

HARMALINE AND THE COLLECTIVE UNCONSCIOLIS

HARMALINE IS THE MAIN ALKALOID in the seeds of *Peganum harmala*, a plant native to Central Asia and Syria, and which now grows wild along the Mediterranean coasts of Africa, Europe, and the Near East, in Persia, Afghanistan, and northeast Tibet. These seeds have been used for centuries and appear in the Spanish and Italian pharmacopoeia as "semen Harmalae sive rutae sylvestris." They constitute an article of commerce from Persia to India, where medical tradition recognizes them as an emmenagogue, lactagogue, emetic, anthelmintic, and disinfectant, and they are known for their psychoactive effects.

Aside from *Peganum harmala*, harmaline is also found in the South American rain-forest climbers of the genus *Banisteriopsis*, which provide the main ingredients of the drink variously called yage, ayahuasca, and caapi, employed by the cultures settled along the headwaters of the Amazon and the Orinoco systems. This drink has been employed in the initiation of shamans, in puberty rites, and, in some cultures, for healing various ailments, and more generally, to induce a state of clairvoyance; hence the name telepathine once given to its active principle.

Although in this chapter I shall be dealing with the effects of harmaline only from the angle of psychotherapy,

I want to mention that this alltaloid is of special interest because of its close resemblance to substances derived from the pineal gland of mammals. In particular, 10-methoxy-harmaline, which may be obtained in vitro from the incubation of serotonin in pineal tissue, resembles harmaline in its subjective effects and is of greater activity than the latter. This suggests that harmaline (differing from 10-methoxy-harmaline only in the position of the methoxy group) may derive its activity from the mimicry of a metabolite normally involved in the control of states of consciousness.

The effects of harmaline in the dosage range of 4 to 5 mg. per kilogram of body weight by mouth (or a total dose of 70–100 mg. intravenously) are a state of physical relaxation, a tendency to withdraw from the environment, keeping eyes closed and wanting noises and sounds to be kept to a minimum, a certain numbness in the extremities, and above all, very vivid visual images, which may take the form of meaningful dreamlike sequences. In addition to this, about 50 per cent of the subjects experience nausea or vomiting at some point in the session. On account of the symptoms described, it follows that the ideal setting for the use of this drug is a comfortable couch in a quiet, dark environment.

In a study carried out in 1964 of the subjective effects of harmaline, using volunteers who knew nothing about the drug's effects, one of the most surprising findings was that of the similarity of the content of their visions, which in turn resembled those of the Indians. Some of the more frequent items in the content analysis of the thirty sessions that composed that study were tigers and animals in general, birds or flying, dark-skinned men, death, and circular patterns conveying the idea of a center, source, or axis.

The recurrent expression of themes such as those enumerated and the mythical quality of many of the images reported by subjects leaves little doubt that harmaline characteristically evokes the presentation into con-

sciousness of such transpersonal experiences (and the symbols thereof) as Jung contemplated in speaking of archetypes.

For one sharing the Jungian point of view, it would be natural to think of the artificial elicitation of archetypal experience as something that could facilitate personality integration, and therefore psychological healing. Yet the observation of the psychotherapeutic results of the harmaline experience was not the outcome of any deliberate attempt to test the Jungian hypothesis. These results came as a dramatic surprise in the above-mentioned study, even before the recurrence of images became apparent. Of the group of thirty subjects who were our volunteers, fifteen experienced some therapeutic benefit from their harmaline session, and ten showed remarkable improvement or symptomatic change comparable only to that which might be expected from intensive psychotherapy. Eight of the ten were psychoneurotic patients, and another had a character neurosis of which he was slightly aware. These nine amounted to 60 per cent of the subjects with obvious neurotic symptoms (N=15) among the volunteers.

My lack of further experience with pure harmaline derives from my having been engaged, since the time of the above research, in the study of harmaline combinations: harmaline-MDA, harmaline-TMA,¹ harmaline-mescaline and others. Since my intention in the present chapter is to present a view of the effects and use of harmaline when employed by itself, I shall mention only that these combinations can be useful in the cases of individuals who, for psychological or physiological reasons, do not respond well to the pure drug.

It would be hard to offer a simple explanation for the instances of improvement brought about by the harmaline experience. Such improvement usually occurred spontane-

¹TMA: trimethoxyamphetamine.

ously, without necessarily entailing insight into the particulars of the patient's life and conflicts. As in all cases of successful deep therapy, it did involve greater acceptance by the patients of their feelings and impulses and a sense of proximity to their real self. Statements like these, however, are not very explicit, and only case histories can adequately illustrate the nature of the process.

One of the first subjects to experience the effects of the alkaloid was a young man who had spent five years in rather unsuccessful psychoanalytic treatment for an anxiety neurosis. His reaction after five or ten minutes, soon after I had finished injecting the drug into his vein,² was an exclamation of wonder: "It is unbelievable! Everything I do, everything I say, is a distortion! I have been living for years without suspecting *what I really am*. I must have forgotten as a child, and only now can I feel myself again, my *real* self!"

This realization was the most important of the day and one of the most important in his life. It was not arrived at through reasoning, or analyzing a life situation, nor was it the outcome of any therapeutic intervention on my part. The following is a description of the subject's experiences during these moments:

His first sensation upon receiving the injection he describes as "an internal buzzing and physical anxiety, as if I were to burst out through my nose, or my blood were to explode out of my arteries; it also had a tranquillity, like that of feeling a strong sun for the first time in my life, or at the last instant, something like seeing peace and life in the moment of death. It was physical despair, as if my faculties would not respond—neither my voice, nor my movements, nor my thoughts."

After this initial stage, which may have lasted only five minutes, he lost the fear and gave in to a rapid flow of

² Harmaline may be used in intravenous injection if an immediate onset and somewhat shorter duration of effects are desired.

imagery which he scarcely reported, since his effort to talk only interfered with the experience, (and he did not feel like interfering with it). Very soon, while he was having imagery related to his childhood, he achieved the insight that accounted for the therapeutic benefit of the day: "I see myself as I am, and this has no relation to the way I am living. I behave in contradiction to myself, because I don't acknowledge myself."

Here is more of his report written on the following day: "I felt like I had another person inside or was being another person—something I have never experienced before. I felt free from my everyday 'I.' I saw myself in a world of certainty, surprised at the ignorance in which I have lived with regard to what lies in the depth of my being. It was a being connected to my real self, like living in a different world in which nothing was hidden and in which I went along with great serenity."

Three months later, he wrote:

"There remains with me the image of a self of which I had no notion and had never even imagined, with more of those attributes which I considered desirable and perfect, a tranquil self with its eyes turned toward the world, with not the least worry about itself. And with an old taste in me, not new, but deeply united with my past and my true being.

"At this very moment, in which I am away from myself again, I can see as I walk along the street or ride the bus how I am contained in a sort of shell, blind to what is important, and yet I cannot escape the feeling of my true being inside."

I had known this patient for only two weeks prior to this day. His therapist had told me of the dead end to which his treatment had apparently come during the past month and suggested him as a possible volunteer for our research project. My knowledge of him was not exceptional as compared to that of other candidates whom I interviewed and tested during the days preceding their

sessions. My rapport with the patient was less than average. The patient was rather withdrawn and seemed more interested in the exotic prospects of a mind-changing drug than in a therapeutic exchange. The outcome was only moderate in terms of immediate improvement, for, as the patient describes, his novel feeling of his true self was still no remedy for his estrangement from himself, but only a standard of comparison between his actual state and his potential or ideal. The main result of this experience was a change that was brought about in this patient's psychoanalytic treatment, which was never interrupted. His sense of authenticity and his enhanced awareness of "distortion" or "lying" or "being contained in a shell" now led to the establishment of a more productive relationship with his therapist and provided both with a goal to achieve in the treatment and a challenge that gave meaning to the analytical process. In other words, a "deficiency motivation" (becoming free from his symptoms) became a self-actualization motive. In psychotherapy, as in alchemy, "one must have gold to make gold," and in this case the session gave the patient the initial "capital" required for the work.

The episode described in the foregoing pages took place during a lapse of no more than thirty minutes and ended when I started questioning him. Soon after he stated that everything in his life was a lie or a distortion, I thought that it would be useful to him to look more closely into the particulars of this distortion, so that he could have something to remember after the session, something upon which he might anchor the otherwise vague sense of his reality. To my question as to *what* in his life was a distortion, he answered, "Everything. Everything that I say or do. Every gesture, the way I talk, the way I climb onto a bus." And now he suddenly felt nauseated and restless. As I continued to invite him to look into the concrete instances of the lie, the distortion that he had discovered, he felt increasing malaise, resented my speaking to him, and said

that my questions made him feel more nauseated. Soon he started vomiting and spent the next four to five hours alternating between periods of vomiting and periods of sleeping. During this time, he said that he was thinking or contemplating images, but there was little that he could report, partly because of his inertia and his desire to withdraw from contact and partly because he could not remember anything that he did not mention as soon as he had experienced it. When he did speak, though, either in answer to a question or taking the initiative to talk, his physical discomfort increased. The clearest of the images that he did capture was very expressive of the world of harmaline on its "hellish" side—he was having a picnic with his family and was sitting in a circle around the fire where they were roasting . . . his father.

