

MDA, THE DRUG OF ANALYSIS

M_{DA} (methylenedioxyampheta-
mine) is an amination product of safrol, just as MMDA is obtained from the amination of myristicine. Safrol and myristicine are essential oils contained in nutmeg; they are somewhat psychoactive and quite toxic. As is the case with MMDA, MDA has not been found in nature, but the hypothesis has been put forward that both might be produced in the body by amination of their parent compounds, which would in turn explain the subjective effects of nutmeg, already acknowledged in the Ayur Veda,¹ where it is designated as mada shaunda — narcotic fruit.

The psychotropic effects of MDA were accidentally discovered by G. Alles,² who ingested 1.5 mg. of the chemical for the purpose of assessing its effects on circulation. Alles' experience was mainly one of heightened introspection and attention, but at the time of the onset of subjective effects he saw illusory smoke rings about him, which led him to believe that MDA would be a hallucinogen in sufficient amounts. From my own research with the drug, this does not quite appear to be the case. In a first

¹ Ancient Hindu scripture dealing with medicine and the art of prolonging life.

² The discoverer of amphetamine.

study designed to describe its effects in normal individuals, not one of eight subjects reported hallucinations, visual distortions, color enhancement, or mental imagery, while all of them evidenced other pronounced reactions: enhancement of feelings, increased communication, and heightened reflectiveness, which led to a concern with their own problems or those of society or mankind. Further experiments with MDA in neurotic patients in the context of psychotherapy have confirmed such effects, but here physical symptoms were of frequent occurrence, and visual phenomena were described by most individuals at some point of their experience. Yet the most characteristic feature of the experience of these subjects was one which we will here call age regression. This is a term employed to designate the vivid re-experiencing of past events sometimes made possible by hypnosis, wherein a person actually loses his present orientation and may temporarily believe himself to be a child involved in a situation of the past. Age regression brought about by MDA differs in this last respect, however: such loss of awareness of the environment and the conditions at the time of the experience seems to be more typical of hypnotic regression, whereas in the MDA-elicited state the patient simultaneously regresses and retains awareness of the present self. Yet in both instances the person more than conceptually remembers the past, as he may vividly recapture visual or other sensory impressions inaccessible to him in the normal state, and he usually reacts with feelings that are in proportion to the event. This is the same process termed "returning" in dianetics, and which can range all the way from hypermnesia to repetition of a past experience in which not only the old feelings are again felt but physical pain or pleasure and other sensations, as the case may be.

Age regression has been observed by some psychotherapists using LSD or mescaline, and others, using the term more loosely, claim that this is a constant aspect of such

experiences, in that there is a shift to the pre-verbal mode of mental functioning characteristic of early childhood, and a temporary suspension of schemata and behavior patterns.

Regression with MDA is something more specific than a change in the style of mental operation and reactions, in that it entails the remembering of particular events. This may occasionally be brought about under the effect of other hallucinogens or without any drug, particularly when sought after through therapeutic maneuvers. Ibogaine, in particular, lends itself well to an exploration of events in a patient's life history for the richness of feeling with which these can be evolved. Yet with MDA regression occurs so frequently and spontaneously that this can be considered a typical effect of this substance, and a primal source of its therapeutic value.

I believe that case reports rather than generalizations convey the subtle understanding of a drug's effect that is needed for its utilization in psychiatry. It is from such that I have learned whatever I may have to say, and I think that I can say it best by recording some of the events I have witnessed as a psychotherapist, obscure as these may at times be. In what follows I shall summarize the essentials of some instances of MDA therapy chosen as the most effective in bringing about changes in the patient's personality. As it will be seen, all of these entailed a dawning of new insight by the patient into his own life history or some aspect of it. In this, the healing process differed from what is observed in most instances of harmaline, MMDA, or even ibogaine therapy.

The first case presented here is actually the first in which I used MDA for a therapeutic purpose. The patient is an engineer in a high management post and a professor of business administration who had studied psychology for professional reasons and, in so doing, come to realize that life in general—and his in particular—could develop, and become richer and deeper. When questioned on his rea-

sons for wanting psychotherapy, he emphasized a feeling of not having developed or achieved what was in his potential to develop, his life being limited in scope: "Both my professional and love life have been controlled by accident. I have had little influence on the course of my life." This he attributed to his insecurity, which manifested itself in doubt of his judgment and actions, which in turn left him at the mercy of external pressures. "This may be pleasant for those who live with me, but I am not satisfied. I need more direction on my life, and for this I need to be more unyielding." His insecurity, too, made him vulnerable, so that he was sometimes hurt by little things—mostly criticism from his wife. He felt little affection or regard for her, and had considered a divorce, but felt too attached to his children to leave the house. To the question of what he would want to obtain through psychiatric help he replied: "I want to know where to go in view of what I have. I want to be better, useful, and achieve new happiness. In the most intimate part of myself I have always been unsatisfied. I want to be sure of my worth. That is my greatest problem, which prevents me from deciding and takes away the direction from my life. And I want to understand how this state came about."

I proposed to the patient a treatment which would entail a preparatory period of approximately two months with weekly appointments (during which he would write an autobiography), which would be followed by a day-long MDA session and group therapy thereafter. The autobiographic account that he wrote was quite careful, and it is interesting to contrast some of its views with those at the time of the MDA session or later. I shall quote isolated fragments. Of his parents he says:

"My mother was a sensitive, hardworking woman with a lively interest in things. She had a deep love for her family, which translated itself into a constant desire for progress and well-being for all of us. She was always investing effort to this end. I loved her deeply.

"My father was a tough, good, honest man. Sure of himself, generous at times and selfish at others. A hard worker, raised in the constraint and discipline of a Spanish village. His life was guided by some simple rules of conduct and certain ethical principles that are broad and true."

The first childhood memory which he describes is a dining room:

"I lived in a house with adequate comfort. What I remember best is the dining room. This was large, rather elegant or at least that of a prosperous bourgeois. Very pleasant. It had a hanging buzzer, a highly polished mahogany table, a cupboard with glass doors full of lovely cups.

"During meals I remember that my greatest problem was French bread, which, having holes, could have worms inside and was therefore not good to eat. With regard to the people, I remember my mother, vaguely, some maids, some uncles, my paternal grandfather. For all of them I was a good boy, and it seems that they pampered me a lot, since I was practically an only child for a long time."

He ends the story of his childhood with the following paragraph:

"It seems that I had a wet nurse in this house, for they say my mother did not have milk. I remember this nurse most clearly at a later stage in life."

Of the period between this and the beginning of school he remembers financial difficulties at home, his great sadness about dropping a necklace of his mother's in the fireplace, watching a maid having sexual intercourse, speculating on female genitals and pregnancy, and the birth of his brother when he was six. Of the whole period he says: "I was just one more poor boy," which is in contrast to his pleasant memories of his first year in an American school, and the following in an English school, in both of which he felt appreciated by the teachers and enjoyed playing with his classmates.

Out of the twenty pages of his biography he devotes only five to his life before school, but these proved to contain what is most relevant to the events during the MDA session. The rest of his writing deals mainly with school and work, and only briefly mentions the death of his mother, when he was in the first year of the university and his rather loveless love affair, ending in marriage. Several events point to a lifelong feeling of shyness and prohibition in face of women and sex, which he is well aware of, and he ends the story of his life by pointing at his insecurity and underestimation of himself and his family, which, he believes, originated between the time of his first memories and school, but he doesn't know how.

One and a half hours after the ingestion of 120 mg. of MDA, the patient felt normal except for an exceedingly brief change in visual perception at the end of the first hour, when the shape of a hill in front of the house resembled to him that of a lion. Aside from this phenomenon, lasting not more than ten seconds and which would seem a rather normal fantasy (though he perceived it as unusual), he evidenced no further symptoms of being under the influence of a drug. The situation persisted after the intake of an additional 100 mg. of the chemical and another hour and a half of waiting, so I interpreted this to be a case of subjective resistance to the impending experience rather than physiological insusceptibility.

It was my own fantasy that the patient kept a very formal front, while another part of him was having the "drug experience" without "his" even knowing it. The verbal kind of communication that we were having did not seem to put him in touch with his ongoing experience at the moment, so I turned to the non-verbal level. I asked him to let his body do whatever it wanted most at the moment, without questioning it, and he went back to the couch which he had left minutes before.

He reported a slight feeling of weight on his body, a desire to lie down with all his weight and let his exhalation

tion be more complete. I asked him to give in to this desire and purposely exhale with force at each breath. As he did this more and more forcefully, he felt first the need to contract his abdominal muscles, later his whole body, flexing his legs and thighs, spine, arms, and head. I kept coaching him into carrying this impulse to the extreme, until, about three minutes later, rolled into a fetal position, he exploded into laughter. The "drug session" proper suddenly began. Though his English was far from fluent, and I had not heard him speak it before, it was in English that he now spoke, as he laughed and expressed delight at feeling himself all over. Even on the following day, he spoke English while describing the experience:

"I was strictly myself. It's very funny that I wanted to speak English, and I was laughing at the man, the man that I was. In that man that I felt was laughing was another fellow. It was deep, deep, deep inside of me, when I was . . . my real self."

I am transcribing from a tape recording, and the faulty English leaves room for some ambiguity, yet it is clear that his deep pleasure was in feeling himself, which is what he was literally doing: "I felt my shoulders, the muscles on my arms, my abdomen, my back; I went on feeling myself—my legs, my feet. *It was me!*"

"And I was a right man, a beautiful man in a certain way, extremely masculine. Man, it is a good body . . . reflects what he is inside."

