

Intra-Uterine Security: The Cause of the Oedipus and Electra Complexes in Two Cases Treated with LSD25

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Abstract: The article represents reports of the experiences of one male and one female patient during LSD sessions, showing that their fixation could be traced back to the mother and to their desire to return in the womb. For both patients, sexuality was a way of coming as close as possible to the realisation of this desire. Kafkalides views these results as providing a clinical explanation for the basic aspects of the Oedipus and the Electra complex.

Zusammenfassung: *Intrauterine Sicherheit: Die Ursache des Ödipus- und Elektrakomplexes bei zwei mit LSD 25 behandelten Patienten.* Der Artikel gibt die Erfahrungsberichte eines männlichen und eines weiblichen Patienten während LSD-Sitzungen, aus denen hervorgeht, daß ihre Fixierung an die Mutter auf den Wunsch nach einer Rückkehr in den Mutterleib zurückging. Die Sexualität war für beide ein Mittel, der Erfüllung dieses Wunsches so nahe wie möglich zu kommen. Kafkalides sieht in diesen Befunden eine klinische Erklärung für die Grundlagen des Ödipus- und Elektra-Komplexes.

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Does the Freudian theory of infantile sexuality explain the cause of the Oedipus and Electra complexes?

A great deal of water has passed under the bridges of the Danube since Freud first propounded his view on this subject, and without any new basic evidence for, or against the theory the Freudian proposition has been accepted or rejected by various authorities. The question has, in fact, remained largely at the mercy of personal taste.

There is now new evidence, however, that strongly clashes with the idea of infantile sexuality and which modifies the whole spirit of Freud's pansexualism; evidence, indeed for sexual behaviour motivated by a desire to regain the security of the womb, the ideal security for a human being.

Freud discovered and described the subconscious maternal fixation of the male, which he called the Oedipus complex. He used his theory of infantile sexuality to

explain ist cause. There was, he said, the male wish for sexual gratification with the mother.

On the other hand, the Electra complex, that ist, the paternal fixation of the female, he explained as being the wish for sexual gratification with the father.

The question why the sexual drive should be directed towards the mother or father, remained unanswered by the Freudian school.

Two patients: one male and one female, who underwent deep LSD psychotherapy, and who were clinically cured of their neuroses, gave a deeper emotional aetiology of their fixations, which, in both cases originated exclusively from the mother; the father was of secondary importance, not only for the male, but also for the female.

Case Nr. 1: male, 35 years old. He asked to be treated for his obsessive homosexual activities which started at the age of 23. He was treated with LSD.

During the 4th LSD session he regressed to the womb, and fully re-experienced his birth and the very earliest days of his life. He described his sensations: "There is liquid all round me, a soothing delicately warm liquid that bathes me . . . it is so peaceful here . . . I don't have to make any effort, not even breathe . . ." Suddenly he felt himself to be upside down, a terrifying feeling of cold penetrating through every pore. He was born. Fear gripped him. He wanted to return to the womb, but he could not, so he wished to sleep on his face with his knees drawn up to his chest in the foetal position, but he had been forced by his mother to sleep on his back. This had been done by wrapping his legs in clothe and tucking him firmly down in the bed under a sheet which came up to his neck, making it impossible for him to move at all, except to wriggle his toes, and giving him a feeling of paralysis. He had strained every muscle to change position. He screamed endlessly for someone to pick him up simply so as to change his position. But they ignored his cries. He had consciously tried to urinate and defecate, so that in changing his clothes they would change his position in bed. He was only changed every time he was fed, however, and grew to be able to withstand a tremendous amount of discomfort, even to like discomfort.

Case No. 2: female, 23 years old, married for three years, has a son six month old. She complained of anxiety, depression, severe aggressiveness towards her husband, over-emotionality and vague symptoms from the digestive tract with vomiting and severe periodic backache. She was treated with LSD.

Here is the patient's report of her emotions and experiences during the first LSD session:

"I was cold. I was freezing. The nurse heaped blankets on top of me . . . still Siberia. She covered me in a mound of cushions. I felt better. I felt wonderful. I felt as though I were floating on a pool of quick silver upside down inside a warm cocoon, utterly comfortable, safe, secure. I made little snuffling noises and snuggled deeper into the warm depths. My knees and elbows flexed, my hands came up under my chin. I grew smaller, so did my body and my face."

"My hands were pulled inwards and I felt that I could not control my muscles. I was completely relaxed. My lids closed. I wanted nothing but to enjoy the supreme comfort in which I found myself."

“Then I felt as though I were about to be thrown into iccold water. I shrank in fear of the contact.”

“I felt a constriction round my head, and it seemed as though I were going to hurtle into a chasm of nothingness.”

“I was terrified. I was born.”

“Then I felt my bottom being slapped. ”

“This was followed by a sensation of emptiness, the yawning gap left when something is from its roots. My abdominal muscles were sore. It was as though I had just given birth to my son. I was at once a baby, and a mother.”

“After the first LSD session, I remembered the words which I had felt, and repeated over the years to my mother: I never asked to be born. I hate you.”

“She had pushed me out of my haven of absolute security, and I was resentful. Yet she was the nearest thing to that security, I clung to her possessively.”

“To begin with, my mother was my world. I was happy in her presence, her absence made me hysterical.”

“When I was one and a half year old, my brother had an accident and cut his chin. He had to have stitched. I was so jealous of the attention my mother gave to him, that I climbed onto a chair and tried to cut my chin in the same way on the window-sill. I was unsuccessful.”

“Outside it was raining. There was lightning and hail. I was frightened. I was cold. I jumped into bed with Mummy and luxuriated in the infinite warmth and comfort of her body. I came to like winter. When the weather was chilly I had a good excuse to run to my mother’s arms, to bury my head in her breast. Once within that charmed circle, nothing mattered to me, I was safe.”