This session displays both a fragmentary sample of the harmaline peak experience and a view of the drug's unpleasant effects. The former is quite characteristic of the drug and consists of a state in which anxiety and destructive forces are assimilated into a peculiar type of ecstasy marked by a sense of energy, even power and freedom ("as if I were to burst out through my nose, or my blood were to explode out of my arteries") and at the same time, tranquillity ("like feeling a strong sun for the first time in my life or . . . peace . . . in the moment of death"). Frequent symbols of this power are, aside from the sun and the process of dying, fire, tigers or lions, dragons, all of them typical of the psychic domain tapped by harmaline. Yet, to be fire or to be a lion in actual life is something that not many can even conceive, and this may account for the fact that either symbolic visualization or an experience of pure feeling (as in the quotations in the earlier parentheses) is the most that the average person can allow himself without meeting psychological obstacles. I think that this patient's discovery of his sense of self and freedom for his everyday "I" was a step toward practical realization, but this was all that he could

afford to see without threatening the structure of his present personality.

The state of physical discomfort, fatigue, and half-sleep (with unclear dreams), present throughout most of the session just described, constitute the typical "adverse reaction" to harmaline. Though little in it would suggest its being more than a physical toxic syndrome, the time of onset, the persons who are prone to it, and the contexts in which I have seen such a reaction occur leave me with little doubt as to its being in the nature of a psychosomatic reaction. In this particular instance, illustrative of many others, the lethargic state seemed to be an active evasion of the discomfort accompanying the alternative state of attention to the ongoing process (a rich flow of imagery, memories, thoughts, and feelings) and communication. Why this experience turned into one of discomfort is probably not the right question to ask. The pain of self-confrontation may well be an individual constant, reflecting the person's present state. If this is so, the question to ask in the case under discussion is, How was the peak experience of the first minutes possible at all? The reason, I believe, is the same as that which accounts for the possibility of peak experiences in disturbed personalities in general: a realization is made possible by the temporary ignoring of its ultimate consequences; a state of being is grasped in abstraction (not as a conceptual abstraction, but more like a feeling abstraction), like the perfume of a rose without the sight of it, or like a feeling state conveyed by a work of art which may be identified with and enjoyed by many who would not carry that feeling state into embodied expression as a style of life.

It may be a matter of speculation whether the patient's initial state of well-being might have persisted had I not pressed him with questions. Apparently, my question posed to him a challenge of consciousness that he could not meet, but it is conceivable that he might have arrived at the corresponding answers himself if left to his sponta-

neous rhythm. The natural tendency of most persons to withdraw from contact under the influence of harmaline (the opposite of the typical MDA experience) may well be a constructive avoidance, a fencing of the seedling while it attains maturity, as discussed in more general terms in our introductory chapter. The metaphor used by Ramakrishna to speak of meditation and the way of detachment may be relevant to this point: Once butter has been separated by churning the milk, it can be put into the serum again or into water, and it will not dissolve.

Whether I was adding water prematurely or not, I do not know, but I am bringing up the issue because it illustrates what I see as a permanent dilemma in the guidance of harmaline sessions: the balance between stimulation and non-interference.

Little intervention may well leave a patient to his own inertia and result in an unproductive session; on the other hand, uncalled-for intervention may disrupt the organic development which is characteristic of the more successful harmaline experiences. As a consequence, more tact is needed in conducting these sessions than with any other.

The more successful experiences with harmaline have a characteristic spontaneity, and these pose little problem to the therapist. In contrast to experiences of self-exploration at the interpersonal level, it is probably in the nature of an archetypal experience to develop naturally from within, so that the most a person's ego can do is stand by watchfully. Yet such experiences of easy and spontaneous unfoldment of images and psychological events occur only in about every other person, so that it is the business of the psychotherapist to induce them when they will not naturally occur. To illustrate this, I am quoting some notes taken from one of the less interesting sessions, which is representative of many others in which the subjects were left to follow their own course. In this case, the subject was a rather conventional thirty-year-old woman suffering from anxiety neurosis. The following fragment adequately represents the whole transcript, which is that of a mono-

logue in which she reports images succeeding each other with no clear logic of transition:

I see a white bird.

A cross.

A lamp with violet teardrops—glass.

I feel a ringing in the ears.

I see two crystal balls, like glittering lamps.

I see sand on a beach being tossed with shovels.

I see a red rag.

I see the image of an old and ugly man making globes with his mouth.

Many lights are reflected, and then light and dark follow. Lights go on moving by in turquoise shades, green in the middle and turquoise all around.

A black teardrop of a turning lamp.

I see a radiant sun.

I see the face of the beast in *Beauty and the Beast*.

A large black blot.

A map. I first see America and then Europe—Italy.

I see some stained glass windows.

I only see lights. I see glittering lights, many lanterns in red-green-yellow colors.

A Persian carpet with a red background and shapes.

Anyone acquainted with the world of harmaline would recognize here the typical themes: the bird, as the very first image; then the archetype of the cross, with its religious connotation and its implied significance of intersection, center, and outward extension from it; the turning lamp, again conveying centrality; the radiant sun, with its significance of source once more, and stressing the element of light; the colors, expressing light once again. Yet, in spite of their potential or hidden significance, the images followed each other in this inward display, without revealing their treasure, while the onlooker watched them go by with little emotional participation other than curiosity.

It is in cases like these that the therapist can sometimes step in and help the patient unlock the experience hidden in the visual symbol, not so much through inter-

pretations, which would interfere with the more important primary process, but through an encouragement of attention. Merely by more attention being given to these fleeting images, it may be discovered that they might start to unfold in a meaningful way; if only they are "listened to," they may begin to "talk."

The following excerpt is a literal transcript from part of a session, the first part of which had proceeded much like the one reported above. The passage quoted here is taken from a moment when the therapist chose to guide the process, and the fleeting and disjointed images then took the form of a continuous and coherent sequence. The episode transcribed took place after the first thirty minutes of the session.

Patient. I see a woman dressed in white with a bandana on her head. She's leaning against an ivy-covered wall, and she is looking at a statue, a golden statue of a lion. Well, the statue is very close to her, on top of a tall white granite obelisk, as phallic as the Washington Monument.

Doctor. What is the statue?

Patient. What does it tell me?

Doctor. No, what does it represent?

Patient. The monument? Well, now I'm standing at the base of the monument and looking up at it. It's become a rocket.

Doctor. A rocket. Did you mention a golden lion?

Patient. Yes, a golden lion. It may have been on one of the friezes on a public building nearby. It looks like the lion on a European royal coat of arms. It is an almost Oriental or Siamese lion. The features on the face of the lion, the mouth in particular, suggest this. It is standing on its hind legs, with its forepaws in the air, its mouth open, half-lunging forward, as if it were attacking.

Doctor. Do you have any feeling about the color? This golden color?

Patient. It's a very yellow gold.

Doctor. Do you like the color?

Patient. Yes.

Doctor. How does it feel? . . . (*Rest of question inaudible.*)

Patient. Well, I can feel myself touching the lion. When I touch it, though, it tends to become a real lion. It loses its cold metallic cover and becomes warm fur.

Doctor. Can you talk to the lion?

Patient. He's-turned into a real lion now, an African lion. He has a tremendous tawny mane that is very stiff and bristly. His eyes are yellow.

Doctor. How do you feel about this lion?

Patient. I feel he is my friend. He is like a dog I might have for a pet. But he is nonetheless, in his own domain, a fierce and wild animal.

Doctor. Is this a good feeling, being a friend of an animal in its natural state?

Patient. Yes.

Doctor. Maybe that's what the image conveys, this pleasantness of joining the wild animal, being accepted by the wild animals.

Patient. I'm curious to know what things he could tell me if he could speak. The lion is turning and walking away toward the jungle.

Doctor. Can you follow him?

Patient. Yes. He's trotting now, and I have to trot, too, to keep up with him. Now he's loping. He's chasing an automobile. (*Sounds of outside traffic on tape at this time.*) There's a trainer, a man, running along behind the automobile. He jumps onto the rear bumper and hangs onto the back window. The car pulls away from the lion, the man riding on the back of it. The lion slows down and stops, looking after the car. Now he's turning around to talk to me. He says, "It's too bad that one got away," or something like that.

Doctor. What did it want to do?

Patient. I'm not sure. He may have been going to attack the man. Or he may have been just curious. But he is hungry. It doesn't make any difference to him whether his meat be human or some other animal.