Throughout his entire life he had felt inadequate, he had doubted himself in all ways, and now he knew that he had felt himself to be ugly. He had even believed that something was wrong with his feet. Now he knew how illusory this was, how it was all based on his lack of perception of himself. About a month later, he would say of this experience:

"This feeling myself and finding myself in each part of my body, which was a materialization of myself, was something I loved, and at the same time I suffered. I loved

it because it was myself, I suffered because I had for such a long time looked down on and postponed myself, even regarded myself as evil—in terms of an awkward and limited conception of myself. I felt sorry for myself."

He kept feeling his body, as he talked, for about a half-hour, and soon (much against his ordinary style) he had removed his shoes, opened his shirt, loosened his belt. He commented on how he took delight in feeling normal, symmetrical, well built, and how his organism was a successful embodiment of himself in all his individuality and uniqueness. Then he talked of touch as being the most reliable of the senses, the one that permitted the most direct contact with reality in all its richness. He digressed on the limitations of other senses and of the intellect itself, of analysis and logical constructions when it came to the grasping of ultimate reality. What would this pure and simple act of fully knowing be? This was possible only in God. What wonder and infinite beauty there was in God! Original and final being in whom everything was initiated and to whom everything naturally flowed. He talked excitedly in English for two hours without interruption as he contemplated the evolution of man in his search for God—the Greeks, the Romans, and Phoenicians, the Riddle Ages in Europe, the Renaissance, capitalism, the estrangement of modern man and the need for solutions.

At this point, his enthusiasm was clouded by a different feeling. He looked as if he were searching for something and said, "This encountering of myself is painful!" I repeatedly instructed him to express and elaborate on his experience of the moment, but this he rejected more and more: "It is not this, it is not this moment, but something in my past. Something happened to me, and I don't know what."

At this stage, I had to leave the room for some minutes and I advised him to write during this time, as this would keep his thinking more organized. So he did, in large handwriting, about ten lines to a page, with not a few-

words in large capital letters, such as I, AM, and I. After nine pages, he became preoccupied with a recurrent mistake he had made, which consisted of writing "m" instead of "n." It was this that was bothering him when I came back, and he continued to write in my presence as we talked. "The great problem of the 'n,' " he writes on the fifteenth page, "which is it, 'm' or 'n'? I feel anxiety. I find that N is in ONE. One, one. ME. (I had written NE). Anxiety. Anxiety about my sins. Sinner. Anxiety. Anxiety. I turn to GOD. WHICH ARE MY SINS. The N. I get anxious.

"The bread with worms that I saw as a boy in the dining room. I still see it. It had holes, and in them were worms [gusanos].

Gusano
UN
UNA
NANA"

His associations have taken him from letter "n" to the disgust at worms that he had imagined in the dining room bread and then to his nanny, his wet nurse. Now he clearly evokes his feeling for this nurse. He writes: "Affection with some DESIRE. I tremble."

He feels the urge to understand something which he anticipates as very important in connection with his nanny, and, as he writes, he realizes that the substitution of "m" for "n" means substituting Mama for Nana. When he discovers this confusion, he writes several times: "Nana and not Alama. Nana and not Mama." He then remembers more of his nanny—how she took him out for walks when he was only two to three years old, how he slept with her and caressed her; how unconditional her love was, how at ease he felt with her. He remembers her appearance, her fresh face, her black hair, her open laughter. And as he remembers her, he feels sadder and sadder, sad at having lost her, of not having his nana any more. "Nanny left," he writes. "Alone. Alone. Alone. Anxiety. Mother was part,

not all. Nanny was all. She left. Came to see me later. Loved me. Painful wound. I am. With pain. I am more myself. I am myself. I am myself with my nanny. How sad that she left. She gave me so much for nothing. No! Because she loved me, more than her own son. Poor boy, he lost his mother! She loved me so much! She left, and I remained alone among others. Mother. Searching for love."

He could now see all his life as a begging for love, or rather, a purchase of love in which he had been willing to give in and adapt to whatever others had wanted to see and hear. Here was the reason for his lack of direction in life, his submissiveness. He had lost something so precious, and felt so deprived! His thoughts now turned to the period when he was left "alone" with his parents. The change from Nana to Mama involved moving from the kitchen to the dining room. He felt constrained here, uncomfortable, unloved. Intimacy and warmth were now missing in his life; he was not unconditionally accepted as he was any more, but had to adapt, live up to certain demands, have good manners. Yet there was something in his feelings at this stage—feelings he was experiencing again in the session—which he could not grasp adequately or even feel clearly. There was more than pain, more than love for Nanny and loneliness. He felt anxious, and in this anxiety lay something which he tried to understand better. "What did you feel toward your parents?" I kept asking, and no clear reply came at first. Then it was the question, "Why did they let my nana go? Why did my nana leave me? Why did you let my nana leave me? Why?" It seemed to him that she had been fired. Mother was jealous, perhaps, because he loved her best, or because his father had an affair with her. "And what do you feel in the face of this, now that they have fired her?" His anxiety increased. "Did you accept this without protesting? If you did, perhaps you felt guilty . . ." And now he has it: guilt. This is what he felt. Guilt for not having stood up for his nana,

not defending her, not leaving with her. Now it seems to him that this was the point. He wanted to leave; furthermore, he was planning to leave the house, but his parents did not allow him to. "It was horrible . . . a sense of weakness, weakness!" But now he also remembers that after this he pretended to be weak, he just played the good, weak boy, because when he didn't, there was something very disgusting, something very unpleasant that they did to him. "They came up with all this stupid thing of guilt and hell. I had a very real conception of the world, clear and clean. I feel it . . . and then came a host of demons, devils of another world, pain of punishment . . . things that weren't in my scheme, and were imposed on me. Who did this?" His maternal grandmother? This is not clear. He goes on reminiscing about the threats of punishment, sin, hell, and devouring fire. "I had great trouble in believing that. To me, fire was fire, and if people went to hell, there was no blame. And the person would have no body, and therefore nothing in which he could suffer. So this was a lie, a trick, a trick. For what? To make me behave. Ha, Ha! A trick to make me behave. So I would be a bastard rather than be mistaken. I would be a bastard, but a real one!"

As he goes on talking of fire and hell, now he suddenly evokes the image of glowing coals on which he inadvertently dropped a necklace, and the sorrow of not finding the pearls any more. Now he understands that sorrow. It was not his mother's necklace, as he had believed, but his nanny's. It belonged to that woman who had given so much, invested so much effort, having nothing, and who was so ill-treated. And then somebody had spoken of hell. A maid perhaps?

"No, I am certain it was somebody else, somebody who argued with authority. I believe it was my mother . . . my mother! It was my mother. She was lying to me. Yes, it was my mother. How awful! How stupid! And she made me live this guilt! And this striving to be what I wasn't, and the fear to be what I was! What narrowness and stu-

pidity! What insistence on making me to her taste, damn it! She didn't have a child to have him, but to *make* him. To make him into her image! And she forced me into this stupid thing of sin and hell. They could not be good and fair without this stupid thing. What an idiotic lady! What a status-seeking woman, damn it! No authenticity. Perhaps there is more . . . a postponement of values. What for? To play the sweet young virgin, to play the lady. And my father is a bastard, too, for that; they both exploited an image. Ouch, how tough it is to see your parents shrink! How small do I see them now! It seems that they joined forces against me. Not against me, but against Nana, against life. Now I remember how they regarded me as unintelligent. I was very perceptive, intelligent, and I could fool them, ha, ha! Yes, using precisely their arguments, the arguments they used to put me down, more than put me down. Terrible! This is more terrible! They subordinated my life, the life of their favorite son, to such a pile of rubbish!"

This is far from the picture of his parents and the feelings that he expressed toward them in his autobiography. He had even remembered the dining room as beautiful. His intuition was right in telling him that something had gone wrong with him at an early age. A complete change had occurred in his feelings in that these were buried and replaced by a set of pseudo-feelings acceptable to his parents. No wonder that he felt limited and unfulfilled!

The session started at noon, and at 3 a.m. the following morning the patient went to bed. He went on thinking about this throughout the next day, and around noon he dictated to a tape recorder, interrupted by outbursts of weeping, a description of what had occurred to him the previous day and what he was feeling at the moment. This is how he ends:

"I have to reflect upon this: Why do I think my nurse suffered so much? Or was it myself that really suffered? She was so detached from so many things that it is possi-

ble that she did not suffer when told to leave. She just felt sorry for the boy who remained alone. That was her only sorrow. And for me the sorrow was staying alone, completely unadjusted. I suffered indeed, from a brutality. I suffered because my nana was leaving, I suffered because she was fired. I suffered for remaining alone. I suffered because she was unfairly treated, and I suffered from my impotence. Not being able to do anything! It was losing a part of myself. What lack of consideration on the part of my parents! Lack of care, mismanagement, selfishness. They did not love me at all. Sheer theatrics. Sheer theatrics. Perhaps in the course of time they have seen how satisfying it is to love a son, and they have loved him, but I think that I was not loved at the beginning. I was pampered, it is true, but the feeling of love was only with my nana.

"Now came the problem that I had in appearing as a master with a mask, in order to be accepted in this new environment. It was my home, it is true, but it was new, since my nana was not there. And I then understood that I could have a lot of things by pretending to be good and weak. That was the mask I wore. I think I wore it until yesterday. I have always wanted to appear different from what I am. And I have always doubted what I am, doubted my qualities. And now I see that I have always worn this mask, and I know how to adjust it to people and circumstances. This I learned very early, to be a good boy, because otherwise . . . Ah! Now I remember that they once told me that I had sucked the milk of a *buasa* (ignorant peasant), and that was why I was so crude. I feel honored to have taken my nana's milk! It is milk, milk, milk, milk, milk, of real breasty breasts! Of a really womanly woman! They said such things to degrade me. They thought their boy was crude, that he had the inclinations of a *buaso*, and therefore they inhibited me or pushed me around so that I would not seem too much like one. I gradually gave in, it seems. A child is flexible, very flexible. I really didn't no-

tice that I was giving in, then. Now I understand the trouble they took to put me into those schools. These were truly good, but they were a means of social climbing. They wanted me to feel guilty for having nursed from a peasant's blood. What a way to degrade my nana! That blood was the noblest of all!

