

THE HEALING
POTENTIAL OF
AGONY AND ECSTASY

DRUGS IN PSYCHOTHERAPY

THE ASSOCIATION BETWEEN THE occurrence of altered states of consciousness and personality changes has probably been known in all times. Shamans of many regions induce trance states to effect healing; mystics often experience "visionary" states at the time of their "conversion"; patients in the later stages of psychoanalysis sometimes hallucinate or exhibit other transient psychotic manifestations.

The deliberate use of altered states of consciousness in the therapeutic endeavor falls mostly within the domain of hypnotherapy and that of the utilization of psychotropic drugs. Also recently there has arisen an interest in the notion of "positive disintegration" (Dabrowski) and the value of psychotic experience when properly assimilated, drug experience being by far the method of widest applicability.

The first drugs to be extensively applied to the facilitation of therapeutic intention were barbiturates and amphetamines. An intravenous barbiturate was first employed by Laignel-Lavastine (1924) as a means of "revealing the unconscious," and later became the basis of

the procedures known as narcoanalysis (proposed by J. S. Horsley, 1936), narcosynthesis (Grinker), and others.

The first use of a central stimulant as an adjunct to psychotherapy seems to have been J. Delay's "amphetamine shock," followed by Jantz's "Weckanalyse." Before this time, Myerson (1939) had described the combined use of intravenous benzedrine and sodium amytal, but interest in this procedure increased notably in the Fifties, when intravenous amphetamines came to be more frequently used.

After the stimulants and depressants, the hallucinogens became an object of interest as facilitators of psychotherapy. The clinical experimentation of Federking (1947) with small or medium dosages of mescpline were followed by that of Abramson, who advocated the use of small dosages of LSD-25 in the course of psychoanalytic treatment by drug-induced state of mind, and that of Sandison, who brought to bear a Jungian outlook on the process.

The following years saw not only the appearance of qualitatively similar drugs (psilocybin and other tryptamines), but of dissimilar ways of approaching the state of mind elicited by them. Outside the medical field, many became impressed with the intrinsic spiritual value of the "psychedelic experience" and felt more interest in this than in any therapeutic application. In particular, Aldous Huxley had a great influence in calling attention to the religious and aesthetic aspects of these drugs. Others saw such states as not unrelated to the question of behavior change, but in fact as the key to it, and thus designed their procedure and setting so as to maximize the likelihood of peak experiences. This, for instance, was the way in which Hoffer and Osmond approached their treatment of alcoholics in Saskatchewan and how the Harvard group conducted their rehabilitation project in a Massachusetts prison.

The drugs that I am dealing with in this book are only

some of those discovered or rediscovered in later years, and suggest that we are seeing only the beginning of the possibilities of elicitation of specific states of consciousness other than the habitual one. On the other hand, the drugs we already know—stimulants, depressants, hallucinogens, and those to be described in the following chapters—indicate that it is not one particular state of mind that can be advantageous to psychological exploration or therapeutic interaction: any one of a series of artificially induced alterations in the habitual pattern of an individual's personality may constitute a unique advantage in the breaking of vicious circles in the psyche, bringing into focus unknown domains of feeling or thought, or facilitating corrective experiences, in which underdeveloped functions are temporarily stimulated or overdeveloped ones inhibited.

The four drugs with which this book deals fall, both chemically and in terms of their subjective effects, into two groups. That of the phenylisopropylamines, comprising MDA and MDMA, is characterized mainly by its effects of feeling enhancement, sharpening of attention, increased fluency in associations and communication. The other, that of the polycyclic indoles (ibogaine, harmaline) could well be called, for its effects, "oneirophrenic," the term that Turner suggested for the harmala alkaloids. Their effect on most subjects is that of eliciting vivid dreamlike sequences which may be contemplated while awake with closed eyes, without loss of contact with the environment or alterations of thinking. Yet the quality that makes the drugs in both groups valuable to psychotherapy is that of facilitating access to otherwise unconscious processes, feelings, or thoughts, a quality that deserves to be called "psychedelic" in the sense of the word intended by Osmond: "mind-manifesting." Since they differ from the hallucinogens in that they do not bring about the perceptual phenomena, depersonalization, or changes in thinking characteristic of the latter and yet share with

them an intensification of awareness, they might well be called non-psychotomimetic psychedelics.