Doctor. What does the lion do now?

Patient. He is standing there licking his chops. You know, licking his mouth with his tongue.

Doctor. What would you like from a lion?

Patient. What would I like from a lion?

Doctor. Or in a lion.

Patient. Warmth is the first thought that comes to mind. Strength, I suppose. And I see children climbing on the lion's back and sliding down on his sides and rolling under him and climbing up again and sliding over his back—having a wonderful time. And he is standing there enjoying it all.

Doctor. Can you imagine yourself as the lion?

Patient. No.

Doctor. Assume you have a lion in yourself. You would like to play with the children as they are playing with the lion. You have a wild animal as well . . . (*Rest of sentence inaudible.*)

Patient. I can do it better if I see the lion as a lioness. But somehow I don't see the lioness being as . . .

Doctor. . . . as lion-like.

Patient. I guess I see the lion as a dog, a playmate, whereas the lioness is strictly a mother of the children.

Doctor. For some purpose, it is a lion and not a lioness.

Patient. All right, we'll go back to the lion. (*Long silence.*)

I'm having a lot of trouble becoming the lion. I guess I know why. It's because I don't much feel like taking on the job that he is performing.

Doctor. Suppose you have the lion talk to you.

Patient. Talk to me? And those are my children? (*Long silence.*) It isn't going anywhere.

Doctor. Let's see if some commentary leads anywhere. I see some themes in what you have-been saying. There's a theme of nobility: the lion insignia, the chateau, the political figures. Not only nobility, but authority, let's say. Then there's the theme of the movement around a center—galaxies, drum, merry-go-round. Then there's a theme of animal life, impulse—the horses on the merry-go-round that became a stampede, wildness; then the cowboys, with revolvers . . . impulse, aggression. Then the lion. And the lion, I think, contains the

three: the central role, the authority, the vitality, the aggression, and the nobility. I feel there's a place in your life for these feelings. It's something of your self-image that is being expressed, your ideal self. It should be very easy to enact the lion.

Patient. If he were doing something. But he is just standing. Very tired, and probably after hunting all day, he's come to rest in the park. And by accident some children come to climb on his back, and he's just too tired to do anything about it.

Doctor. Try saying, as if you were the lion, "I'm tired. I've been hunting all day . . ."

Patient. I'm tired. It feels good to have the children scratching my back, but they're getting heavy. He's a little afraid to start walking because one of the children might fall off. And yet he also has the desire to slip out from under them and be gone before they realize he's gone.

Doctor. Don't shift to the third person. "I'd like to slip out . . ."

Patient. Now the children have left.

Doctor. What do you feel like doing, lion?

Patient. Well, he urinated. It's getting dark. He is walking slowly but very softly. He is walking down a road with cars and trucks coming toward him with headlights on. (*Sound of traffic on tape in background.*) He stays over to the side of the road, and they don't see him. Now it's a lioness. She is looking at the trucks, and the truck drivers aren't aware of her, but she is thinking that if they weren't in the trucks, they would make a good dinner for her. And that although lions know what trucks are, she's wondering if the truck drivers know anything about lions. She is starting to hunt. She is walking down a dusty path trying not to stir up any dust. There's a log by the side of the path. A beggar in a tattered leather coat hobbles around behind the log, puts his hand on the shoulder of a man who was sitting there before he came along, and starts talking to him. The beggar has gray hair and . . . I don't know. The log has become a log cabin. The lioness sees a little snake crossing the path in front of

her. She has no interest in eating it. Its taste would not be very good. Now the lioness is walking along an exquisitely designed walkway which is made up of inlaid tiles. It's a picture. The center of the figure depicts the rising sun. The light from the sun is drenching the sky in very rich yellow and orange glittering rays. And there are three women standing in the center in white Grecian robes with myrtle on their heads and with their arms uplifted, singing. (*Long silence.*)

Doctor. Do you hear the song?

Patient. Do I hear what?

Doctor. The song from the women.

Patient. It seems to be one note that is sustained throughout eternity. It's a great choral voice that they are singing with, although there are only three of them.

Doctor. Do you feel what that song wants to say throughout eternity?

Patient. I'm listening to it. It has a familiar sound. It's the sound of high power wire vibrating with electrical impulses. A high, humming sound.

Doctor. I would suggest that you pay as much attention to the sound as you can. Enter the sound, become the sound. It may contain something very important.

Patient. I think part of its function is to carry telephone messages. I almost heard some voices I could understand.

Doctor. You are hearing some voices?

Patient. I heard very indistinct voices.

Doctor. In the sound?

Patient. No, the sound continued. It is as if it had connected its circuit to a telephone switchboard so that an occasional call would come into it.

Doctor. There's always a hum?

Patient. It's a pulsating hum.

Doctor. (*Inaudible on tape.*)

Patient. It's much too high. (*Choral music on record player in background.*) (*Long silence.*) I see the heavens opening up. The clouds pull back and form a wide ring. And from the ground, floating upward, are women with one hand upraised, like somebody would

hold up their hand to be helped up a ladder. And they are floating slowly up toward the peak of the dome. Two of them are elderly, but they like the feeling of floating upward in space to the point that they forget the reason for this phenomenon, and they start doing somersaults and laughing and giggling and playing, enjoying themselves instead of assuming a pose. There are other people waving goodbye. I still haven't heard the music. (*Long silence.*) I heard one of the voices, but I couldn't catch the complete sentence. The woman who was talking on the phone was a farmer's wife with an unpleasant voice.

Doctor. There's still a hum? Like an electric wire?

Patient. Or high speed.

Doctor. High-speed what?

Patient. I guess I am associating it with jet airliners.

Doctor. So it seems to suggest energy. Can you say anything else about the energy? How it feels? Aside from speed, are there any other associations?

Patient. Power.

Doctor. Contained power?

Patient. Yes, very definitely contained.

Doctor. Inward? Like the essence of something? Something very essential, latent, potential?

Patient. I can't say I am the power, because it is a limited power; it is only a utility.

Doctor. How do you know?

Patient. Well, the setting it appears in . . . telephone poles with wires strung between them.

Doctor. But it originally was a song of the three women.

Patient. Yes, it was.

Doctor. The lion led you to a very beautiful place. While listening to it . . .

Patient. It's a hymn, really, that they are singing.

Doctor. What words would you give to it to convey the feeling of this hymn?

Patient. Praise God on the highest, or to the highest.

I would probably not have picked the image of a sculptured lion as a starting point for a fantasy exploration had

I not become aware before this particular session of the prominence of big cats in harmaline experiences, in the lore of South American shamanism, and in mythology in general. The role of the lion as a guide to a domain of sacredness is not peculiar to the episode quoted above, but is similar to the role that the jaguar plays in the Indians' visions and that tigers and snakes play in the visions of other subjects. Even the association between the lion and the sun, indicated in this sequence by its walking on the sun's picture and also by its golden color, is a replica of South American mythology, in which the jaguar is regarded as the incarnation of solar energy.

The development of the sequence and the discussion may be seen as a gradual unfolding of an experience of power, first petrified in a sculpture, then emanating from the image as color and the expression of the lion as ready to attack, later meeting the observer as a live animal, then a hungry animal, and finally perhaps, speaking to the subject through the ear rather than the eye in the form of vibrating electrical impulses.

Still, we are left with the feeling of a certain lack. Rich as the episode may be in meanings or mythical overtones, the subject remains a detached observer, unrelated to the events in the dreamlike sequence by feelings that go beyond the aesthetic. The image of the lion, like a seed developing into a tree, has displayed its contents, but this is still bound up in visual symbols, much like a work of art which lies open to us but which, according to our state of mind, may either shake the foundations of our being or leave us cold.

It may have been noticed that many of my interventions were made to draw the subject's attention to her own feelings—of which the vision may be assumed to be the external indication and substitute. Yet the response to these questions usually came through the medium of a symbol. Asked, for instance, how she felt about the lion's color, she felt that she was touching the warm fur of a live

animal. Asked about her feelings about being in the company of such an animal, she tried to understand its feelings and saw it engage in movement (walking toward the jungle). Asked what she wanted from a lion, she saw the children climbing on its back. Her experience was projected onto the screen of her fantasy, leaving her as a detached and rather indifferent observer, and she had difficulty in stepping into the action as a character. A way to re-own the experience of her unacknowledged lion nature might have been to enact the lion, stepping into its skin to feel how it felt. But she was reluctant to do this and would not even go through the moves of pretending to be the lion or speaking in the first person as it (him) rather than of it. The subject's tendency to project her experience into the medium of symbolic forms was expressed in a trait of her fantasy which also exemplified a typical defense mechanism in harmaline sessions—the abundance of art forms, which made her fantasy the representation of representations. The suggestive obelisk is merely granite, though when she attended to it, it became a rocket; the lion was a sculpture, a frieze in heraldic style; the sun, a mosaic. The opposite of this would naturally be an experience of interacting with beings perceived as fully alive; one where aesthetic distance gives way to some degree of forgetfulness of one's self as a person lying on a couch and contemplating an illusion.