"They slowly managed to make me betray this. And this is my other sorrow: having betrayed my feelings, not having seen her any more, not having told her how I loved her, not having loved her any more — though deep down I always have loved her, and I have lived with gratitude for her. Only with her have I experienced love in my life. Somewhat with my mother, later, but not the same. And this, which was so strictly mine, I forgot and postponed. This is the root of the sorrow: having abdicated from myself I found it: the sorrow of having abdicated from myself! I won't take it any longer. I am going to be what I am and whatever I may be!"

I believe that this is a remarkable document, in that it coherently describes a few hours that effected a radical change in a person's psychological condition. In it is portrayed a process that is the aim of psychotherapy, and one that is normally achieved over a long period of time. Drugs can facilitate the process, but even with their help it is exceptional to witness a "one-day cure" of the extent shown in this instance. Many people were surprised to see the changes in the patient's expression and demeanor on the following days. He stopped using eyeglasses, except for reading, and the style of his dress lost its formality. Subjectively, his feeling of his own body changed, in that he retained some of the heightened physical awareness and pleasure experienced with MDA, and not only his eyesight seemed to improve but his auditory discrimination. In his thinking he felt more security, as he could maintain the certainty of certain things, and this showed in his work and professional dealings. He felt an abundance of energy

which was unknown to him, except in childish play, which he could now remember from his early years. Life was now basically enjoyable, and he knew to what extent he had lived in a state of depression. As to the lack of direction that he felt in his life, this was replaced by a desire for further personal development and a concern for human development in general, which he has successfully been serving in creative ways through his profession.

This definitely fits with the picture that he gave of his nurse when he was able to remember her, but for one who knows him well it is hard to find better terms to describe *him*. It would seem that the qualities which he was projecting he was now able to express. This he did first for himself, in his quest for self-perfection, and for his children, in the quality of the company he gave them. Then came his active concern for society, in his work, and only at the end of a year did he feel real love for his wife. (This step was the outcome of a session of harmaline and MDA which could be described only at great length. Since it represents in many ways an elaboration of the one summarized here, I have omitted it from this account.)

I feel that one of the values of this case history is in the light it sheds on the relevance of the past and its explanation to the healing process in emotional disturbances. It can be seen that it is not remembering the facts that is important, nor even remembering feelings, but the change in present views and feelings which is involved in acknowledging and confronting reality, present or past. The patient's view of his present, before therapy, was part of the "mask" that he was wearing, part of a role he had learned by which he became a "good" boy having a good boy's feelings toward his parents. These feelings could be maintained only by "forgetting" the facts which did not support them, facts which would give rise to other feelings, not compatible with his role. Living up to his artificial self-image—the self-image created to meet his par-

ent's demands—meant giving up his own experience, ignoring what he had seen, heard, felt ("abdicating from myself"). This was probably taking place in every aspect of his perception, not only in the interaction with people but in the ordinary use of his senses. And this was evidenced by the improvement in his eyesight after therapy, his discovery of unseen nuances and unheard sounds in nature. Wearing a mask seems to be an all-or-nothing affair. It cannot be kept just for the parents; it sticks so close to the face that it also interferes with the sight of nature and the hearing of music. By the same token, it is an all-or-nothing affair for a person to be himself—that is, to use his own senses, think his own thoughts, feel his real feelings. There cannot be both programming and a free flow of feelings and thoughts. Only an openness to the unknown within permits the discovery of every instant—as with the god in Apuleius' story who would stay with Psyche only on condition he not be asked who he was.

For this patient, "being himself," opening up to his own feelings, whatever the circumstances, meant opening floodgates which were built to defend the landscape as he saw it. Early in his life he knew that a view of his life like the one he grew up with could be maintained only at the cost of suppressing reality. This he must always have known unconsciously (even though he consciously ignored it, as he did all the rest) and he therefore kept his conscious life in a watertight compartment. This explains his resistance to the effects of MDA.

And since his defensive system was a highly intellectualized one, it is understandable that a non-verbal approach was the most successful in bringing him to a position of spontaneity. As he himself commented early in the session, even the perception of his body had been replaced by an *a priori* image of himself, but this was surely a less guarded area and more safely questioned than his life style, character, or feelings for other persons. Once a direct contact with reality was established, and it was really

"he" who was feeling the true sensations of his body, the gates were open, and he was in touch with a chain of associations that could potentially lead him to any experience on the same level of reality.

It may be useful to think of the healthy individual as a system in which all parts are in communication and therefore every action, feeling, or thought is based upon the total experience of the organism. An aspect of such availability of experience is remembering—either overt, conscious remembering or the implicit memory involved in taking past experience into account as a clinician does when making a diagnosis, or a hiker before taking a leap. This does not happen in neurosis. Here a person's feelings or behavior are not based upon the totality of experience, but part is "shut off" so that he lives in a fragment of himself at a time. In most adults some narrowing of personality has taken place, so that the psychological island on which they live is not the whole territory into which they were born. And since childhood is the time of the greatest spontaneity and unity, it is childhood memories in particular that become dissociated from present experience.

It can be seen from the above case history how incompatible it was for the boy, at a given age (probably three to four), to feel sadness and anger and at the same time to be accepted by his parents—the only support he was left with. He could only suppress his feelings by suppressing the thoughts that caused them—i.e., forgetting. Remembering was then a threat to his security, to his feeling that he was acceptable to the grownups. Yet the adult man who came for therapy is not in the same situation any more. His active forgetting, his defensive structure, has persisted in him as a useless remnant of his biography, a scar, an anachronous device that protects him from a danger that long ago ceased to exist. For there is no real threat to him any more in thinking one way or another about his parents. The world is large, and he does not need them

any more as he did when he was three years old. Freud said that neurosis is an anachronism, and in that fact lies the possibility of psychotherapy. In a way, this can be conceived as an exploration of the feared and avoided regions of the soul, whereby it is discovered that there is nothing threatening or to be avoided in them.

There may be sorrow, or anger, as in the present instance, but only through a fearless acceptance of such can the sum of a person's experience be integrated into the whole of a healthy personality.

The cure of this patient can be viewed as a shift from a way of being and feeling as he once learned that he "should" be or that it was convenient for him to be, to his "true" being—that corresponding to the imprint of his life experience on his constitution. It can be seen that his neurotic pattern—"mask," idealized self—consisted of a replica of his parent's distorted perception of the boy and their own aspirations for him, at a time when he felt alone and greatly needed their love. A salient aspect of this was that they saw him as crude and unintelligent and wanted him to be well educated, well mannered, and refined. So they forced him to withhold anything which would be "vulgar" and forced him to regard culture as a "must," without which he would have felt like a worthless simpleton. The compulsive quality of the process made it something rigid, which turned him into an over-formal, unspontaneous, wordy intellectual incapable of enjoying simple things. Such a process of substituting an image for life, a set of "shoulds" for true experience, lies at the root of every neurosis, however different the circumstances may be that lead to the building of the mask and however unique its features.

What seems unusual in this patient's history is the neat demarcation line between a time of normal development in an atmosphere of love, and that in which he was faced with the demand of adapting to disturbing influences. It is conceivable that such a shift from Nana to Mama which

caused a parallel shift from "being" to "appearing" may have been a source of difficulty for the boy in his speech, since he must have sought his nana in his mother and must sometimes have called her by the wrong name. And as Nana and associated thoughts became forbidden to him, the word itself, *lilte Mama*, must have become loaded with the conflicting feelings.

It was a happy though blind intuition which I had in advising the patient to write, thus allowing the buried conflict to emerge through decades onto his writing pad. The channels between his past experience and the present one of writing letters had been opened by the agency of MDA, but it surely would not have become apparent through the highly automatized activity of adult speech. One can conjecture as to what might have happened if the patient had not been led into writing. Would his repressed feelings and memories have gained access to the present by another, different route? Could it be that once the associative channels are open, unification takes place along the path of least resistance—as when water falls down a mountainside, changing its course to accommodate the obstacles in its way?

The following histories may suggest an answer:

The first concerns a thirty-five-year-old man who had been engaged for years in the discipline of a spiritual school in the hope of becoming a more complete human being. He expressed this hope in his first interview, pointing out that to be really a "man" would imply qualities such as a will, responsibility, freedom, which he was far from having developed. However true these thoughts may have been, it soon became apparent that the patient's feeling of not being a complete man involved a specific fear of his being a homosexual, which he hardly dared confess to himself, let alone to his spiritual guides. Such fear was part of a persuasive feeling of insecurity, as there was a constant implicit assumption in him that if he were to be spontaneous, others would see him as effeminate and "un-

mask" him. This insecurity spoiled his relationship with people, especially in his profession as a physician, and it had become his greatest concern. "I want to be sure that this insecurity is based on illusory fears, and that I am not a homosexual, or whether I have reason to fear . . ."

The following is the autobiographical information most relevant to his symptom—according to the patient's account prior to the MDA treatment:

"From information given to me repeatedly and with much emphasis by members of my family, my mother had to spend the nine months of her pregnancy in bed since she had a heart disease that later led to her death [when the patient was nine]. When I was born, the midwife was upset at the difficulty of the delivery and she twisted my right foot. For that reason, I was not able to walk until I was approximately five years old, at which age I was cured after many treatments.