Not only are there clear differences between the various types of psychotropic drugs, but individual characteristics in the effect of each and a variety of possible syndromes that each can elicit. Sometimes it may be hard to discern anything in common between different possible reactions to the same drug, but in other instances we may discover that what appears to be very different is only a different presentation of the same process. Just as the ego loss brought about by LSD may be experienced as an ecstasy of unity with all things or a desperate clinging to a tenuous identity, fear of chaos and of madness, so, too, the realistic enhanced awareness of the present brought about by MMDA may be experienced as a serene fullness or, for one who is not ready to confront the moment, tormenting anxiety, shame, guilt.

The number of typical syndromes elicited by each drug is more than two, for it also depends on personality types, and each will demand some specificity in the optimal psychotherapeutic approach. Yet much of the therapist's attitude toward the situation will depend on his understanding of the dimension implied in the above-cited contrasts. It is a polarity of pleasure-pain, as well as personality integration vs. disintegration at the moment, and with this I want to deal in the following pages.

PEAK EXPERIENCE VS ENHANCEMENT OF PATHOLOGY

Apparently, all psychoactive drugs, from barbiturates to ibogaine, may cause either pleasurable states of mind or unpleasant ones, states that seem more desirable than the usual ones and others that are marked not only by suffering but by lack of good thinking, appropriate actions, or accurate perception of reality. Huxley has described something of the characteristic "heaven and hell" of mescaline, and those words have become standard to many

who are familiar with the effects of the LSD-like hallucinogens. Yet there are as many heavens and as many hells as there are drugs. What a given individual's reaction is along the continuum may partly depend on his constitution. Thus, Sheldon has remarked that the active, forceful somatotonic tends to react to alcohol by becoming more active or aggressive, the more sociable viscerotonic, more emotional and talkative, and the introverted cerebrotonic, more withdrawn and brooding.

Yet, whatever the personality traits that may often be predisposing to a given reaction to a given psychoactive drug, it is clear enough for those discussed in the book that a given individual may show reactions of different types on different occasions of administration and also at different moments in the course of a given session. Moreover, it seems fairly certain that the elicitation of a "heavenly" or a "hellish" experience depends greatly upon the person's attitude at the moment, the surroundings, the relationship to the therapist, and the latter's intervention during the session. And since this allows for some measure of deliberateness in the choice of an experience of one type or another, it is desirable to understand what value each of these may have to the aim of psychotherapy.

What is the nature of these experiences, in the first place—the "positive" and "negative"—and what is it that makes them pleasant or unpleasant? The gamut of peak experiences, in ordinary life as in psychopharmacological conditions in general, comprehends a variety of states which, I would suggest, have in common their being moments in which intrinsic values are discovered or contacted.

There are several ways in which we use the word "value." More than indicating different kinds of value, these point at altogether different psychological processes that may give rise to value judgment. One of them I would propose that we call "normative" value, for here

"value" consists of the acceptance or rejection of something (person, action, object, work of art, and so on) according to a pre-established rule. Such a rule may be implicit or unconscious, i.e., the process of matching the ongoing perception of something against it. It may consist of a given standard of "good taste," a notion of what a good person should be like, what the good life consists of, and so on. In this value-ascribing process, "value" is an idea-feeling-action depending on the nature of past experience or conditioning.

But when we like the taste of an apple, when we enjoy breathing fresh air, or have a true experience of beauty, love, or mystical rapture, "value" is not something computed from the match or mismatch of the ongoing experience with a standard, but the discovery of something which seems to live in the moment and was possibly unknown before. And, moreover, norms have generally found origin in such discovery of value before any norm existed - "And God saw that it was good."