The following is an example of this type of experience, which I have always seen to be followed by positive therapeutic results:

We were face to face, the serpent with its open mouth, menacing, trying to devour me, and myself, full of curiosity, trying to enter it without being bitten. The solution to the problem was instantaneous: I had to get in very fast—so fast that the serpent wouldn't be able to get me with its fangs. Idea and action were simultaneous. In a leap, I found myself inside the serpent. Of course, this was a black tunnel with elastic walls, and I saw nothing. (It

seems the serpent had closed its mouth.) I felt a horrible fear of never being able to get out of it. But then I remembered that this was a dream and that I could at any time go through the walls—open my eyes—and find myself in bed. Next, I considered that since I was already there, I should find out what the serpent contained, for I was absolutely sure that something was in it. I was still afraid, so I decided to proceed as quickly as possible. I walked for a while toward the tail, and suddenly there was light. There was a grotto at the rear. It was a subterranean grotto, inside of which was a lake. The water proceeded from a fountain and was very pure and fresh. I felt an imperative need to go into the water. I was very tired, and the water was going to enliven me and especially purify me. It also seemed that it was very hot inside the snake, so the freshness of the water left me with an exquisite sensation. I entered the little lake wearing a white robe; I saw myself, for I was at the same time bathing and on the shore, looking at myself while I bathed. The "I" that watched had no body, but the one bathing felt very cold after the initial pleasant sensation. I therefore left the water; both of my "I"s became one, and I returned through the tunnel to the snake's mouth. I was afraid of not being able to get out, but as I reached the spot the serpent opened its mouth, and with incredible speed—to avoid being bitten—I found myself in my bed.

This sequence is one of many in a session of great therapeutic value, and it illustrates a trait common to both. In every episode, the patient is the main character of the story, and as things happen to her, she is affected by them. Not only does she visualize herself entering the serpent, but she identifies with her visualized self and experiences her experiences to the extent of forgetting that she is in her own bedroom having a fantasy. She, the dreamer, feels curiosity, fear, and delight, and finally feels that she has taken decisions, surmounted obstacles, added something to her own life. If we accept imagery as symbolic of unconscious feelings and urges, we may regard experiences like the one quoted above as interactions of a person

with his unconscious, and find in this the reason for their therapeutic value. Moreover, it appears from the sessions that every time confrontation with the unconscious "other" takes place, some integrative experience ensues which is expressed in visual symbolism at the time (i.e., light and water of purification after facing the danger of being destroyed).

Several factors seem to be involved in making this type of experience possible. Some individuals appear to be naturally more prone to it than others, and the personality factors involved in this remain to be elucidated. I think that mental health is one of them, but definitely not the only one. I also have the impression that mesomorphic somatotonics are more likely to have a rich experience than cerebrotonic ectomorphs.

But beyond the question of individual differences, training can prepare the ground for a fruitful harmaline experience—training in the observation of mental events, as is provided by most forms of psychotherapy, and particularly training in active imagination. This particular patient had both, having been prepared for the session by a period of analysis and several guided daydreams.

In spite of the spontaneous unfolding of many harmaline experiences, such spontaneity most certainly needs favorable conditions. This was evidenced by the unpleasant and unproductive sessions of two subjects during the recording of electroencephalograms, as contrasted with productive and pleasant ones which they had in the standard setting. Rapport with, and trust in, the therapist also seem to play an important role, since the persons with less meaningful experiences were, on the whole, those who had communicated less during the preparatory interviews.

I believe that one of the most important functions of a therapist in a harmaline session is that of listening. Persons who volunteered for experimentation with harmaline, regardless of their personal interest in this venture, were instructed to report what they were experiencing, so that

even when they kept quiet, they tried to keep a mental record of their reactions in view of making a report. I did some unsystematic experimentation on the bearing of this attitude of intentional watchfulness by not questioning the subjects at some periods in their sessions, by walking into the next room and telling them to spend the following half-hour as they wished and not care about reporting this episode. Also later, after the first thirty cases, I administered harmaline to other subjects without the standard instruction stressing watchfulness, alertness, and the prospect of a report. It is my impression that, under these circumstances, less was remembered or less actually took place in the person's mind—except in the cases of persons who were left to themselves after having arrived at what seemed to be a peak experience.

Conversely, when a highly productive level has not been reached, it seems that watchfulness will lead to it more easily than passive surrender. This watchfulness may be sustained through communication. I especially ask the subjects not to overlook reporting their physical sensations, since their doing so stresses a state of alertness, which counters the natural tendency to be carried along lethargically and forget the harmaline "dream," much as happens with nocturnal dreams. It appears that the usefulness of harmaline is that of bringing about an integration of the conscious and unconscious spheres by a facilitation of symbolic oneiric processes in the wakeful state. If alertness slackens, unconscious life proceeds unconsciously as in natural sleep or habitual "wakefulness."

There are instances in which imagery or feelings flow so meaningfully and spontaneously that little or no "coaching" is needed. Other cases illustrate how some guidance can lead the person to the point where such productivity is reached. In the following example it was the guided daydream which channeled the subject's creativity into the visual sequence. This procedure proved most fruitful in several instances as a framework in which the

person's feelings could be translated, manipulated, and eventually interpreted. I have generally adhered to De-soille's basic scheme of ascent, flight, and descent into the ocean, since this lends itself well to the expression of some basic attitudes (effort and search, freedom, plunging into the unknown) and, like the standard pictures of a projective test, it can give the psychotherapist some orientation on the person's individuality as contrasted with that of others in developing the common theme.

The following is an account of a complete sequence. The patient is a thirty-four-year-old man with marital problems and an anxiety state of short duration.

Dr. N. tells me to imagine a mountain, which I do easily . . . but I do not see it. The mountain is not there, like the previous images, but I only have the "idea" of a mountain in front of me. And not in *front* of me, really, but in me.

I describe the mountain. It is a truncated cone, very high, and of a blue-gray color. Strangely, if I were to see it, it would be different from all the mountains that I know.

I am asked to climb this mountain, and I see (from here onward I shall speak of "seeing" things, though the comment above continues to hold true) a very high ladder and innumerable men climbing it in a row, like ants.

I start climbing, and I do not go about it in the normal way, but on the side of the ladder, with one of the side rails between my legs, placing one foot in front and the other behind the rungs. I feel the rung between my thighs, and this suggests bicycle riding. Without any choice, there I am, on a bicycle. Gone are the mountain, ladder, and men. I am riding a bicycle in a street with a lot of traffic. I feel that I am intermingling with people and vehicles traveling at high speed. There is great disorder. A train going at high speed appears, and heads toward a tunnel. In passing through it, it tears off its concrete coating. Now it is a train covered with concrete, like a giant beetle, which goes on and on, penetrating everything that is in its way, and

going under the bridges instead of over them. I would say that the crazy engineer wants to go through every hole that he finds.

But we must return to our mountain. Time now proceeds at a normal tempo, the mad rush of the previous scene being over. There are no other men now, and I am getting to the top of the mountain. The ladder is just as tall as the mountain, so that, on grasping the last rung, I am touching the very edge of the mountain top. This edge is very fragile and breakable, so I find no other solution than to enter with my whole body, like a reptile. I say "enter," for the mountain is hollow.

I am deciding on the best way of descending when strange beings appear, climbing the walls. They are like giant rats with bulging eyes and spider feet. They look at me and follow their way to the top where they wander along the edge.

I am on my belly like a worm and I crawl along. I have come down a considerable distance. I cannot resist looking up at the place through which I entered. It is almost a luminous spot, but—looking downward from the opening—I see myself! The descent goes on, and there is a Dantesque sight. There is, at the bottom, a sea of fire surrounded by a beach of white sand, which encloses the fire like a ring. The ground on which I find myself is dry and rough. I do not know how I came to be on the beach and on my feet.

I look at the sight. It is marvelous—a fiery sea. What a strange mixture of water and fire in which water does not extinguish the fire and fire does not evaporate the water. The fiery waves, breaking close to the beach and caressing it, turn to crystalline fresh water.

I slowly draw closer. I can see the foam. I touch it and enter the water. It is fresh, refreshing, very refreshing.

I am instructed to approach the fire. I am afraid of getting burned, though something tells me that I will not be burned. I question my reasons for being in that mountain. Why am I here? What am I here for? And I feel like returning. Dr. N. then insists: "Try to enter the fire. After all, if you happen to die that will be only an illusion, and it may prove to be worthwhile."