"All these circumstances that surrounded my birth caused my parents to give me a lot of care, and they thus spoiled me, made me nervous and stubborn, which in turn made my older brother very angry. He did not dissimulate his irritation, but was constantly bullying me and calling me 'little pansy' and 'sissy.' I suffered very much for this and was permanently crying, since he was six years older and much stronger, and I could not fight him, and the times in which I tried to defend myself I got the worst of it. I would get so mad at him that on some occasions I threw knives or scissors at him and hurt him. In spite of what I have said, my brother was my father's favorite, since he pointed to him as an example of intelligence and manliness, and always encouraged him and approved of what he did. This was never the case with me.

"Since my brother did not let me play with him and I had no friends, I had to spend my time with my sisters—especially with the older of them, whom I love very much and to whom I am very close. From this relationship, I think, I picked up the effeminate manners for which my

brother scorned me and which gave me problems during the first years of school.

"As to my mother, though I believe that she loved me, she never expressed this affection, in contrast to my father, who was much more expressive than she was."

About one hour after the intake of 100 mg. of MDA (a small dose for this patient), he reported some dizziness, and nothing further developed for the following fifteen minutes. At this point, I asked him to look at my face and report on whatever he saw in my expression. At once he felt that my way of looking at him was similar to his stepmother's, so I asked him to pretend I actually was his stepmother looking at him with the expression that he perceived. How would he translate this expression into words? What would "stepmother" say to make her attitude more explicit? "Sissy!" she would say. "Sissy! Sissy! Always running after your father, attached to him like a little girl." Now I asked him to answer her as he would have answered as a boy if he had dared to say what he felt. "I hate you! I hate you!" For the following five minutes or so, I asked him to shift from one role to the other and thus sustain a dialogue with his stepmother, which led to further expression of his feelings of being victimized, his helplessness, his need for his father as his only protection from her attacks. At this point, a reminiscence gradually began to dawn on him. "Something happened with the gardener—there was a gardener in the house—and something happened, I don't remember what—it was in the garage, *that* I remember—I see myself sitting on his lap—can this be true!" Then there was an image of the gardener's penis and his sucking it, then a feeling of his face being wet, all of a sudden, and his perplexity. All this had something to do with little pictures which came in cigarette packages, and he gradually remembered that this man gave them to him in exchange for sexual manipulations. And he did not want them for himself . . . no, for his sister . . . yes, for his sister he would do this, so that she would

have these little prints for her collection . . . for she was competing with his older brother, lie now recalls, and his brother . . . (now he remembers the important part) . . . his brother caught him! He remembers him looking into the garage, and he remembers his own fear—his brother would tell his parents!

It took about five hours to reconstitute the whole situation brought about by the long-forgotten episode. Most of his insights and memories are summed up in the following pages written on the following day:

"When I was caught by my brother I was very afraid. I ran to my sister and told her I had been discovered and that Fernando, who did not love me, would tell mother on me. She was very afraid of my father and was so frightened he would beat her that she begged me to plead guilty and say that I had liked what I had done. 'Please, you are the liing of the house, they will not beat you, but me, yes.' I believe she was affectionate to me in order to get my father's love in exchange.

"When Fernando caught me, hc thought, 'Ha, ha! The king of the house is a sissy! I am the only man.' My mother was in a rage. 'I will beat you! Why did you do it?' 'Because I liliated it.' 'Ah, so you liliated it!' and she filled my mouth with pepper. I kept saying, 'I liliated it, I lilted it, and I will tell Daddy on you!' She became more angry and thought, 'Just like his father.' 'Aha, so you lilted it!' And she sprained my foot.

"My sister: 'Poor little fellow! What have they done to you because of me, because you would not tell on me? They have sprained the foot of the king of the house. Poor little liid.'

"Younger sister: 'So you are to blame! See what they have done to Roberto on your account. You are bad. I am going to tell on you.'

"Father: 'See what Sarah did! How did you dare get the boy into this? It is you that is to blame!' And he hit her

with a ruler on the soles of her feet. 'Don't beat her, Daddy. I liked it, I lilted it!'

"Mother: 'What have I done? I sprained his foot, and my husband will get angry. Forgive me, Roberto, I didn't know what I was doing.'

"I: 'You stink, Mother, why don't you bathe? Don't pick me up at school, Mother, because I feel ashamed of you. I want my father to go. He is nice, you are bad. You don't love me, you sprained my foot.'

"Mother: 'There goes the pansy again. He wants to go with his father, the two of them are of the same kind. Weak. The only man in the house is Fernando. He is my son, he is like me.'

"I: 'So that hurts you to see that I am a pansy. That is what I am going to be, and I will tell my father every time you call me that.'

"Father: 'What a bitch I married! What has she done to her son! I can imagine what she thinks of me—just the same as of him. In truth, the only man in the house is Fernando, who resembles her.'

"Fernando: 'My father loves Roberto best, but after telling on Roberto I have Mother to myself.'

Younger sister: 'After telling on Sarah I have Father for myself. Poor little kid! How sad it is that they have sprained his foot. See, Daddy, how I love Roberto, too.'

"Fernando: 'Pansy, pansy! The only man in the house is me.'

"I: 'Daddy, Fernando called me a pansy.'

"Father: 'Don't bother your brother, Fernando. Don't you see that he is nervous since the accident with his foot?' "

The form of this document is reminiscent of the actual course of the session, in that I asked him to impersonate the different individuals in his family and express the feelings of each in face of the situation. When all that has been quoted was clear to him he became concerned with

the vague recollection of a later event. The process of gradual reminiscing was similar to the previous one—the room where his mother lay in bed, his future stepmother talking to the nurse, something about the dosage of a medicine, his wish that his mother would die, and his guilt thereafter. By the time the effects of the drug had worn off, he definitely felt that he had killed his mother by giving her a greater number of drops than those prescribed, but at the same time he doubted the reality of the whole episode that he was "remembering," which in turn was rather vague.

During the following two days, the patient could do very little else but ponder on the events discovered under the influence of the drug. He alternately accepted them as true or distrusted their reality, deeming them illusions caused by MDA. On the other hand, he felt that the process that had begun with the session was not complete and insisted (unsuccessfully) on remembering more of the circumstances associated with his mother's death. As time went by, the feeling of reality of the sexual episode increased, and this paralleled the disappearance of his doubts with regard to his masculinity. His security (self-assurance) also increased greatly in his contact with people in general, and he felt that he could be more spontaneous, though now he was burdened by an unconscious feeling of guilt. He did not care much whether he was a homosexual or not and for the first time in his life could discuss the matter openly with others. His real guilt now lay in feeling that he was a murderer and that he could not confess. A dream that he had some days after the session impressed him very much. In an episode of this he was at his mother's funeral, and tigers came in through the window. He felt that these were expressions of his own anger, an anger that he had buried very early in his life, and only now was beginning to sense through a curtain of symbols and memories.

The change that took place in this patient's under-

standing of his life and feelings may be noted by comparing the first paragraph of an autobiography written before the treatment with the beginning of another version of it written about a week after the session. Before the session he begins as follows:

"I was born on the 1st of August of 1930 in the home of a businessman who was very respected in our circle and belonged to one of the oldest families in town."

This is an attitude reminiscent of that which the previous patient displayed in speaking of the dining room at home. There the subject initially ignored his real feelings for this place, which had been the major torture room of his life, and had replaced them with pride in his parent's social standing, conveyed by the polished table and fine cups. In this opening, too, the patient highlights his parent's "respectability" and, in so doing, looks at them in terms of the values which were most important to them. Into these values they have also molded him to a very high degree, as he, too, has had to "abdicate from himself," and when a child abdicates from his real feelings and thoughts he is left at the mercy of external influences. For this particular boy, "being himself" meant such frustration and anger at his mother and older brother that he could not possibly cope, especially in the absence of a strong father to take sides with him. His father did show some understanding for his son, and so we can understand the boy's great attachment to him, but he was weak and submissive. After the session, the patient no longer speaks of him as a respectable man who took great care of him and was expressive of his affectionate feelings, but says, "I see him as a very weak man whom I have always dominated—whom I have even scolded on many occasions. He does not know what he wants and is very cowardly. That is, he has all the defects that I see in myself. I have never been able to speak openly with him because he is very gossipy and would not hesitate to tell others of my affairs. He never supported me in anything."

This view of his father is without doubt closer to his real feelings, and the shift in point of view is probably related to the fading away of his perception of himself as homosexual. It may be expected that, as he grows more open to his real feelings, he will experience less need to be supported by father or father-figures in the masculine world. He is one step closer to this, but a sense of guilt still prevents him from reconciling the unknown state of his childhood with his present view of his mother. It is enlightening to trace the feelings toward the women in his family throughout the rime of his treatment. All that he says of his mother in his first autobiographic report is in a paragraph that has been already quoted: "As to my mother, though I believe that she loved me, she never expressed this affection, in contrast to my father, who was much more expressive than she was." His frustration here is almost unexpressed, not only in that he does not speak of his own reaction, but in that he does not blame his mother. Instead, he constructs the view that a character trait of hers—not being expressive—caused her not to show her affection.

Elsewhere in his account, he tells of his reaction to his mother's death: "When I was nine years old, my mother died from a long-standing heart disease. I remember, or I believe recalling, that I did not cry and that I did not want to leave the house of a cousin where I had been sent to keep me away from the funeral rites, and where I was having a good time."

Of his stepmother, he openly says, "I hated her. This woman never loved me and she separated us from one another—except me from my older sister, who always showed me great love and whom I love very much."

During the session it became apparent to what degree this older sister represented a mother substitute and was so important to him that he not only agreed to the gardener's manipulations for her sake but was able to blame himself for it and thus protect her from being punished. Yet it

also became clear that it was a poor substitute for his mother's love, since he did not really experience it as true affection but as a role she adopted and a manipulation to attract her father's love. In view of such later insight, we may regard the patient's initial statements of mutual love with his sister as self-deception, at least in part, and as the outcome of a desperate need to believe that somebody loved him.