The variety of experiences of intrinsic value may be understood as a continuum or progression going from the simplest level of sensuous delight to the most encompassing level of mystical rapture. The former is the domain of true pleasure, which is to be differentiated from most of the experiences that we *usually* regard as pleasurable. These constitute not so much the discovery of intrinsic value but the relief of tension end-points of displeasure (thirst, hunger, etc.). Enjoyment of sense impressions is not bound to need or instinct, but, like all intrinsic value, is experienced as something pertaining to the "object" itself (the color, the taste, the sound, and so on) and therefore seems gratuitous. It could well be regarded as the most elementary form of love, in that it entails an appreciation, a saying yes to reality in its detail, in its fabric, or in its stuff, rather than in its specific shapes or beings constituted by it. This is the quality that, in the domain of sound, Stokowski has called the *body* of music, in

contraposition to music's "soul," and has a beauty of its own, much as does a person's body.

But the soul of art is in the domain of beauty proper, which differs from pleasure not only in quality but in its object. Whereas the latter consists in the enjoyment of isolated sense impressions, in beauty it is a whole that is appreciated: an object, symbol, or person certainly endowed with sensory qualities but not definable in terms of these. And so, just as good music may be played on an instrument with poor tone quality, a worthless painting may be made with the most beautiful colors.

What a sensory quality is for pleasure and what a whole configuration is for beauty, a *being* is for love. And as a *thing* is more than its sensory qualities, a being is more than its *some-body*. As a person *has* a body or is expressed through the body, the spirit that conceives a work of art speaks through it but is different from its particular shape. And the more we go into a work, the closer we get to an encounter with the spirit of the author conveyed by his style. Truly, one of the deeper experiences in the perception of art is one of love for the being expressed in it—whether that of Bach, Dostoevski, Van Gogh, or whoever has created out of a "spirit" and not just decorated space and time at random. (But to meet such a spirit truly, we must be one, rather than a succession of random happenings in that place that we call "I.") And when we love an object, it is also a being for us, beyond its physical appearance, which may be beautiful or not. It was perhaps a love of all things that made Gauguin say, "A thing is not always pretty, but always beautiful." I am not saying that there is *in* the objects some sort of object-soul, but only pointing out the quality of our own possible experience. In one instance, the object is just an aggregate of physical qualities, and in the other, we personify it to some extent and relate to it as a being, an individual, sometimes implicitly, as when we wash a

dish with loving care, or more or less explicitly when we don't want to be parted from a dear old sweater.

Just as a *being* is the object of love, *being* in itself is the object of the feelings conveyed by the words holiness and sanctity, the wonder of existing, no matter in what form—the miracle and gift of that affirmation that created this world: "Beingness," as Huxley translates Eckhardt's *Istigkeit*.

And just as we are not gifted to find beauty in all forms or love all beings, we are also limited in that we can sense beingness only through certain beings, certain things, sounds, persons; these stir our intrinsic religiosity, which may or may not be related to the idea of God or conventional religious conceptions.

If peak experiences are those in which intrinsic values are met—those ranging from the most elemental affirmation of the perceptual data, through beauty and love, to the affirmation of experience in itself, the common ground of things—then what is the other end of the heaven-hell continuum?

Superficially or descriptively, this corresponds to the enhancement of syndromes that are well known in psychiatric tradition: psychosomatic or conversion manifestations, reactions of anxiety or depression, amplifications of character pathology, transient delusional states or catatonia, and so on.

More deeply, I would like to propose that these states are only the end products of a negation of intrinsic values. Valuing, appreciation in all forms and on all levels, is a pro-life force that not only affirms the world but constitutes our only way of truly living. And as there is this yeasaying to life, there is an active naysaying, a denying force that draws a curtain over the intrinsic joy of existence, renders us incapable of loving and "unfaithful" to the feelings that would lead us to worship existence in itself.

A drug only makes an aspect of a person's psyche

more manifest. According to whether the individual is able to accept it or not, he will be in contact with a value or in conflict between his enhanced tendency and his denying sub-self. Such conflict can naturally lead to repression, substitutive symbolic expression through body or mind, reactive formations, anxiety about letting go.

Such experience is not without value, though, because it entails such an unusual and often dramatic clash of the forces within the personality that the conflict may thus be exposed, understood, and eventually resolved. Exposing the conflict—a conflict that is basically that of being or not being, that between being for or against oneself—amounts to exposing the "monster" in the mind in whom the denying force originated. Resolving the conflict, which is achieving unity, may be likened to the slaying of the dragon in classical myths and the acquisition of his power, or, alternatively, to a taming of the beast, by virtue of which its dying energies are now put to the service of life.

