happy.

Apart from this case, the use of LSD and Ritalin, with appropriate psychotherapy, has cleared up frigidity occurring as part of a psychopathology in sixteen other selected cases. It appears more informative to report this one case in detail than to present a summary of all the other cases.

Summary

1. True frigidity is a common problem in gynaecology.
2. The specialities of gynaecology and psychiatry overlap in many syndromes. Psychological factors are solely responsible for true frigidity, which is a neurotic illness.
3. Other "symptom equivalents" often mask this "organ neurosis" since in the great majority of patients, there is some psychological cause for their physiologically expressed disturbances.

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4. These cases are notoriously hard to treat by the traditional methods of gynaecology or psychiatry, since the causes are unconscious and deeply repressed.
5. Given good motivation, superior intelligence, a reasonably stable personality and a cooperative potent spouse, psychotherapy with LSD can help these cases by the recovery of early sexual fantasies or traumatic experiences responsible for the symptom formation.
6. Sixteen cases have been treated successfully in this way, and the facts of one such case are given in detail.
7. We would like to express our thanks to the Elmgrant Trust for their support and to Dr. J. Bierer for his cooperation and help. the Ritalin.
8. We would like to thank Ciba Laboratories for kindly supplying

REFERENCES

- Bierer, J. (1960). *Proc. Roy. Soc. Med.*, Vol. 53, No. 11 (Nov. 1960), p. 95.
- Curtis, A. H., and Huftman, J. W. (1950). *A Text Book of Gynaecology*. Phila. W. B. Saunders.
- Eisner, B. G., and Cohen, S. (1958). "Psychotherapy with lysergic acid diethylamide." *J. Nerv. Mental Disease*, Vol. 127, No. 6 (Dec. 1958), pp. 528-539.
- Hamilton, E. G. (1961). "Frigidity in the female." *Missouri Med.*, Vol. 58 (Oct. 1961), pp. 1040-51.
- Ling, T. M. and Buckman, J. (1963). *Lysergic Acid (LSD 25) & Ritalin in the Treatment of Neurosis*. London: Lambarde Press. (Distributed in U.S. by Medical Examination Pub. Co., Inc., Flushing 65, N.Y.)
- Martin, A. J. (1957). "LSD treatment of chronic psychoneurotic patients under day-hospital conditions." *Intern. J. Soc. Psychiat.*, Vol. 3, pp. 188-195.
- Macleod, D. H. and Read, C. D. (1955). *Gynaecology*. London: J. & A. Churchill, p. 723.
- O'Neill, D. (1954). *Recent Developments in Psychosomatic Medicine*. London: Pitman & Son Ltd., p. 212.
- Robinson, J., et al. (1963). "A controlled trial of abreaction with lysergic acid." *Brit. J. Psychiat.*, Vol. 109, No. 458, (Jan. 1963), pp. 46-53.
- Sandison, R. A. (1962). "The role of the psycholytic agents in the therapeutic process." *Bull. Brit. Psychol. Soc.* (abstr.), No. 46, Jan. 1962.
- Young, G. J. (1958). *A Text Book of Gynaecology*. London: Adam & Charles Black.