On the day following the session, in addition to the writing that has been quoted, he jotted down the following remarks on his mother and stepmother:

"When my mother died, I did not cry. On the contrary, I was happy that she died. I got along better with my stepmother, until my father separated us."

From this it would seem that much of the hostility previously experienced toward his stepmother was the displacement of repressed hostility toward his mother, and as he could now acknowledge some of it (implied in the fact of having felt happy at her death), his (retrospective) feelings toward his stepmother improved. A similar displacement seemed to be taking place in his anger toward his father, since he initially blamed his stepmother for bringing about separation in the family, and he now sees that his father separated him from her. That his stepmother acted like a screen on which were projected the unacceptable feelings toward his parents is further confirmed by the course of the MDA session, which began with the perception of his stepmother's expression in my face, but the dialogue with her turned it into one with his mother as he proceeded.

In the autobiographic pages written a week after the session the patient says the following of his mother: "I remember her as a woman of exceptional strength. I think she was very good, but at the same time lacking in affection, or at least in the expression of it. I recall that I kept asking her whether she loved me, and she would answer, 'Leave me alone, I am very tired!' Every once in a while

she gave me a kiss, but I don't remember her as ever having caressed me." As to his stepmother, he sees her as "a lazy and dirty woman; she used to beat me and drive my brother to beat me all the time. My sisters used to defend me. If I cried or told on her to my father, she called me a sissy. She spared the food, and I think that the incipient TB which I had was related to this—or so my father thought, at least . . . I hated her as I never hated anybody else, and she took her revenge by calling me sissy, stupid, lazybones . . . But I also feel sorry for her. How must she have suffered with such a pack of monsters as we were!"

It can be seen that the patient's views and feelings have reverted to some extent to those prior to the session. Not completely so, though. In his last statement about his stepmother, there is an implied recognition that she was the target of his own irrational reactions, and he conceives of her attacks as a revenge. On the other hand, there is some difference between the original statements about his mother and the foregoing: ". . . lacking in affection, or at least in the expression of it. I recall that I kept asking her whether she loved me, and she would answer, 'Leave me alone, I am very tired!' " Here there is a distinct acknowledgment of his insecurity and frustration, and the notion that his mother did not love him is closer to being accepted and expressed. The way in which he constructs the sentence ("lacking in affection, or at least in the expression of it") is a miniature replica of the process whereby the contents of the session as a whole are being repressed again and restrained. First comes a clear statement, then what appears to be a rationalization, a justification of the mother that may be understood as a means of holding back the unacceptable feelings that he would have if the former statement were certain. This was typical of him throughout the process described here. Under the effect of MDA, he would vividly describe a scene (sperm wetting his face, for instance) and then become concerned with its

reality. "Can this be true? Did this actually happen? No. This is just my imagination. I cannot really remember this. I was too young to remember anything. But then why do I see this so clearly? And everything seems so coherent! If this is true . . . Yes, it must be true. Can it be true? What do you think, Doctor, can this be true?"

Long sequences of this nature took place between successive steps in understanding or remembering, and, as I have mentioned before, the days following the session were followed by intensive questioning of the same type.

Soon after working with this patient, I left the country for two months and expected to see him again upon returning, but he now felt that the help received in the meantime from a fellow therapist of mine was all that he needed and that he would rather concentrate on the spiritual quest as before. I have met him accidentally on occasion since, and it is my intuition from the quality of this contact that the process initiated on the day of the session was never completed. Even so, the treatment was effective in affording the patient the symptomatic relief that he sought, in giving him greater self-reliance (which made his relationship with others more satisfactory), and in bringing about greater spontaneity in his life.

This patient's hesitancy in accepting the truth of the events recalled while under the influence of the drug illustrates a reaction frequently observed in the period following a therapy session. It would seem that repressed memories can be accepted only when a parallel change in the patient's attitudes to or interpretation of them takes place, in such a way that they are no longer threatening to his present "balance." In truth, the implicit fear of change that makes a patient ward off certain events or experiences is an intimation of a secret recognition of the instability of his present situation. Like the fear of high places in those who unconsciously want to fall, the fear to remember bespeaks a wish of the organism to fall back into the truth, a hidden desire to see.

It would seem that MDA may be instrumental in in-

ducing a state where nothing is threatening, and where the person can unconditionally accept his experiences, for his security lies elsewhere than in an image of himself. After such a phase is over, the information in the person's consciousness may clash with his current views, or elicit reactions (like condemnation of a parent) that he cannot allow himself. The result may then be anxiety or horror at the events remembered, denial of their reality, or amnesia with regard to the whole episode. For change to occur, time has to be allowed, so that the gap between the reaction to the critical event and the patient's personality structure can be bridged, as was successfully achieved within twenty-four hours by the subject of our first illustration. When assimilation of the critical event is insufficient during a session, the process may continue for the following day or month or be resumed in a *subsequent* session with the drug.

The following case is particularly illustrative of the operation of defenses after successive MDA sessions and shows how in each one of them the patient was able to see more of his past and also integrate more into his post-session awareness. The patient is a thirty-year-old stutterer who had been in psychotherapy for two years and who had experienced considerable improvement in his symptoms. He was referred to me by his therapist because she felt that the lack of emotional contact in the present therapeutic relationship was precluding further progress, and she hoped that a drug could help the patient in dropping his over-intellectualized and normative approach in the therapeutic encounter.

When questioned as to his own interest in further therapy, the patient explained that stuttering was no longer his main concern, but irritability at home, an absence of feelings, and a lack of contact with things in general. "I feel that I don't touch the ground while I walk, but float above it; I don't feel fully in touch with anything." He often used impersonal phrasings at the first interview (i.e., "There is tension in my arms"), and when I called this to

his attention, he explained: "This is my essential concern: I want to be able to speak in the first person!"

One of several psychological tests used prior to the treatment proper was the HPT,³ consisting of a series of human photographs to which the subject is invited to respond in terms of what he likes or dislikes in them. The most remarkable feature of his responses was the rejection of many faces which he perceived as criminal. He related this feature in his reactions to his own unconscious perception of himself as delinquent, as evidenced in dreams in which he was persecuted by the police.

The most salient datum in the patient's history, as remembered by him before the treatment, was that his stammering began at the time of his first year in school, of which he recalled very little. He had very few memories prior to this time in his life—his mother going to the clinic to have his younger brother, himself naked for a sunbath and hiding from a new maid, his parents buying him a gift. Of the next school he remembered vividly a blond little girl that loaned him a pencil. He said that throughout his childhood he used to lock himself in his father's closet and secretly give in to fits of rage and crying until he could not stand the heat any longer. He described the relationship to his parents as normal and uneventful and said that he used to tell his mother everything until he was twelve or thirteen, when he changed in this respect, and she complained of his loss of confidence in her. At school, he was a rather good student, but avoided sports. Since the age of fourteen, he had taken an active part in different Catholic youth organizations. He had two brief love affairs before marrying, one at sixteen and the other at twenty. He met his wife at the university and established a good friendship with her that still endured after six years. He had now been married for four years and had two children, for whom he felt much tenderness.

³ Human Preference Test, by the present author.

After the ingestion of 150 mg. of MDA the patient's first symptom was anxiety, a fleeting wish to cry, which he controlled, and then a sensation of his arms and chest being smaller, thinner. "Does this suggest anything?" "Being a child, I suppose."

For the next hour or so, he enjoyed the music greatly and playfully moved his arms and legs to its rhythm. "Supple, as if I ran naked in the wind."

Aside from the experience described, most of the content of the seven hours that the session lasted was related to the patient's mouth. At first he felt that his jaw was clenched and tried to open it more and more with the help of his hands. He constantly felt his face and jaws. Then he initiated movements that suggested those of sucking, and when this was called to his attention, he intentionally engaged in sucking movements for a long time. All along, he felt that his jaws were tense and painful and kept feeling them. His lower and left molars were hurting, too, and this persisted until the following day. At another moment, he felt like opening his mouth wide and pulling his tongue out, and for some time, with his mouth wide open, he felt like exhaling forcefully. Then he felt cold, started moving to the music again, and went on opening his mouth, pulling out his tongue, or sucking. He explained (in English) that he had been concerned with his jaws earlier in his life, since at the time of puberty he did not want to masticate with force for fear of distorting the oval shape of his face.

The patient's first words, at some point in the second hour after the initial symptoms, were to say that he realized that he had never been loved, that this might have been so, but he never really believed and felt with certainty that somebody cared for him. After this, he spoke English and continued to use this language for the rest of the session, in spite of having only learned it in school and being far less fluent in it than in Spanish. On one occasion he spoke French, too, and at several points in the session

he commented with surprise on the fact of having forgotten the Spanish language—but this did not seem to trouble him. He spoke a few sentences in Spanish again after imagining his father as the back of a seat with a metal frame. I asked him to talk to his father and he said in Spanish and with some resistance, "Why do you go away?" "Why don't you stay at home?" "Why don't you embrace me?"

Knowing that the patient's stammering had started during his first year of school, I questioned him about this period of his life, and he recalled a certain day on which a bunch of children unjustly blamed him for having pushed a smaller boy. One of them threatened to punch him in the mouth, but he could not quite remember whether he had actually been hit. He spent approximately an hour reflecting on the scene. He imagined himself with his mouth full of blood, tended to believe that he had begun stuttering on this very day, and thought that he must have felt a victim of great injustice and very helpless.