The process of "descending" into the pathological, chaotic, and destructive as a means of personal integration is not a discovery of contemporary psychotherapy. We may find it, for instance, explicitly recognized by Dante in the conception of his *Divine Comedy*. The poem begins when the author, in the middle of his life, finds himself lost "in a dark forest" he has entered "while asleep." He envisages the "high mountain" in the distance and wants to climb it and thus reach his highest goal. But this is not possible. Three fierce beasts (different transformations of the same one) successively obstruct his way. His guide then appears to tell him how such a "direct path" is impossible and that he must first go through the underworld.

Then Dante tells how he followed his guide and had to contemplate one after another the different aberrations of man until, much later, having gone through hell and purgatory, he is told how these constitute "diseases of

love" — "the love that moves the sun and the other stars."

And the process which Dante describes in the Comedy is most relevant to what we may say on the utilization of "hellish" experiences elicited by drugs. It is the traditional understanding of the contemplative way in spiritual development. All passions are seen and recognized as different from the "I," the center of one's own existence. Not without stress or pain does Dante bring himself to face the different scenes of hell, and on occasion he is unable to remain conscious at the shock ("e cade como corpo morto cade"), but he maintains a detached attitude and leaves everything behind.

Awareness, or consciousness, is, in fact, the single element that most psychotherapists in our day would indicate as the essential motor of transformation. Awareness of our processes is that which may bring them under our control, make them "ours." And, paradoxically, in the act of being aware we are not only "it," but a more encompassing entity that may continue to exist with or without "it." "Spirit is freedom," says Hegel. This is the difference between Dante's hell and paradise, as well as that between the beginning and end of successful psychotherapy. For hell and paradise do not differ in the forces there portrayed—just as there is a hell of lust, there is also in the Comedy a circle in paradise where dwell the loving spirits, and to the hell of anger corresponds that of militant spirits; to the one of gluttony, that of those who are gluttons of celestial manna, and so on. The difference lies only in that what in hell is manifested as a "passion" (something "suffered" passively) is in paradise a "virtue" — from the Indo-European *vir*: force, energy, and also from the Latin *vir*: man.

The transforming effect of consciousness on the life processes is a transmutation by which they become more and not less what they are. It is as if the state of consciousness depicted as "hell" were one in which our energies, not knowing what they really want, missing their

true aims, had lost their natural channels. When every part of man "remembers" what it truly wants, sickness turns into health, and what was once a parody of life becomes something which had been a mere shadow.

The voyage through chemically opened hells is not different in essence from the age-old way of self-knowledge nor from the process taking place through exposure to the modern insight therapies. There are technical differences in the three cases, but the main difference is in the intensity of the process, so that under the effect of drugs months may be dramatically packed or condensed into hours. The process is still the same as in all "ways of growth": an act of acknowledgment of what has been avoided or pushed away from the boundaries of awareness. Since what we avoid looking at is what we fear, this must be an act of courage. And since much of what we do not allow into our field of consciousness is painful, uncomfortable, or humiliating, the acquisition of such self-insight may partake of these same qualities. The pain or anguish of some drug experiences may be thus understood as the condensed, concentrated pain or fear of months or even years of self-discovery, and may be the unavoidable price that a person has to pay for seeing his reality.

Experience tells us that such a reaction is temporary, the end of the *via purgativa* being self-acceptance, but it is doubtful that such an end may be attained without starting at the beginning, exposing the wounds that are to be healed—conflicts to be reconciled, self-hatred to be re-examined, shame and guilt to be worked through, and so on.

The fact that healing does take place proves that the "problems" and sources of suffering have been in a sense illusory.

If the chemically elicited intensification of awareness brings about an enhancement of pathology, this is only because "normality" is partly maintained at the cost of

psychological anaesthesia, and "adjustment" ordinarily is in the nature of a denial rather than a transcendence of inner turmoil. Yet a further step in awareness may show that all this pathology now laid bare could thrive only in the dark, and the conflicts causing it were the result of confusion-unconsciousness itself.