I then continue to advance, and the water now reaches my calves. It is now that I contact the fire. Before breaking, one of the waves touches my leg, and, far from burning me, it tickles me. Soon I am swimming in the midst of the sea of flames. I swim like a frog.

I was expecting it—Dr. N. asks me to dive into this sea of fire and see what is beneath. I do it, and I feel myself swimming vigorously, head down. I do not feel fire any longer, only water. I do not need to breathe, and I could go on swimming indefinitely. I try to reach the bottom, but without success. I think of returning. The excuse is the same: lack of incentive. But I am well into all this, and it is not the time to worry. I must get to the bottom.

The water gets clear, and now I dimly see the bottom of the fiery sea. It is of white sand. I touch it with my hands. It is coarse. I am with my feet on the sand, now, and I walk, half-floating. I see, to the left, giant pearls (sixty centimeters in diameter, approximately) which look wet, like they were perspiring. There is no plant life. The sea bottom is sterile.

To my right I see three naked woman. Two are white and the other black. Only black in color, for their bodies are identical, and they are like one woman. The three have exceedingly beautiful breasts. I feel instantly attracted and would like to make love to her (or them?).

Once more, I am struck by the absence of humidity on this sea bed, in spite of the fact that it's all under' the water. There is nothing that I feel as wetness, that wetness that gives warmth to things, which enhances their odor, and is to me an expression of life. Though the pearls are wet, I am not satisfied with them. I look for plant life, green color, smell of earth or sand or wet grass, and I do not find it.

To my right there is a young couple. He is leaning on a gigantic slice of melon, which supports his back or on which he half-sits. She is firmly attached to his chest. Their mouths are united in a tight kiss. He caresses her breasts and sex at the same time with his hands. Their faces look complacent. She enjoys his hands, and he enjoys her pleasure.

At once I imagine making love on a great slice of melon.

No doubt I have found the wetness I was looking for. The wetness of a melon, of a mouth, of a gigantic vagina. Why not enter? After swimming in fire I think that there are many things that I could do.

I enter into a dark cavity and touch its soft, wet walls with my hands. I would say that the enclosure *caresses* with an enveloping caress. I am naked and feel the contact with my body.

At the end, there is a spiral stairway which leads through tubes to the ovaries. I start climbing, and feel tremendous excitement at being on the verge of knowing the place where life begins! I have arrived, and I find myself in a spacious hall where the color white predominates. Behind a table there is a young lady in a white cloak and wearing eyeglasses. She looks very serious. I dislike her. She is cold.

I ask her what she does, why she is there. I am surprised to hear that she and a companion in a similar hall are in charge of determining conceptions. I am aware of my own astounded expression, but she does not notice. At my request, she explains that people believe that conception is the outcome of sexual intercourse. But such intercourse is just an act of love, she says, and she is in charge of controlling conception.

I inquire about the criterion or policy in such decision-making, and she tells me that all conceptions are registered in a big book, which is something like a book of life.

I draw close to see it. It is extremely old, somewhat like an old Bible, with a peculiar binding. The book indicates all births, with nine-month waiting period. It is not complete, but ends in 1892. The rest is blank pages. The last sentence is: "And the day will come when man, with the help of science and technology, will become his own creator."

The place displeases me, and I decide to leave. I try to descend the way I came up, by the spiral staircase, but I do it through a narrow tube, falling at last in a giant womb. I bounce against its walls, which look like rubber.

As my sight gets used to the dark I see big erosions in the walls, half-healed gouges that have been left by a huge

curette. I feel that I am witnessing the register of all the children who were not born.

One thing that can be noticed in this fantasy—as in most—is that many events in it would not have taken place were it not for a specific direction to this effect. Furthermore, the most significant episodes generally unfold only after meeting some resistance. Where the dreamer would, left to himself, interrupt a sequence, follow the most pleasant aspect of his imagination, or be distracted, the therapist can press him to enter the burning sea, to dive in spite of his initial lack of interest, to meet the monsters, to knock at the door, all of which involves increased interaction between his everyday "I" and his other self, between his usual center of consciousness and the symbolic presentation of his unconscious processes. In the case of this man, the dream leads to an increasing expression of an urge for all that he symbolizes as "wetness": sensuousness, sex, earthiness, woman, love. A peak is reached in the expression of this theme with the fantasy of entering the womb, after which a sudden change takes place from "wetness" to frustrating "dryness."

I would advance the hypothesis that fantasies of the wish-fulfillment type express the fact that a person is accepting his own impulses, whereas self-defeating fantasies are the expression of self-rejection in the form of repression. In other words, the pleasure which generally accompanies a fantasy is not so much that which arises from the imaginary fulfillment of a wish, as it would appear, but that of self-acceptance, involved in the *acceptance* of fulfillment.

In the present instance, the final episodes of the patient's dream faithfully depicted his chronic state of being and feelings and may be rightly regarded as a regression from the previously experienced state of inner freedom and fluency. Such a chronic state of being, nevertheless, was unconscious to the patient, in that only unconsciously did he experience dissatisfaction (i.e., as symptoms),

while consciously developing much resignation and even idealizing the *postponement* of his spontaneity. Only after the episode in his harmaline session described above in which he felt all-spontaneous and all-himself was he able to sense the contrast between such openness and the sterility of his neat and clean but artificial and self-rejecting way of going about his ordinary life. Thus, he associated the abortion scars, dryness, and texture of the womb in the last part of his fantasy with the idea that his mother had undergone abortions and with the thought that she had considered an abortion at the time when she was pregnant with him. Even this thought, stemming from a comment heard as a child, may have been no more than a symbol itself for the final experience of not feeling loved by his mother, which he had denied, but could now no longer avoid acknowledging.

The conception-controlling nurses in the patient's "dream" are like an echo of his mother's attitude during his childhood, during which time she continually guarded him from imagined illness and dangers, subjected him to restrictive diets and schedules. Her overprotectiveness may further be indicated by the fact that when she was told that her thirty-five-year-old son would be undergoing the above-described session, she sent me (a stranger to her) a detailed account of his medical history since the time of his birth—a history no different from that of an average child.

The patient had found himself a wife with many of his mother's traits: intellectual, moralistic, responsible, polite, and sexually inhibited. He admired her and felt guilty for not loving her more than he did. Yet he did not find with her the depth of communication or intimacy which he later knew with another woman. For four years, he felt unable to decide between his home and his new love, and he felt continually more aware of these alternatives as entailing a choice between different sets of values. At a time when a choice had become critical, he volunteered for the

experiment involving the cited harmaline session, in the hope that this might give him a better understanding of himself and thus help him in his decision.

After the session, the patient sensed that his marriage had been to him a choice of "dryness," to which he had been adhering out of a sense of duty but not love. His wants now became more pressing, and his demands on himself diminished. Indeed, five days after the session he indulged in impulsive behavior which had no precedent in him. He got drunk in the company of friends and became violent, and then forgot the whole incident.

One might speculate as to the effect that this exceptional reaction to an already exceptional state for the patient (alcoholic intoxication) constituted an intuitively sought continuation of his harmaline session. For the latter had set up the scenery, so to speak, of his psychological state of affairs, but it still remained for the patient to experience the violence of his smothered self in face of the "antiseptic" nurses implanted in his soul as a chronic anti-life force. Comparable episodes did not occur after this explosion of anger, and the patient continued to feel more like himself than he did before the session. Now he has been living for four years with his second wife in what he feels is his own style.

Some of the experiences undergone by persons during their single exposure to the effects of harmaline (as has been seen so far in both the illustrations and commentary) constitute a plunging of the mind into an area of myth, transpersonal symbols, and archetypes, and thus constitute an analogue to what is the essence of initiation in many cultures. Typically, for instance, the puberty ordeals are occasions when the young are brought into contact (with or without drugs) with the symbols, myths, or art works which summarize the spiritual legacy of their culture's collective experience. The attitude toward the world that is expressed by such symbols is regarded as important

to maturity and to the order of life in the community, and for this reason its transmission is reverently perpetuated, made the object of initiations and of other rituals or feasts in which the people renew their contact with, or awareness of, this domain of existence, irrelevant to practical life but central to the question of life's meaning. The harmala-alkaloid-containing drinks of South American Indians are not only employed in puberty rituals but also in the initiation of the shamans, primitive psychiatrists whose expertise in psychological phenomena is revealed, for instance, in the fact that they are frequently expected to understand the meaning of dreams.