After this day and for the following month, the patient noticed a surprising effect of the session on his movements, which became supple and unusually coordinated. He felt it as he played the guitar and the recorder, as he worked in carpentry in his spare hours, and at night, when he no longer felt the usual discomfort of not knowing where to put his arms before sleeping. Aside from this physical effect, he felt unusually warm toward his children and patient in dealing with the events of family life. When presented once more with the HPT, two days after the session, his responses were very different from the week before; the main theme in his rejections was predominantly not that of "delinquent" traits any more, but half of his comments referred to expressions in the mouth area of the faces depicted. Those most often mentioned were fear and a wish to cry, too much showing of the teeth, or falseness. In such emphasis of the mouth and rejection of feelings expressed in it, the testing situation paralleled the subject's experience in the MDA session, during which the

mouth had been the center of attention in terms of both physical sensations and fantasy.

Despite the well-being experienced by the patient, the therapeutic process described above suggested itself as incomplete for the following reasons:

1) Incomplete expression of feeling: At the beginning of the session, the patient felt like crying, but did not give in to the urge. At the end of the day, he feared that he might feel suicidal, but again felt only on the brink of sadness. These brief experiences, his life history (crying in closets), the lack of any intense feelings throughout the session, and the rejection of sad expressions in the test showed that he was still not ready to accept or even know his own emotions.

2) Incomplete recall: Symptoms of regression during the session (sucking movements, shrinking of the body) strongly suggest that the patient's mind was unconsciously wanting to come to grips with episodes in the past, and this is further confirmed by the school scene that he remembered in part. Yet here, as in the case of feelings, the patient only comes to the brink of remembering an episode, the existence of which he is able to sense. The emotions which he imagines that he had when bullied at school (crying, rage, impotence) match those that he perceived and rejected in the HPT.

3) Incomplete insight: The patient's experience indicates that he has grown up with a feeling of not being loved, that he missed his father, and that at least once he was permanently affected by being unjustly blamed and attacked by other children. This in turn suggests that he was facing the latter situation much on his own, without expecting any support from his parents or teachers. Again, this whole picture matches the feelings of anxiety and sorrow fleetingly experienced during the day of the session and subsequently perceived by the subject as foreign to his habitual views and feelings. The following day, he considered this experience of helplessness a mere theoretical possibility, to say nothing of his perceiving in his parents'

past behavior anything which would corroborate such feelings of aloneness or make them understandable.

On the whole, it can be said that the treatment with MDA led to the envisaging of a panorama that was not quite revealed. The patient was advised to attend weekly group therapy meetings to achieve greater awareness and expression of his feelings, and after three months he took part in a group session with MDA which I summarize here:

Early in this session, the patient, who sat next to one of the girls of the group, had asked her whether she wanted to be alone. When she nodded, he dropped to the floor, where he lay on the cold tiles. The cold led him to experience sensations known to him from some illness—cold and vomiting, alone and helpless, unable to ask *for* help, abandoned. He said he understood that it was a feeling of rejection that made him feel nauseated, cold, and alone. He then went onto a bed at one end of the room and gave in more and more to this feeling. He made soft moaning sounds which became longer and louder until they turned into insistent howls. After about half an hour of shouting, this became increasingly articulated. The first words were: "NO! NO! NO!" Then some minutes later, it was "Not mediocre! Not mediocre! Not mediocre!" And later still, he threw back insults at an imagined accuser: "Mediocre! Mediocre!" and then "Criminals! Assassins!" for a long time. He started hitting the bed, and later the wall, with his fists. In the process, he realized that the real target of his anger was his father. Then there were references to his teeth. "They fall by themselves! Mommy, they fall by themselves!" Interspersed with "No! No! Daddy! Daddy!" He called on his father for help as he was being forced into something by his mother and finally ended, softer, with the repeated utterance, "I have no Daddy, I have no Mommy."

The process lasted some four hours, after which he forgot everything. When witnesses informed him of what

they had heard, he was able to recall to some extent what he had said or done, but not the situations of the past that he was reacting to. This is what he writes on the following day: "I think that the yelling was for several situations at the same time, in each of which I felt in a similar position — not being able to count on the protection and love of my parents, either because they denied it to me, because they were not at hand, or because I did not feel that they were close enough or that they could help me. Such situations could have been an experience at the dentist, being attacked by the children at my first school, or some illness during which I felt very badly and alone."

I am not reporting on all the experiences of the patient in the group, but it is interesting to note that throughout the day he felt an intense desire to be protected and caressed by other group members—along with an inability to ask for it.

. Comparing the patient's first MDA session with the second, it is obvious that on the second he was able to recall and feel more (of his aloneness, frustration, and need), but at the expense of subsequent amnesia. In spite of the latter, I felt that the depth of the experience itself showed a relaxing of defenses and that this one might constitute a bridge to a following session in which his memories and feelings could be integrated into his conscious life. This was supported by the patient's responses to the HPT two days after the session. The change here was striking once more, and along with the rejection of weakness, a new theme became apparent, a type of critical, sardonic, and detached expression which in at least one of the pictures he associated with his father's.

The next session took place one month after the second and started out feverishly and with a lot of yelling. He seemed to be going through the same experience as in the previous session, but the situation that inspired his feelings was different. This began to unfold gradually as he gave in to his rage. "Your son is a thief. Your son is a thief.

Your son is a thief," he wrote on the following days—and after that, anger, defense, hatred: "No! No! It is mine, I found it lying on the floor! It is mine, mine, mine! I have not stolen it! I have not stolen anything! I found it. Criminals! Criminals!"

By the middle of the third hour he explained how he remembered that in his first or second year of school he found a small jewel (a diamond apparently), which he kept without knowing its value. He was accused of theft and he swallowed the stone. He clearly remembered that he was given an enema and forced to vomit, in order to retrieve the jewel. Now he had the fantasy of still having something inside. He vaguely distinguished two packages. A small one behind his sternum, and a larger one below. He opened the smaller one and found the diamond. "The other, which I scarcely saw and forgot, is still unopened," he stated later, and added: "In having discovered all this, I felt free from something very big and heavy, as if I could breathe deeply and for the first time in many years. But this desire to breathe deeply and violently pointed at something which I was not able to grasp." During the rest of the day, he interacted with others instead of withdrawing, as in the past group sessions. After the effects of the drug had worn off, he said goodbye to the other group members, and while doing so was brought to the verge of tears. Especially when saying goodbye to me, he felt very moved and kissed me on the face as a son would kiss a father. This was a dramatic contrast to the feelinglessness which had made him seek treatment.

On the following day, he was overcome by an intense sense that he really had no father or mother, and this made him feel as if he had killed them. He felt, too, that the pieces of a huge puzzle were falling into place: dreams, fears, life situations. Yet in the course of the week it seemed that a curtain was being drawn over his sight, his feelings were dampened again, and the story brought to mind during the session appeared to him as less and less real.

One further session was proposed to the patient for reasons similar to those which precipitated the previous one, and it is worth reporting that this particular one was to be both the least remembered and the most effective. In brief, during the first hours of the session, the patient felt like a woman and enjoyed this role; after this, he discovered that early in his life he had taken on a feminine identification on the assumption that he would thus attract his father's love. To be a woman meant, principally, to be feeling and sensitive, like his mother. But at some point in his life he had told himself, "Men do not cry,"—this phrase came up repeatedly in his MDA experiences—and he became anaesthetized. On this occasion, too, his feelings state led into a brief period of feelinglessness, incoherence, and then indifference. "The value of this was to see a caricature of myself," he later said. "What I am always, to some extent, I was then to the extreme." What happened in his unconscious while he was feeling like a woman or being incoherent or indifferent is hard to know, but only after this session did the patient feel that he had taken a definitive step toward emotional sanity. A fleeting state of anxiety made him realize that this was the condition in which he had lived all his life before the treatment and which he had not even remembered for some months. And furthermore, it seemed to him that the whole world had changed, even though he felt himself the same person. When questioned on the nature of the change, he said that it was difficult to put into words, but was something like "being related" to others. "I don't have to control others, for I no longer depend on their acceptance or rejection. I can accept them regardless of whether they accept me or not. If they do, fine; if not, too bad; but I have no need to spend energy in a sort of CIA activity to detect how I am to others." In addition, his efficiency at work has improved, according to his estimate, 1,000 per cent.

Some months after the beginning of his treatment, he summarized these changes in a letter, on the occasion of

my last days in the country. Toward the end, he posed the question: "What happened during the last session that brought about the crystallization of this delicate upper crust of sanity, which I nevertheless feel is permanent? I could go on answering, 'Nothing . . . simple. While I was there, the world was replaced by a different one.'

"Some facts I see. During the first stage of the session, I lived in a closet, my hell. But now that I remember, the most unpleasant feeling that I can remember is that of rejection, and, reflecting well, that this was not so painful after all. Hell was nothing but the release of much feeling, and much of this was quite pleasurable. In the second stage, I could see myself as I have lived for years: incapable of loving."

This is how the person that suffered from feelinglessness ends his letter:

"Claudio, friend, I know that I cannot give you anything like what you have given me. I know that you have not even expected this letter. I know that you have not even expected the affection which you know that I can only feel in spite of myself. I know that you accepted me knowing that I hold a faith that teaches giving what you give, and which I imitated out of compulsion. I know that you are happy about me.

"Now you leave. I shall not thank you. That would be adding a flower to your garland, which you leave behind. I want to say to you what my father never heard, what I could never say to him, for I had no chance, or he did not give it to me, who knows?: I love you.

My wife, my sons, others that meet me will never know of the friend that you are, but if they knew, they would have to smile, with the same smile that I now have, hidden, for a long time, for this occasion.

"Have a good trip."

The above-cited accounts of MDA therapy show both the episodic hypermnesia that the substance can elicit

and the counteractive defenses that may set in, in the face of unacceptable self-knowledge.