The paradox upon which psychotherapy rests is that the suffering that we avoid is merely perpetuated through avoidance. Only by moving toward fear and confronting the monster that is the source of agony can the discovery be made that there is no monster there to fear. This sometimes finds dramatic expression in sessions in which an individual feels that he is actually going to die, but, in the moment of giving in to death, wakes up to the ecstasy of enhanced aliveness; or in others where he feels that he is going crazy, but, when he is finally able to surrender control, he discovers that this was only a catastrophic expectation of his, that the Pandora box was really empty and his urge to control obviated.

We may conceptualize the process as one of insight into the distinction between reality and illusion, as one of "positive disintegration" (Dabrowski) or, behavioristically, as one of reconditioning and "desensitization" through exposure to the avoided in an atmosphere of support, or any number of ways. For practical purposes, though, it seems clear that the best that the therapist can do is stand by the traveler in hell as Virgil did by Dante, reminding him of his goal, giving him courage to step ahead and see, pushing him even, when he wants to retreat in fear. I believe that the realization that hell is no hell must come from inner realization and not from well-intentioned reassurance and brainwashing, so I find myself again and again saying to my patients, "Stay with it." Staying with it is the way of going through it, whatever it is.

Still, beyond hell there is purgatory, and Dante's symbols may be as relevant to the therapeutic process in this as in other points. Hell is a state of helplessness and hope-

less suffering; purgatory is one of chosen suffering for the sake of a goal. In the first, man is a victim; in the second, a penitent. In hell, man merely contemplates his reality, being, so to say, flooded by the evidence of his awfulness. Purgatory begins when open-eyed vigilance is not threatening any more, but it is still a challenge to act. This is the beginning of the *via activa*, in contrast to the *via contemplativa*, and the pains of purgatory are in the nature of the friction between a being's expression and the ingrained hindrances of his personality. It is a confrontation of that which can only be confronted or brought into awareness through the challenge of moving against it. In Dante's imagery it is the climbing of a mountain. In psychological terms, it is the courage to be, to express one's essential nature in spite of opposition. In the psychotherapeutic context, and particularly in that involving psychoactive drugs, action usually proceeds in the very limited social context of the relationship with the psychotherapist, but can be extended into the abstract media of art or the potentially unlimited domain of imaginative representation. The importance of action carried out in the medium of visual imagery or dramatic representation accounts for the stress given to the techniques of Gestalt therapy and of the guided daydream in the cases to be presented throughout this book.

It may seem obvious that the process of inner change should begin with the inevitably painful contemplation of those aspects in the present distorted psychological reality that are to be transformed. Yet there is much to be said of a complementary approach in psychotherapy—that of promoting the growth and expression of the healthy aspects of personality rather than the destruction of the old patterns, the development of a firmer grasp on reality rather than the analysis of the phantom world of questionable pictures and interpretations of existence. In the domain of drug therapy, this becomes the issue of utilizing the peak experiences.

Among psychotherapists using LSD and similar drugs,

it seems clear that there has been a tendency for some to seek one-sidedly the elicitation of peak experiences and to consider the "bad trip" as an accident that they do not take as a challenge to work through. On the other hand, there are those who are skilled in handling pathological manifestations and conflicts but feel at a loss in the face of blissful episodes that have no place in their conceptual framework.

If both the agony and the ecstasy of drug experiences have a potential for psychological healing, it is important for us to know the place and promise of each in the treatment of an individual and the best way to deal with each when it occurs in the course of a session.

Technical as the issue seems, I think that the question as to how these two types of experience are related is only a particular instance of a more encompassing one on the relationship of psychotherapy as we know it to the spiritual disciplines and the spiritual quest as described by mystical writers or teachers.

When it comes to the understanding of drug experiences, the attitudes or beliefs about the relationship between psychotherapy and the spiritual quest vary as much as when human experience at large is the issue. The most widespread tendency, though, is to see them as unrelated, either one or the other being all-important. Thus, there are those who stress the "transcendental" side and regard psychotherapy as a rather trivial matter and those who either look on everything "mystical" with suspicion or see it as of cultural interest though irrelevant to the higher goal of healing the mind. Psychotherapists who see the relevance of spiritual disciplines to their field of endeavor (like Fromm, Benoit, or Nicoll) or religious thinkers interested in psychotherapy (like Watts) are a minority, and their number diminishes when we look for those who have definite notions as to how the ideas and procedures of these different domains are related, and not just divided interest.