“I was hostile to, and jealous of, anything which took my mother’s attention away from me. My father, though a shadowy figure, persistently did so. To make matters worse, my mother seemed to be more interested in him than in me. I felt she had betrayed me with my father.”

“Then I decided: ‘if you can’t beat ’em, join ’em.’”

“Like my mother, I paid attention to my father. If she could betray me, I could do the same to her. I began to imitate her as much as possible. I put a handbag on my arm, oranges in the front of my dress, and teetered about precariously, my feet encased in the toes of Mummy’s high-heeled shoes. I powdered my face into a ghost-like mask, daubed a gash of lip-stick on my mouth, and drew owl-like circles round my eyes.”

“I even played a game with my mother: we pretended our roles were reversed, I played Mummy, and she was my daughter.”

“When I was six, my mother went abroad. I made her promise to bring me a doll which said ‘Mama’. My mother’s absence threw me into an anxiety state as usual. The doll symbolised that she was thinking of me, and that I was with her, in the shape of a baby-doll.”

“My mother brought the doll finally. When she went out and left me, I comforted myself to some extent by mothering my doll, as if to say: ‘Don’t worry, Mummy is still here.’ I had become Mummy and the doll was myself.”

“When I grew up, I wanted to have babies like Mummy.”

“The man I married reminds me of my mother as well as my father, in character and in looks. My yen for security drove me towards a person who resembled the original source of that security: My mother.”

“I could never get back inside my mother’s womb, but I could recreate my feeling of safety through identification.”

“First, I identified with my mother, and married a father substitute.”

“When I became pregnant, I identified, not only with my mother, but also with the baby inside my uterus. I relived, at least in some measure, my feeling of security within the womb. (This explains why, when I returned to the womb under LSD, I also felt like a mother).”

“While pregnant, I felt that if my baby were a boy, he would be a possible ideal husband-father. If my baby were a girl I felt she would be myself and my mother.”

Discussion

The fourth LSD session of our male patient was a revelation. He realised that his maternal fixation was not due to his infantile sexuality – as Freudian theory makes out – but to the feeling of intra-uterine security experienced during his foetal life. An additional realisation was that, the practical means to return to the womb was through coitus. Castration meant for him losing intra-uterine security for ever.

This simple interpretation was striking, but until the answer was given by our female patient (Case No. 2) the question remained as to how to interpret the strongly manifested paternal fixation of the female on the basis of intra-uterine security.

The case No. 2 re-experienced also the ideal security of intra-uterine life. Her father fixation turned out to be secondary. The father symbolised the means through which she could re-experience intra-uterine security. Becoming pregnant through a father substitute she could identify herself with her mother and at the same time with the foetus within her womb.

Intra-uterine security as a first premise suggests the following:

- Firstly, that the basic human motivation is the desire for security and that the lifetime of man, from the moment of birth, is concerned with the search for ideal security – the intra-uterine. Unable to obtain it, fear is engendered in the individual. Fear leads to hostility and aggressive behaviour, the degree of which depends of individual circumstances. The greater the fear the greater the aggressiveness.
- Secondly, the universality of the maternal fixation for both sexes – male and female – because the mother had once provided the ultimate in security, the intra-uterine.
- Thirdly, pansexualism is motivated by the deeplying emotional need for security; the sole aim of pansexualism, indeed, is to provide the ideal security, by coitus which is the practical means to return to the womb.

Of course, before generalising the clinical findings of only two cases and accepting the idea, a great many clinical and psychological investigations and experiments must be carried out.

In favour of the findings, however, the following evidence is worth noting:

- 1) The emotional attachment of males and females to their mothers regardless of ethnic origin, social class and educational level.
- 2) The general feeling of insecurity of all humans.
- 3) The burial customs of many primitive societies. For example, the Bronze Age European, Pre-Dynastic Egyptian, and Aboriginal Australian, provide evidence of the desire to return to the womb. Their dead were placed in the grave, crouching in the foetal posture. The grave was a pit and not a trench.
- 4) The clinical cure of the two cases cited in this paper proves that their interpretations corresponded to reality despite the fact that they were the product of hallucination. The last argument makes necessary the interpretation of the pharmacodynamic activity of LSD on a neurophysiological basis.

LSD is known as a hallucinogen, i.e., it generates hallucinations, which according to the definition given by classical textbooks of psychiatry, are impressions of sensory vividness occurring without external stimuli.

The spontaneous occurrence of hallucinations leads the layman to metaphysical interpretations. The medical man lacking concrete knowledge of their nature and mechanism also feels more or less confused. However, hallucinations are undoubtedly caused by so far unknown metabolic processes taking place in the brain, and for that particular brain they are real.

There is neurophysiological evidence that:

- a) A stimulus acting upon the nervous system leaves on it a trace which is retained and can be reactivated by unknown biochemical processes resulting in the same effect as the original stimulus. For example, the mechanism of memory is based on the reactivation of traces left by stimuli which acted upon certain brain areas.
- b) Traces of stimuli of vital importance – to do with the preservation of the individual and perpetuation of the species – are transmitted through heredity to the descendants. For example, the function of inborn reflexes starts from the very first moment of birth.
- c) From the above, one may deduce that the individual nervous system contains not only the traces of stimuli which acted upon it during its life, but also the traces of stimuli which acted upon the nervous system of ancestors down the zoological scale. Of course, the ability of the nervous system to retain traces of stimuli, is limited by its material possibilities.

LSD by reactivating these traces, causes the known mental phenomena which correspond to past experiences, old and new emotions and fantasies, or the combination of these. It can be said that under LSD one is reliving his “near” and “far” past.