In the interplay of remembering with anguish and forgetting or becoming confused, perceiving one's life and not daring to face it, lies the specific hell or purgatory of MDA, a counterpart of the better-known hells of mescaline or harmaline. But the picture of the effects of MDA would not be complete without a view of its specific paradise.

With many drugs, we find that there is a typical field in which a peak experience is expressed, when it does occur. This is, for instance, the domain of transcendence and feelings of holiness for LSD, that of beauty for mescaline, of power and freedom for harmaline, of loving serenity for MMDA. One may ask whether there is anything that could be regarded as the typical positive experience of MDA, and what this is like.

In an overview of some thirty sessions with the drug, I find that the most characteristic feature of those that convey a sense of completeness, depth, and integration is something that I would describe as an enhancement of the experience of I-hood.

In fact, just as the standard psychiatric term "depersonalization" has been used in connection with the state of mind often brought about by LSD-25 or mescaline, one could here use the converse term "personalization." Instead of the "egolessness" of ecstatic oneness with the world elicited by the former, there is here an emphasis on individuality and on the uniqueness of a given life. Indeed, some of the subjects have at one point or other in their session come upon a shared realization which they expressed emphatically with an identical statement: "I am! I am! I am I!"

This trait in "good" MDA experiences appears amply illustrated in the first case history presented in this chapter. Let us consider once more the terms in which the patient described his experience at the onset of effects of

the drug, as he enjoyed feeling himself: "I was strictly myself." "I was laughing at the man that I was." "I went on feeling myself—it was *me!*" This experience resumed after some hours, while he was beginning to remember his childhood events, and he wrote in big letters, covering a complete sheet of paper, "I AM MYSELF."

One aspect of this experience is that it entails the sensing of the immediate reality. In contrast: with the person under the effect of LSD, who is prone to see gods or devils, impersonal forces being manifested through his personal existence, here the individual's consciousness is centered on the unique qualities of his tactile, proprioceptive, auditory, and other sensations. And these by no means show demons or abstract principles, but the subject's particular reality. Records of MDA sessions abound in such discovery of particulars, which are often clues to unresolved past situations. A patient, for instance, noticed that his voice sounded fearful and submissive, as when he talked with his father, and this led him into a clarification of his past relationship to his father, followed by a greater freedom from such an anachronous pattern. He had probably always talked with this same voice, only he was not aware of this aspect of himself. Once he could *sense* himself, he could also become aware of his attitude, his past attitudes corresponding to the present one, and life episodes that brought them about. Thus it could be said that his perception of himself at the moment and his memory of himself in the past belong to the same personal domain and are linked by easy association chains. When one became the object of repression, so did the other, and the lifting of repression of both past and present went practically hand in hand.

The child's discovery of his individuality probably stems from the realization that he can control the movements of his body and exercise a will. In analogy with this, the adult rediscovering his I-sense in an MDA session often engages in some motor activity which is the embodi-

ment and sign of his individuality. Moreover, on two occasions at least, such movements constituted an enactment of the playful spontaneity of a baby. In one of them, the patient started by engaging in wormlike movements that he felt were like those of a baby in a crib. Soon he started to make sucking movements, which he continued for some three hours, while other manifestations gradually set in. First, the sucking sounds, then the repetition of the syllable "ma," "ma, ma" again and again, then hitting the bed rhythmically with his fists as he shouted "ma, ma" louder and louder, and finally the word "I, I, I" repeated with the rhythm of his beating, with pleasurable forcefulness. Subsequently, and up to the time of the session's end, the whole panorama of his family relationships gradually unfolded.

Exactly converse was the sequence of events for another patient, whose *first* experience worth noting after MDA had taken effect was the sense of egohood: "I moved an arm and became keenly aware that I was moving it. I was there. What a wonderful thing, to be myself! I could feel every muscle, every part of my being, and all were I."

Shortly afterward, I showed him a photograph of himself with his father. His father was leaning on his shoulder in a gesture expressing both protectiveness and possessiveness. As soon as he saw it, he talked to his father in the photograph: "No, no . . . you are *you*, and I am *me* . . . No, no, no! I will not let you live my life, I will not let you lean on me. We are two different worlds, and independent of each other. I have been living your life, I have been carrying you inside and doing what you would, but this will not go on." He explained this further to me, discovering that, even in a love affair that he recently had, he could now see that it had been his father and not himself who was loving the girl.

A similar process went on as he looked at other photographs and evoked related memories. In face of each, he was aware of what his own feelings and interests at the

moment were and where lay the distortion by which he was not being true to himself. Every time he could sense this he experienced great discomfort, until he relived the situation, experiencing not what had been but what would have been if he had been his real self, talking to the figures of his past out of a new stance that he now understood to be truly his own. Thereafter, he was able to enjoy a sense of unity again and the feeling of his own "I." "Only I live this instant, only I. I live an instant that is mine. Nobody has the right to live my life, and I am not to accept being burdened by extraneous life." "I don't want to lose this precious moment. To feel myself in the world, with others, is marvelous. Not the people, but oneself."

At one point, his attention turned to his masturbation at the time of puberty and his guilt about it. This was his view of it now: "It was important only because I was there, and in it I found my I, my support. Indeed, it was the only thing that I did, and this behind my own back."

This patient was a twenty-five-year-old man whose reason for consulting was a lack of spontaneity and freedom of expression that he was aware of in face of the persons about whom he cared most, especially his mother. When I handed him photographs of his mother he realized how she had manipulated him through her suffering and that he had failed to stand up for his real wishes and views. He lived out with intense feeling an imaginary encounter with her that ended in stabbing "her" with a knife on the floor in the midst of great anguish. He later wrote, "I remember what difficulty I had in killing you, Mother. I killed that life of yours that was living for myself. I could kill it so that I could then love you. I then gave you *my* love, and it was not your own love back, but that emanating from myself."

I thought at this point that there would be nothing else to deal with, since the patient's state was of contagious peace and balance, and the main issues in his life had been dealt with in the past five hours. Nevertheless, I

kept showing him photographs. Most of them elicited inspired reflections, advice to his parents, objective appraisals. Yet when I showed him one of himself at one or two years of age he experienced disgust, relived an episode when his mother was forcing food into his mouth, and then felt that he was biting a breast. "Even then I was aware," he commented later, "that this was for my mother's lack of milk."

After a few minutes of silence, the patient's posture began to change and gradually became that of a fetus. There were no words, just a sudden spasm that he later explained as a reaction to an "imaginary" blow.

After three or four minutes more, he asked me to leave him alone for some time, since there was something into which he felt that he could not go with a witness. I was called in by him after five minutes or so, and he explained his recent experience. He felt that he had been present at the moment of the sexual act out of which he was born. He experienced his father as a tough male, and his mother as frightened.

I am impressed with the last events that I have recounted, regardless of their interpretation, because this was a young man who not only did not know about MDA but who also had never been exposed to psychoanalytic or other expectations of prenatal memories. Moreover, I know him as an exceptionally straightforward, honest person who sticks to what has meaning for him in his words, so that I can hardly imagine his weaving fantasies to put up an interesting show. Whether these are memories, and there exists an "I" independent of the structure of the nervous system that can remember what he described, I do not know, nor do I know anybody who does. Yet prenatal "memories" are a phenomenon of the human mind, observed in the case of analysis or hypnosis, and an account of MDA would not be complete without the description of this experience.

The uniqueness of this patient's session does not end

here, though. After a short time, the patient emitted a sudden cry and fell to the floor, raising his hands to his chest. After the event, he explained, "This was a death scene, and those stupid people had killed me." But now, for the first time in the last hours, he began to get restless, anxious, and uncomfortable. He expressed the feeling that he should not go any further, but kept hesitating. "I feel that this does not belong to me any more, and it is not for me to know. I cannot bear the burden of another life." Yet, gradually, more scenes unfolded. He was a Nazi. He spoke fluent German in a voice that I had never heard in him before. He saw himself at a dinner table "*Hilde, bring mir die Suppe*," he shouted. At another moment, he sang while crossing a field in the countryside.

Was all this a fantasy or a true recall of a previous existence? The patient had a German grandfather, with whom his family lived until he was four years old. Could this Nazi that he was identifying with have been his grandfather, or a transformation thereof in the child's mind? He could not answer my question. All that he knew was that he was feeling heavy. He felt afraid and nauseated at his own question, "Was that I? Myself? Was I that?" He felt burdened with guilt for that life as if it had actually been his. Finally, he decided that he would not take such a responsibility. He told his alter ego, "No. I cannot bear you. You are too heavy." Then he looked at the heater in the room and felt his own self once more—not just his ordinary self, but his recently acquired sense of "I": "Knowing that I listen, I do, I move, gives me an incredible power."

The issue became clear only after his arrival at home. He searched for photographs of his grandfather, and looking at them he felt again the same nausea that he had experienced while thinking of the Nazi. He saw his grandfather as dirty and lecherous. Then, looking at the photograph of a youth with a swastika, he later explained, "My face contorted, and I saw myself as on the day when I

raped her." He felt a great relief and then set out to understand what had happened to him. Had he raped somebody? He was quite sure that physically he had not. Had he morally raped somebody? Had he destroyed somebody? Then memories started flowing from his mind. The way he had frightened his little brothers and enjoyed their fear, the way he had liessed that little girl . . . These and other recollections were the source, he now knew, of that feeling of dirtiness and nausea. For all that he was feeling toward his grandfather, he now felt toward himself. He now saw that he had been using the Nazi and his grandfather as screens to project his guilt upon, since he had been unable to take responsibility for himself.

In a note that he sent to me in the following days he ends with these words:

"I did these wrongs, and I must compensate for them with good.

"Here I am. I, with the responsibility for this !"