In my own view, "psychotherapy" (rightly understood) and "mysticism" or "esotericism" (rightly understood) are but different stages in a single journey of the soul, different levels in a continuous process of consciousness expansion, integration, self-realization. The central issues of both are the same, though the phenomena encountered, psychological states dealt with, and techniques appropriate to them may differ. Some of these issues, as I have detailed elsewhere, are, aside from the growth of consciousness, that of contact with reality, the resolution of conflicts into ever more encompassing wholes, the development of freedom and the capacity to surrender to life, the acceptance of experience, and, most particularly, a shift in identity leading from the enactment of a self-concept to the identification with the real self or essence.

The relationship between the quests for sanity and enlightenment might be seen as that between the minor and the major mysteries of antiquity. While the former aims at the restoration of "true man," "original man," the goal of the latter was the transcendence of the human condition, the acquisition of some degree of freedom from the needs or laws that determine ordinary human life by assimilation to a radically different state of being. The gap between strictly human consciousness, even at its fullest manifestation, and this "other shore" is at the root of symbols such as that of a bridge or ocean to cross or a ladder to climb (not merely an earthly mountain), and, particularly, those of death and rebirth, which may be found in all mystical and religious traditions.

"Original man," "natural man," is the goal of psychotherapy. This is man freed from "original sin," man that does not turn against himself but fulfills his potential in affirmation of himself and existence. Such is the man that Dante, in his monumental synthesis of the culture of antiquity and Christianity, places at the summit of purgatory: earthly paradise. Paradise, yes, but still not heaven, for this lies beyond the sub-lunar world of Aristotle; its

"circles" are those of the planets, the sun, and the fixed stars.

Just as in Dante's journey, only after reaching the fullness of the ordinary human condition (attained after hell and purgatory) can he soar above the earth, so most spiritual traditions recognize the need for a *via purgativa* before the *via unitiva*, the need for man to realize his true nature as a human being before he can aspire to realize his divine nature, for him to establish order and harmony in his life before his soul can become receptive to the "supernatural" — which is only that part of the natural which lies beyond his ordinary understanding and awareness.

Yet these stages are not clear-cut in practical reality, for ecstatic and visionary experiences can take place before the human personality is ready to live up to, or even understand, their content. Toward these exalted states we find that spiritual schools of all lands display a rather ambivalent attitude. On the one hand, the yogi guru warns the disciple not to become fascinated by the acquisition of special "powers" that may sidetrack him from the true aim; the Christian mystic warns monks about the fascination of "visions" and emotional rapture; the Zen master regards hallucinatory experiences during meditation as *makyo* ("from the devil"); and, in general, we find references to danger being associated with contact with the occult by the "unprepared." Preparation in this context does not mean knowledge as much as a personal development without which the way of mysticism becomes that of magic: a quest of the supernatural in the service of the ego rather than one for a supernatural order to which the ego may become subservient, the living understanding of a greater whole in which the individual may find his true purpose.

On the other hand, these experiences of heaven without purgatory, *samnadhi* before enlightenment, grace before mystical union, exceptional states of consciousness

before the attainment of full spiritual maturity, are not only sought after by specific practices but regarded as seeds of transformation.

I think the same twofold point of view may be brought to bear on the peak experiences that a number of psychoactive drugs may elicit in some persons. More often than meditation disciplines or rituals, they can bring about heaven without purgatory, the states of insight into universal truths which are at the core of religious mysteries, unaccompanied by insight into, or change in, the individual's faulty personality. The individual may use such experience for ego inflation or for personality change, for self-justification and stagnation, or as a light to show him the way.

Much as can be said of the therapeutic value of peak experiences, I think there is an advantage to the point of view (presented in greater detail in Chapter III) that personality change is *distinct* from peak experiences, whatever the relationship between them may be. Any one of them may be a step toward the other, but it may be important to keep in mind that a "mystical experience," for instance, only *facilitates* psychological healing (by giving the individual a higher perspective on his conflicts, for instance), and psychological health only provides a more receptive state for the deeper experience of reality constituting the core of peak experiences.