Aside from the apparently therapeutic implications of an initiatory process (understood as one of establishing a connection between everyday consciousness and the archetypal domain), we may be left, after considering the sessions reported so far, with a feeling of incompleteness. A process has been initiated, but then what? A person has undergone a novel experience and emerges from it with an enriched sense of selfhood, the intimation of a connection with a deeper region of himself, a more clear awareness of the noble and archaic animal within, and the taste of a greater spontaneity than he has heretofore known. All this is an asset and may suffice to bring about changes in feelings or symptomatic relief, to awaken new interests or orient the individual in a decision, as shown above. Yet most of the sessions that I have seen leave me with the impression of my having witnessed no more than the first act of a drama. Symbols may remain undeciphered, conflicts unresolved, events in the visual display interrupted at crucial points. In the case of the subject in our last illustration, the ending of the dreamlike sequence itself suggests the subject's defeat and the incompleteness of his soul's journey, and we can imagine his unacknowledged frustration as the motive behind his alcoholic intoxication and his unexplained outburst of anger.

All this suggests the desirability of an appropriate con-

text for the assimilation of the harmaline experience, which implies time for reflection in the days following a session, a certain freedom from excessive environmental constraints, and particularly the continuity of the therapeutic contact. The question also naturally arises as to the effect of a series of harmaline experiences on the development of the themes, insights, or feelings encountered in the first one. I have only occasionally given harmaline more than once, but the following case history, comprising a series of four sessions, may illustrate both the nature of such an evolution and the bearing of the sessions on clinical manifestations in the course of time.

This is the case of a twenty-five-year-old woman who had undergone psychoanalytic therapy for a year and a half with great gains in terms of her personality, but with no improvement noted in the symptoms which constituted her main reason for undergoing treatment. These consisted of intense anxiety, fear of dying or fainting, and physical symptoms like suffocation and paresthesia. These symptoms occurred especially in gray city streets, less so in curved, irregular streets, or those bordered by trees. She also experienced anxiety in movie houses and would usually close her eyes whenever something unpleasant was to be expected in a film. The phobia was preceded by a period of absent-mindedness in the streets, during which she would often go beyond her destination, either walking or by bus. The closest associations to the feared situation in analysis were episodes of danger during the war, when she had actually been (with her parents) in open spaces under aircraft fire and in areas under attack by bombing. Yet the symptoms developed many years later, during her father's fatal illness. The exact relationship between these two incidents had never become clear. She had been very attached to her father, and also shared his extreme violence. When she was a child, he used to take her to the shore, and now that she was grown up, the sight of a beach would put an end to all her anxiety and depression.

Much of the patient's first session with harmaline took the form of a series of dreamlike sequences rich in archetypal content. The image of a tiger was prominent in these visions and constituted the very first of them. "Floating spots like a tiger's eyes" were the first symptom of the drug's effect and then many tiger faces. Panthers followed and all sorts of cats, black and yellow, and then *the* tiger. This was a very large Siberian tiger, and she knew (for she could read its mind) that she must follow it. This she did several times, but none of the scenes seemed complete. Still, a "longing for the tiger" persisted in her. After an episode (to be described) in which she met her father, she intuitively knew that she was now ready to follow the tiger, and this proved to be the case. Here is the description of the last episode, in her own words. The quotation begins at a point after she has followed the animal to the edge of a plateau and is looking down toward the abyss, which is hell. It is round and filled with liquid fire or fluid gold. People swim in it.

The tiger wants me to go there. I don't know how to descend. I grasp the tiger's tail, and he jumps. Because of his musculature, the jump is graceful and slow. The tiger swims in the liquid fire as I sit on his back. I then suddenly see my tiger eating up a woman. But no! It is not the tiger. It is an animal with a crocodile's head and the body of a fatter, larger animal with four feet (though these weren't visible). All kinds of lizards and frogs begin to appear now. And the pond gradually turns into a greenish swamp of stagnant water, though full of life: primitive forms of life such as algae, anenomes, microorganisms, etcetera. It is a prehistoric pond. A shore appears, not sandy but covered with vegetation. Some dinosaurs are seen in the distance. I ride on the tiger on the shore. The serpent follows us. It catches up with us. I stand aside and let the tiger take care of her. But the serpent is strong and my tiger is in danger. I decide to take part in the fight. The serpent notices my intention, lets go of the tiger, and prepares to attack us. I hold its head and press on its sides so that it will open its

mouth. It has an iron piece inside, like the bit of a horse. I press on the ends of this bit, and the serpent dies or disintegrates; it falls to pieces as if it were a mechanical serpent. I go onward with the tiger. I walk next to him, my arm over his neck. We climb the high mountain. There is a zigzag path between high bushes. We arrive. There is a crater. We wait for some time, and there begins an enormous eruption. The tiger tells me I must throw myself into the crater. I am sad to leave my companion, but I know that this last journey I must travel. I throw myself into the fire that comes out of the crater. I ascend with the flames toward the sky and fly onward.

As I mentioned earlier, the journey related in the foregoing paragraphs was insinuated on many occasions early in the session, but could not be completed before she confronted her father, and as soon as she did this, she at once knew that she was ready to follow the tigers. Yet it took some insistence on the therapist's part to lead the patient to the point of finding her father—the first personal image in an otherwise anonymous array of dream characters.

I saw many faces, one after another, faces of elderly, gray-haired gentlemen. But none resembled my father. I finally set out to *rebuild* my father's face, feature by feature. I first saw his hair and forehead, then his nose, the mouth, and finally the eyes and shape of the face. But still he had no ears. In spite of my efforts, I was not able to put them on. I finally decided that this was unimportant.

Then her father came alive and smiled, and she could see his whole body. They embraced and kissed on the mouth. The meeting took place in a tunnel which was a place of communication between the living and the dead. She told him she was in love and introduced her fiancé to him, with some fear. He approved, as he was more affectionate than in real life. As he finally withdrew toward the dark side of the tunnel, she wept.

On two occasions during this patient's session, I sug-

gested an exploration into her phobia of streets by confronting such scenes in fantasy. The following description (prior to the one just quoted) tells, in her own words, of the first attempt to cross the main avenue in Santiago at a familiar and threatening spot:

I am standing on the Alameda at the corner of Victoria-Subercaseaux. All is gray as on a foggy day. I look toward the hill, and this is vaguely green, but I do not discern colors very well. I approach a little tree that is there on the corner. It is as if I wanted its protection. I reflect that I may support myself on it if I don't feel well, and I may thus avoid falling into the street. I get ready to cross the Alameda. I look at the cars. There is much traffic, and the cars go faster and faster. Suddenly, this becomes a continuous row of cars that looks like a train going at high speed. There are faces in all the windows—men, women, and children—and all of them look in my direction. Then this fades away, and the traffic becomes normal again. I wait for the green light, and I cross, feeling very afraid. Because I feel afraid, I feel that I don't quite touch the ground but float in the air. A man approaches. He is short and wears a brown overcoat and hat; his complexion is dark and he has a mustache. A typical Chilean face that can be seen in any street. He says, "Good afternoon." I answer his greeting. I vaguely sense that he is the man who assaulted me in the elevator, even though I don't remember my assailant's face. I walk on toward Portugal Avenue, but with effort, trying to avoid the tendency to float. I stay close to the University walls so that they can hold me in case I fall. I look toward the palm trees and I see in the sky a procession of bishops—bishops in a line, all in ceremonial dress, miters, and robes of white and gold, all identical, with the face of Nehru.

Here the first dream fades away. The second attempt took place toward the end of the session, after the vision of hell. As she attempts to cross the Alameda at the same spot, a crocodile falls from the sky.

It is a gray crocodile with a green design on its back, and I believe it is plastic, since real ones are not like this. I cross as far as the middle of the street. Then traffic becomes very thick so that a continuous line of cars passes at great speed on each side going in opposite directions. I panic to see myself running up the street together with the cars and at the same speed. I think, "What a crazy woman!" Only then do I realize that this crazy woman is myself. This cannot be, so I force myself back to the place where I was before I ran. The lights soon change, traffic stops, and I walk with deliberate calm to the other side of the Alameda. There I walk toward the University. People pass—ugly people, fat women, badly dressed—and I feel that I have to look at all these faces, ugly as they may be. I relate these to the ones I saw in a previous dream. These were here for me to look straight at, without fear and perhaps without compassion. They were all ugly, unpleasant. I have always sought after beauty, light, and harmony. But I realized that the beautiful and the ugly were different aspects of a whole: that I could not appreciate nor even know a part without looking at the whole. That is, beauty without ugliness loses its quality as such, its specific hue which makes it unique and distinct, beautiful. Again I looked at the faces of the persons crossing. There was a man with a scar on his face as if the flesh had been bitten out of his cheek or his face burnt with an acid. I felt that I had to look at those faces as I had had to look at the ones in the previous dream.

I have cited both sequences in spite of their similarity, precisely because of the consistency that this resemblance indicates, whereas a single piece of fantasy might appear as a rather chaotic or arbitrary array of images. In both, she experiences the familiar fear of falling and the search for support (on the tree or the walls). Yet her confrontation of fear in both leads to unsuspected embodiments of danger—the commonplace man resembling an assailant and the crocodile falling from the sky. A crocodile became part of the patient's fantasy in the later episode (already

quoted), which underlines its significance in spite of its present appearance as a lifeless plastic object. This appearance, like the transformation of animals into toys or cartoons, is a common process by which the mind protects itself from the feelings potentially conveyed by some images. Interestingly, the colors of this crocodile are very relevant to her phobia: the gray of the avoided streets (like the color of the sky from which it falls in this fantasy) and the green of trees that make them tolerable.