"I take it. I fully take responsibility for my I. I take my responsibility."

I think that this account is of interest not only for the light that it may shed on many other "past-life memories" obtained in hypnotic or mediumistic states, but in terms of an understanding of the effects of MDA, as is my concern in this chapter. As with hypnosis, the MDA state is favorable to hypermnesia and time regression, but it also appears to bring about the emergence of false memories ("screen memories") and particularly the identification with them in what may be seen as a state of temporary shift in identity. The quality of these age regressions or shifts in identity is more often than not that of dissociation, in that the ordinary personality tends to forget, deny, or feel an incompatibility between its premises and values and the validity of the events "recalled."

Yet, paradoxically, the experience of I-hood or individualized selfhood that crowns a successful MDA experience is the very opposite of dissociation. It is precisely a state of

psychic cohesion or unity, out of which a person may say, as in the last example, "I take responsibility for myself."

The whole process, therefore, may be seen as one of integration via dissociation, or, more teleologically, one of dissociation in the service of integration. As in hypnotic states, only by forgetting his ordinary identity and pretending, so to say, that he is not there as a witness, can the person allow himself to experience his life from a different point of view, habitually suppressed. But this temporary lie of "This is not myself" is the way to the realization of the truth.

Just as a shift in identity to a previous lifetime was, in our last illustration, covering up (and indicating) aspects of his real identity in *this* lifetime, we may wonder whether this is not always the case with memories, however true they may be. For, in being concerned with the past, we are most likely being concerned with an indicator of our present. When our patient felt suddenly relieved of the heaviness that had set in on him in going beyond his birth, this relief was his reaction *now* to a change taking place in his *present* condition. This change was expressed to his consciousness at that moment as the notion of having raped someone, which takes the place of a disgust toward his grandfather or his previous life conduct and personality. Once his disgust is directed at *his own* actions, he is not disgusted or overwhelmed any more, but relieved, for he *can* take responsibility, and his crimes are not so great after all. More than that, we may be right in assuming that it is not his past actions that are so important, but his attitude at the moment. In his desire to atone for his sins, as he expresses it, he is *now* leaving behind him the inclination that he was apparently condemning in his past actions, but most probably rejecting in his present self. This, which appears to be an acceptance of the past in terms of a project for the future, is really a change in motivations or personality in the present.

Thus the illusion of otherness can be the link to an

awareness of selfhood, making the individual feel safe in temporary irresponsibility until he can discover that what he has hitherto rejected is bearable for him to accept; and the illusion of an issue being in the past can lead to the discovery of its survival in the present. In a similar way, the content of a memory can be a lie that leads to a truth. Our patient's pseudo-recollection of a previous existence here leads to the remembering of his grandfather's personality, to that of his "having raped somebody," and finally to the specific events that he was not acknowledging and that were the source of his disgust. How much of the "memories" recovered in other sessions is fact and how much symbolic substitutes I cannot tell, but the present case suggests a way in which we may look upon them. One thing that is clear is that a "false" memory, though factually wrong, is psychologically true. Consequently, the acceptance of it is in some measure equivalent to a coming to terms with the real events distorted into it. Thus, in our last example, the "realization" that the patient expressed by, "I see myself as on the day when I raped her" brought immediate relief. Moreover, a screen memory can, by virtue of its symbolic character, pack into itself an experiential meaning that no single memory of a fact from a person's life might convey. True, there are instances of traumatic events (an example of these is the separation from the wet nurse in our first illustration), but in many lives there is probably no single episode in which the abdication from self took place, but a series of micro-traumatic interactions. The imagined day of an imaginary rape, thus, is most probably condensing the guilt for countless occasions, of which those recollected are a sample. And that sample is enough to come to terms with the issue.

My respect for the power of symbols increased greatly one day in my early practice when I was unsuccessfully treating with hypnosis a woman with an acute case of vomiting. She was in the second month of pregnancy, and

her vomiting was so severe that it was becoming a threat to her life. Her newly-wed husband had died about a month before, and a connection between his death and her present condition could be suspected but was not clear to us at the time. She was a good hypnotic subject, and because of the emergency I attempted suppression or substitution of the symptom; but as the days elapsed, the effectiveness of my post-hypnotic commands diminished. A colleague then suggested the initiation of a guided day-dream in the trance state. I do not remember this clearly after the ten years that have elapsed since, but I do recall the crucial scene of it, in which the woman stood facing her husband and could see his stomach through his transparent abdomen. My colleague acted on inspiration and instructed her to take his stomach and eat it. She did, and upon waking up, her nausea was gone. An action carried out in fantasy, the "meaning" of which neither she nor we could rationally understand, had cured her of a vomiting so deeply rooted as to resist hypnotic manipulation and so severe as to threaten her survival.

Similarly, I am ready to believe in the therapeutic value of confronting memories that never took place in external reality. They are an embodiment of a psychological reality that may not be contacted at the time, at least not in that form. Yet this is not the last step. Once our patient had accepted the idea of having raped somebody, *he* was ready *to look into the facts*. He had accepted the worst. He had pleaded guilty to his worst accusations. Now he was not defensive any more, but open to his reality, ready to see.

What he saw may seem to us more innocent than his fantasy of a rape, but we must not forget that this time it was surely *he* who was the agent of the actions remembered, and the comparative mildness of the crimes is compensated for by the reality-quality or certainty of his memories and the measure of his involvement and responsibility. Screen memories, just like symbols, both reveal

and stand as obstacles to a fuller revelation. They both disclose and cover up. Yet paradoxically, once the cover is lifted, we may find that nothing was hidden behind it. Or, phrased differently, what was covered up was nothing. For there can be no question as to the activity of covering up, no matter how empty the container. This paradoxical fact, I think, is one way of understanding the whole therapeutic process: daring to look at the skeleton in the closet . . . and finding that it is not there.

The willingness to become a patient in the psychotherapeutic endeavor is already an indication of a willingness to lift the lid of what appears to be a Pandora's box. Even more so is the decision to experience the effects of a drug that will rend the veils of the ordinary state of consciousness. Yet, drugs and all, I think that few are able to make the last step in "looting at the real thing." Looking at the symbol or dealing with it in a symbolic way is already a great challenge and without doubt a healing adventure. But even beyond the battle with the dragon is the discovery that the dragon was an illusion, which realization, by the way, is the real killing of it.

Our patient was now ready to see the worst in himself, after accepting the blame of being a rapist. What did he see? A certain measure of destructiveness in the way he had gone about finding his pleasure. His judgment of himself in this was severe, but his sternness had the taste of forgiveness: "Well, here I am, and I am responsible for myself. I take it." Essentially, he could take it. It was not unbearable to have made mistakes. It was far more tolerable to him to face his faults than the substitute that he had found for what he implicitly assumed to be a greater terror: the crimes of a previous incarnation, the meanness and lasciviousness of his grandfather, his own act of raping. As he gradually moved from his habitual avoidance of the issue, the crime was found to be closer and closer to home, but smaller. It never ceased to be a crime for him, but he found it far more tolerable to face it. Even more, it

was exhilarating, and it added direction to his life. "I did those wrongs and must compensate for them with good . . . I take full responsibility for myself."

Thus we can frequently see a successful MDA session as a process of reaching a truth through the indications of error. For error is often in the nature of a shadow of truth, a shadow pointing toward its source. Yet, when we find the source, we find that the shadows of error are like those cast by the setting sun—much bigger than the object.

If the above is true, not only of MDA sessions but of psychotherapy in general, or even of life, there is a sense in which it is particularly true of MDA, when compared with the other drugs dealt with in this book. The domain to which the content of MDA experiences belongs is that of life events, and the truth relevant to it is a truth of facts. The domain of MMDA, as we shall see, is more that of feelings in the present than that of events in the past, and when we speak of feelings we do not think so much in terms of truth as in those of depth and genuineness. The domain of harmaline, on the other hand, is that of visual symbols of archetypal content, and here, too, we do not habitually speak of myth in terms of truth but in terms of beauty and revelation. Ibogaine is, of all the drugs, that most related to the direct experience of reality, according to the judgment of many who have been exposed to a broad range of psychochemicals. Still, such contact with reality has the quality of an ineffable experience at the moment, rather than a clarification of events. Of all psychotropic agents, MDA is the one which best deserves to be called a "drug of truth." An active concern for truth seems to be characteristic of it, not only in instances like those presented here, but in the reactions of more healthy individuals who have become concerned with their present lives. In such cases, the effect of the drug is frequently in the nature of the great urge to clear away the distortions that plague and impoverish human relations and to open up channels of communication that can make life among

friends or family members more significant. Such disclosure does not occur (as with ordinary hypnosis or the effects of so-called "truth serums") as an act of disinhibition and irresponsibility, but as a consequence of an active interest in confronting and sharing the truth and a realization that much of the avoidance of such in ordinary life stems from unwarranted fear. Aside from the above fact, the reaction to MDA is by far the most verbal compared to other drugs mentioned in this book, and this contributes to its being a useful agent in the protentionation of group therapy. But with that I shail not deal here.

NOTE OF CAUTION:

The years that followed the writing of this chapter have shown that MDA is toxic to certain individuals and at various dosage levels; also that, as in the case of chloroform, what is a regular dose to many people may be a fatal dose to some others: a case of aphasia occurred in Chile, and a death occurred in California. Since individual incompatibility is consistent and bound to dose level, however, it is possible to ascertain it through progressively increasing test doses (i.e., 10 mg., 20 mg., 40 mg., 100 mg.). This should be done without exception throughout the time preceding any first therapeutic MDA session. Typical toxic symptoms are skin reactions, profuse sweating, and confusion; I have observed these in about 10 per cent of the subjects at dosages of 150–200 mg.