The fact that "mystical experience" sometimes brought about by the agency of drugs of one kind or another seems to have a lesser bearing on the individual's life, in general, than spontaneous experiences of the same type (or those that have resulted from a systematic spiritual discipline) has often invited the question whether the two are really of the same nature.

It is only natural to expect a spontaneous religious experience to be more permanent than one facilitated by an external agent, for the mere occurrence of the former indicates a personality that is compatible with it or its

implications. The greater the external influence—chemical or other—that is necessary to bring it about, the more one can assume the existence of psychological obstacles to it, and a gap between the values, motivation system, and point of view of the ordinary state and those characteristic of the non-ordinary. Yet if we picture the artificially induced peak experience as a momentary release from the prison of the ordinary personality and its built-in conflicts, we may speak of its value as that of giving the prisoner a taste of freedom and a perspective on life richer than that of his lonely cell. Such an experience will contribute to his permanent liberation by reinforcing his incentive, shattering his idealizations of prison life, giving him valuable orientation and information from outside sources as to what to do to gain his freedom. Much of this depends on the prisoner's activity while the door of his cell remains temporarily unlocked. He may, in one case, not even push the door open, being too sleepy or scared of life beyond the walls within which he has become accustomed to living. Or he may walk out to get some food from a neighboring room, or just go for a walk and enjoy the landscape. Alternatively, he may be concerned above all else with using his time to secure his permanent freedom. He may find help, or instruments, to bring in and remove the bars when he finds himself locked in again, or he may busy himself with making a duplicate key for the lock.

In other terms, we may understand the artificial ecstasy as a state that is made possible by the transient removal of obstructions to the flow of a person's deeper psychic life and his experience of reality. Such removal of obstructions may be compared to the anaesthesia of higher cortical control elicited by alcohol, NO_2 , lack of oxygen, and so on, resulting in disinhibition of impulse or affect. Yet, if this neurophysiological model is correct, the site of action of the drugs dealt with in this book must be different from that of depressants, for it is a different quality of disinhibition that takes place.

Yet this experience of freedom from habitual obstructions in awareness and action is only a preview of an eventual overcoming of such blocks or a restructuring of dysfunctional patterns within the personality. Though both may be experientially the same, in one case we are facing a conditional freedom, and in the other, a freedom in wholeness, which is a freedom in spite of difficulties. Going back to the prison analogy, it is as if, in the former case, the guard has just been put to sleep but not overcome or killed, as the ego is shattered with the mystic's enlightenment, as the "old man" or "outer man" dies when the "new man" or "inner man" is born at some point in the successful spiritual quest.

Much of what has been said above applies to some extent to experiences elicited by certain spiritual disciplines, environments, or personal "contagion." Simple retreat from the world, for instance (whether that of a simple life, or that of the monk and the Indian sannyasin, who have given up all attachments), falls into the same pattern of avoiding certain hindrances, distractions, and conflicts that detract from the possibility of peak experiences. It is certainly a greater challenge to maintain a state of centeredness and genuineness in the midst of pushes and pulls of family life in an urban setting than in a cave in the Himalayas. And yet retreat may be of invaluable help for one who needs to find himself before he knows what he wants from others and what he wants to do with his life. Likewise, in many forms of meditation, body and mind are relieved of the habitual inner agitation that precludes the desirable inner states that are being sought. Here, too, peak experiences are made possible by the suppression of stimuli in which they would ordinarily be drowned. Yet such transient experiences obtained in solitude and silence while facing a white wall with a mind empty of thoughts are not mere evasions of the complexities of life, but a source of strength to return to it and deal in a better way with the problems that it poses.