Like the crocodile and the human "aggressor," the mad traffic in both episodes conveys violence which the patient was not aware of fearing in the streets on the occasions when she experienced anxiety and the accompanying physical symptoms. The dreams now confront her with faces she would normally avoid looking at (and this session actually marked the end of her avoidance of looking at the screen in the movies). Such faces were later associated with war memories, and precisely one—that of the man with a wounded cheek—evoked the repressed memory of a wounded soldier running in the street that had impressed her deeply as a child.

The overall effect of this session was positive to the patient in many ways, but her phobia persisted. There was a change in the quality of her fear, though. Whereas it had always been that of fainting or falling in the street, it now took the form of a fear of aggression. The wheels of trolley buses and truck noises seemed menacing to her now, and for the first time she had fantasies of being attacked by a man with a knife. Associations to the symptom in subsequent psychoanalytic sessions were richer and included consideration of the assailant mentioned above, which took place when she was fourteen, and which she remembered, but had never mentioned or seen as important in any respect.

Two months after the session quoted above and the change in her symptoms, she was administered harmaline for a second time, following which she wrote an account

from which I am quoting at length because of its manifold interest.

I have great difficulty reliving the experience. I don't remember anything. I have only disconnected images: the girl—myself—in front of the church on a dusty road, myself at Communion, receiving the Host from an invisible hand at a grandiose altar.

I feel that I am going crazy. Something inside. Indescribable. It is not anxiety. Not depression. Yet something of both. Irritation, disorientation. *I am dead. I still have to come back to life. Sex. I cannot accept it. It is bad. I like it. I am bad. I strongly feel that God and sex cannot go together. I need God, and I am all sex.* It is horrible. I suspect that there must be some way of fitting things together, but outside myself, not inside. I am facing a reality of mine that I cannot accept. I believe this makes me feel as I do.

I also knew yesterday why I couldn't go out in the street. Not now. It escapes me. Now I remember. I could cross the Alameda; I could do it at the same spot at which I failed to do it in the previous session. This was after the doctor left. *I crossed with all ease, dancing. The music was inside myself.* The dress I wore was red, very tight, glittering, with brilliant golden ornaments. *But this dress was my own skin.* I crossed the Alameda dancing, passing between the automobiles without caring about anything. I enjoyed moving my feet, happy to dance and be in the street. I felt great pleasure in effecting every movement, in being able to follow my own music. As I crossed, there was a wreck in the middle of the street. Several cars collided head-on and formed a rising bouquet. I passed on without caring much. I knew that there were probably dead people in the accident, but I didn't care. Their time had come, and things were just as they were. I knew that I would die, too, some day, but this didn't matter either, since that was the way it was. I carried my skeleton inside since the time of my conception. This is what I was: dance and death, but all together. I was my death and my skeleton alive, and danced with joy in crossing the street.

But I knew why I couldn't cross the streets, why I couldn't walk in the streets, and this I have forgotten now. It had to do with my being bad, with death, with the wish to die, because I am bad.

I want to die. Or I wanted to die. I was seeking this instant—a point, infinitely small, or a fraction of time imperceptible in its brevity, the moment of death, this extremely short bridge where life and death touch, where the opposed, contradictory, and disunited cease to exist. This was the only way of uniting all my pieces. This is the only way of finding, for an instant, harmony. The moment when one is neither alive nor dead: in this moment one KNOWS. I don't know of what knowing consists. It is not just knowing, but knowing and understanding at the same time . . . It is the essence of life that matters, and the only way of grasping it is in the moment of dying. Moreover, here the opposites disappear; God and sex come together; they blend. All things are one, the good and evil, beauty and ugliness.

The thing is that I had to die. Unknowingly, I was seeking death. But without joy, with consciousness. And something in me held me back. Streets are death. It is so easy to die. Not that I would deliberately throw myself under the wheels of a car, or that I would step down from the curb on purpose to do it. But it is as if the protective mechanism would suddenly not work. I wouldn't realize anything. This happened to me several times before the onset of my phobia. I would walk in the streets and suddenly realize that I had walked for several blocks without knowing how I had done so. And I would also, on occasion, "wake up" in the middle of the street, surrounded by terrible traffic. At least once, I remember, I was awakened by the cursing of a driver who had to jam on his brakes to avoid running me over.

But there was a part of me that did not want to die. It knew what was happening. This part of me fought the skeleton, did not want to go out into the street, didn't want to risk. But this was the bad part. Sex, perhaps? But was it really the bad part? For it seems that one of the reasons I had for dying was that of killing what was bad in

me. What is bad is sex, but sex is the only force that can reunite my parts, give me unity, stick the flesh onto the skeleton. Dancing is also sex. It doesn't seem to be bad; it is what gives me life. But it lacks an essential factor and an indispensable catalyst—God. How can God be brought into this mess? Where has God been all this time?

The same happened with God as with the skeleton. He was originally within me, grew with me, moved with me. The skeleton then disappeared, and I had an external, metallic skeleton, with the wings of a jeweled butterfly. I had to find support somewhere, and I got dry inside. I became encysted in the butterfly. Its wings were like those of a bat, and its joints made an unpleasant and unharmonious metallic crack-crack. It is the same with God. He came out of me. He became a remote god, killed by the sadism of a maid, who told me in fine detail how He was crucified, crowned with thorns. I cried as she told me, and as she was stimulated by my crying, she made even more vivid the descriptions of the perforation of His side and the tearing of the skin in the mouth of the Christ Child. (I don't know whether it was due to my confusion or to the way in which I heard this story that I thought that it was Jesus as a child that had been crucified.) Perhaps my believing Him a small boy made crying and feeling sorry for Him easier. Then came school. And God now sat on a cloud, in a distant sky, and wore a beard. And the eye within the triangle. The eye that persecuted Cain. We were told about this bearded God on the cloud, that this is not how He really was, and we weren't told anything else about Him. But much was said about the eye in the triangle. It was the eye of God, the most important, alive and active part, which was always present, seeing us, watching us, the part that told each of us how wicked we were and repeated it second after second. And God, with His eye, was a menace.

Then my mother's God. It had much of Allah and a lot of class consciousness. Everything that happened was God's will. Whatever one did would not affect the way God had set things up. Therefore, there was no reason to be affected, or annoyed, and no reason to seek. There was

no way of changing anything or doing anything. All was predetermined by God, and destiny reigned over everything. To rebel was a waste of time. Moreover, Jesus was not God. This was something to satisfy the imagination of the people. But a "cultivated" person didn't have to believe in Jesus' divinity. Christ was not for the aristocrats, who were born mystics, who believed in God and felt God from the time of their birth. Christ was a means of explaining God to the people, the vulgar and stupid ones who needed religious precepts to behave like human beings, or would otherwise lose control and be in constant revolution. Yet my mother, who did not believe in Christ, did believe in about a half-dozen virgins and a long list of saints.

Then came the processions in southern Italy. We also had processions at home, but ours were beautiful, with many flowers and were followed by fireworks. They were grand parties, when everybody rejoiced; delicious food was cooked in all the houses, and special pastry was made which was eaten only on the occasion of certain feasts. Not in southern Italy. Nobody was gay there. Those in the procession suffered and the onlookers, too. They wore hoods. Hooded old men dressed in black sang sad songs out of tune. And the people looked, tightly pressed against each other, and cried. Women knelt down on the street, others screamed hysterically, and not a few of them fainted. This was a vindictive God, who demanded blood for the blood He had shed. He received all that shouting and theatrical suffering. These events fascinated me and caused me repugnance at the same time. God, my God, was not in them. He was outside myself. Not a God of love any more, but a butcher-God wanting victims, and I didn't want to be one of them.

Then came the Swiss-clock God. I had to study, had to eat apples, had to go to Mass. Children's Mass, at eight-fifteen in the morning. Not in the afternoon, for this was laziness. Nobody asked me whether I *wanted* to go to Mass. After my First Communion, I had to ask for Communion every Sunday. I was asked, "Are you going to church?" and this was an order more than a question, the

way I was asked, "Did you brush your teeth?" (I hated it at this time.)

Then, distance.

An indefinite discomfort.

Doubts. Preoccupation, always. But God was very far away. God, lost. A wish to return. Now and then, Communion. But then doubt again, indifference, and search. At last, God was buried. It doesn't interest me. I don't see why I should have to. And then came the symptoms. I cannot enter a church. In the church is the eye. Really, the eye is everywhere, watches and accuses the children who don't behave.