In drug-elicited peak experiences it is sometimes clear

that a similar withdrawal from conflict areas has proceeded quite spontaneously, and we may approach such moments in the same light as those arising from meditation. Their negative aspect is that they constitute a healthy contact with reality in only a narrow range of experience, bypassing the domain where lie the personality defects. Their positive aspect is that such avoidance of difficulties may be functional, consisting a necessary step toward the achievement of *partial* integration. Once some centeredness has been achieved, the following step will be that of extending it into the periphery of personality, just as the ultimate end of meditation is its extension to ordinary life in the form of an enduring self-awareness and depth. Avoidances may be suspected as an underlying condition of what I like to call partial peak experiences—those that, though intense, cover only a fragment of the range of qualities. Some persons, for instance, exhibit vivid aesthetic and religious feelings but have a gap in the area of human feelings that would be expected to lie between such qualities in the value continuum. Were personal relationships considered at that point, ecstasy would probably be dissolved, engulfed in anxieties and resentments, but the individual unconsciously wards off such inner disturbance in order to afford clarity in other areas of experience. For others, the gap or avoided area may be different. There are persons who may see everything as beautiful except themselves, so that the thought of their personal life or the sight of their reflection in a mirror can turn their heaven into hell. For others, it may be the perception or thought of people in general that is avoided, such as in Huxley's famous first mescaline session reported in *The Doors of Perception*. In still others, everything can flow beautifully so long as their eyes are kept closed and contact with the environment avoided, and in still others external reality is enjoyed, but isolation and closing of eyes is avoided because of the anxiety that arises from the unfolding of fantasy.

Such avoidances are essentially an expression of phobic areas in the everyday personality, and, as in psychotherapies in general, there is a choice between two strategies to deal with them: bypassing the blocks in order to develop the sane aspects of the individual, or facing the blocks by plunging into the turmoil of distressful and avoided feelings. The first choice, in drug experiences, might be conceived as a short-circuiting into heaven, after which the situation on "earth" is not essentially changed or understood better. The second is the choice of dealing with earthly difficulties with only slight chances of being able to rise above them, but with more chances of effecting change. Again, the choice between the two kinds of experience might be likened to the choice between the intrinsically valuable one of looking out through an open window and that of attempting to open a window next to it that is at present closed. The outcome of the latter choice will possibly be no more than a few inches of light instead of the wide view of the landscape that could be perceived from the window that is already open, but there will remain the lasting benefit of one more place in the house from which to enjoy the world.

This is not to signify that the first kind of experience does not have value in bringing about change in personality. The fortifying virtue of intrinsic value can give a person the strength and even the desire to remove the blocks to increased experiencing of value. The sight of the goal is what stimulates the wanderer, as the drawing closer to it brings it better into view. Moreover, just as a young oak needs protection from rabbits, yet the mature tree can serve to leash an elephant, so the avoidance of conflict may have its place while emphasis is laid on the development and expression of the healthy sides of personality. Eventually, this healthy growth, simulated through peak experiences in the course of therapy, artistic endeavor, or life situations, may invade and replace the disturbed domains of the individual's functioning.

So here we have two approaches to the process of psychological healing that are opposite and yet compatible and even complementary.

The peak experience is what Christian theology regards as grace: a gift that can come to both saint and sinner, and that the individual can either use or fail to use. The experience of psychological disharmony, on the other hand, is the challenge of the *via purgativa*, the mountain to be climbed. The higher the pilgrim is on the mountain the more likely he is to receive the ever-downpouring gift from heaven. The greater the gift of grace received, the stronger will be his sense of direction, his hope and faith, his will to climb.

Both approaches are well documented in the spiritual practices of mankind. Some stress the direct seeing of reality and dispelling of the phantoms of illusion. Others stress attending to the experience of the moment, illusory as it may be, for only attention to it will show that illusion is the reflection of reality on the rippled surface of the mind and will lead from the reflection to the original light. From my own experience, I have developed great faith in the person's own motivation to follow any of these paths at a given moment and respect for his natural rhythm in alternating from one to another. At times, he will need centeredness above all else; at others, feeling in touch with his true feelings and impulses, he will want to explore the world from these, carrying them into realization. His groundedness in the peak experience will turn hell into purgatory for him, but if in his outgoingness he feels lost, he will again need to withdraw to the center. The rhythm may become evident in a single session or during several. Initial ecstasy may make purgatory possible for some. To others, the gift of grace may be unavailable at first, and they will reach serenity only after repeated confrontations of the terrifying, along with the discovery that there is nothing to fear.

I tend to distrust the one-sidedness of drug experiences

both in the direction of joy and suffering, thinking that the one may involve avoiding the issues and the other a bias in favor of personal striving and hard work. What I do when prompted by such suspicion is probably best told by the clinical material in the forthcoming chapters.