All this was written on the day following that of the harmaline experience, and the text shows the importance of this effort. This is not the only instance in which the process of expressing in written form the content of a drug session is almost as significant as the session itself. What is repressed is so repressed that associations and feelings, if not images, may be "forgotten" if they are not told. In this instance, it is particularly understandable that this might tend to happen, as the session involved the discovery of almost intolerable guilt. It is this which made her feel at the beginning of her writing that she was going crazy or that she was dead. Yet this feeling changed as she became aware of guilt as such, of the eye of God that had persecuted her all through her life and now lay buried in her unconscious. Yet this is a very fragmentary report, she says, and it took her about a month before she attempted to recapture more of the experience. Some of this is contained in the following paragraphs, which constitute a valuable document for the psychology of religion:

After the first ingestion of harmaline, I decidedly felt the need of God to justify death. Useless death, unnecessary death of those who die in the wars, of those whose lives are left incomplete. I believe that I can now see more clearly. I needed to justify death in general and not just that of those who died in war. And I think that, as I had to

justify death, what I finally had to justify is the absurdity of a limited, finite life, where death is implied.

I shall try to remember my thoughts after the second harmaline experience. The only death which could be justified was that of Christ. Each one of us was responsible for making His death something justifiable and not just one more useless death. That is, the sacrifice of God's son was not justified in itself. Every one of us could kill Christ once more or resurrect Him. And hence Communion. This was a conscious, voluntary act showing one's readiness to justify the death of Christ—justify it through profound respect and love toward everything that lives, for in every living being there lies a divine essence. This was a way of partaking of a universal harmony. It was also a way of resurrecting the Christ in the depths of each one of us. But there was also a more human side in my longing for Communion. This was a longing to be united in brotherhood to other beings who professed this same love of Christ toward living beings. It was a way of feeling less alone, a way to belong in a group without any loss of individuality.

As these lines show, a basic concern of the patient after the second drug experience is that of accepting the inevitability of *her* own death. Only at one point during the session proper was she accepting it, as she felt herself that red sensuous woman who danced across the dangerous street. She "doesn't care" about the dead and allows her own death, in an attitude of seeing that "that's the way it is." She doesn't oppose death as she doesn't oppose life—she is definitely sexual and takes delight in every movement of her dance. In not opposing life or death, in allowing them to be, beyond good and evil, she transcends life and death. By letting them be, she becomes their embodiment, as her dance is the embodiment of her inner music. Yet aside from this moment, she is the battleground of Eros and Thanatos. Her death wish answers the demand of a God for whom sex is evil, that revengeful God, thirsty for blood, at the processions in southern Italy, whom she had buried in her mind and avoided in churches. Yet she needs him, and she must suffer his condemnation: "I need

God, and I am all sex." Not only did she feel guilty after the session, but she became frigid and on occasion experienced during sexual intercourse the same anxiety that she used to feel in the street.

The patient's oneiric life became very rich in the months that followed the session, and her dreams presented symbols first contemplated with harmaline or their equivalents. One of the dreams reiterates the ideas of dance, dark skin, and dissociation into two persons that were part of the previous two experiences and which reflects her present sexual guilt: "I was two persons at the same time. One, naked, was a Negro woman dancing, while the other watched in horror."

The following dream shows a connection between the sexual impulse and the tiger theme: "I was by a swimming pool, letting myself be tanned by the sun. My friend Alfredo appeared. Then I saw myself covered by a sort of tiger skin. Under that I wore a bikini. He uncovered me. I said, 'No, Alfredo, cover me.' 'Why?' 'Because this way I look more naked.' ..

The patient's free association also underwent a marked change during this period. Not only did she display a greater prominence of sexual matter in her thoughts, as in her dreams, but sexuality extended into her memories, too, and for the first time she became aware of a sexual aspect in her relationship with her father. The scene in her first harmaline session when she kissed her father on the mouth was a clue, which, like a magnet, attracted unexamined memories. "I loved my mother, and more than that," she once said, "but my father *was mine*. He used to tell me that when I was older we would go to Paris all by ourselves. He kept his promise. I have the feeling that we were a couple. We had a world of our own that we shared." Yet the attachment and unconditional acceptance that she expressed with regard to her father were in poignant contrast with the facts she remembered, which presented the father as a very violent, arbitrary man and suggested him as the source of her own unconscious (now

half-conscious) persecutor. The hostility which she did not consciously experience or express did speak through her dreams of that time, as is portrayed in the following scene:

"I dreamt about my father. It was in a basement full of corpses. They were deformed, mutilated, killed at war. This was something related to Warsaw. The resistance of the ghetto. I walked over them, stepping on them. I felt pleasure in their tortured condition. I picked up a severed head and knew that it was my father's. I felt that it was all right that he was dead."

Shortly after the time of this dream (four months after her second harmaline experience), the patient underwent another session,³ and now, for the first time, her feeling of guilt turned into resentment, frustration, and sadness in confronting her father. The following is one of the more expressive passages in my notes:

Doctor. What makes you cry?

Patient. I don't know. Everything. I could cry for days and days. I am not wicked. I have been very lonely. I would have liked to have a little brother or sister. I was never allowed to play with anybody. My mother used to take me to my granny's to play with my cousins, but always on the quiet and for a short time, because my father would hit me and raise hell with her if he knew. He didn't dare hit her, though. He knew she was like a wild animal that could literally kill him. I don't blame her at all. I loved my granny so much! But this brute of an old man did not let me visit her. I had to lie, and lying was bad. And later he was surprised that I couldn't stand other children. They were strange creatures; they knew games whose existence I didn't even suspect. Perhaps I didn't even conceive that there were games for children! I hate this old man! He made her suffer so, so much! And how good

³ On this occasion, 100 mg. of mescaline were added to 500 mg. of harmaline.

my mother was to me! She was not born to be caged, and this old man fussed and fussed and fussed! About stupid details. Why couldn't I visit my granny? It was not that he didn't like them. I think he felt jealous. He wanted me all for himself.

Doctor. And you gave him that exclusiveness?

Patient. Later, yes. But I don't think I did. I had no choice.

War was at its peak, and I had no choice but to be with them. But it was he who took me everywhere. My mother didn't any more. Perhaps she preferred not to, to avoid fights. And these were always my fault. He wouldn't let me drink water. Once he knew I had drunk some, and he got angry with her. It was my fault, but I had to drink water! He shouted so much that I wanted to leave the house. . .

He had so much life, so much energy, and all of it went into idiocies. He didn't pursue what he liked most, which was mathematics. He is like a great absurdity. He has caused me much harm, without being evil—that is what's sad.

It would not be possible to give a complete picture of the patient's inner life and evolution without taking considerably more space, but what has been presented shows the progressive unfolding of insight brought about by successive sessions and the nature of the process that would eventually lead to a cure. The action of harmaline here could very aptly be regarded as "mind-manifesting" in that, like a developer on photographic film, it successively made the patient aware of her fear of destruction, her death wish behind that fear, and the reasons for which she was hating herself. One of these was sexual guilt deriving from incestuous fantasies, but this, too, revealed itself as a by-product of a very frustrating relationship with her father, her need to win his love by all means, and her unconscious surrender in the face of his jealousy and possessiveness. More deeply lay her own hostility, unsuspected by her but projected on crocodilian aggressors and sustaining a basic feeling of personal evilness.

A month after the last session, I left the country, but the patient continued a self-analytic process which led her to ever-increasing clarity. A year later, I received a letter from which I quote the following paragraphs:

Four days ago I went out and walked in the streets. Why? I don't know. What happened? A beautiful day, and it was silly to stay at home. I wanted to go out and I did. That is all. Simple, wonderful, and absurd; after all the searching, suffering, theories, and associations. A beautiful day, and no more. I went out with my daughter. This helped a lot. Holding the carriage gives me some security. Furthermore, I am concerned with her and not with phantoms. I am happy and afraid at the same time. I feel that I have acquired something precious and fragile that can be spoiled or evaporate at any moment. It is like having a new tool and not knowing what to do with it. I have gone out every day, each time a bit farther. But the world already seems to me very small. And furthermore, it is not a matter of walking, walking, and walking. I need some place to go. And now as I write, I don't know what that place might be.

I have fulfilled all my projects. (Do you remember? teaching, earning money to pay for my own study.) My marriage is still a wonder of non-communication. At this moment, John looks at me as one might look at a time bomb. When I told him that I was going out by myself, he congratulated me dryly and then warned me to be very careful, because I would develop other symptoms. In truth, I have had another symptom for some time—a severe headache in half of my head. But this is very clear: I have it only when I suppress my anger. And I prefer the headaches to the phobia. I don't dare express my annoyances because I feel my temper is too violent.

In spite of my symptom being over, I feel as needful of therapy as ever. Not only do I fear a relapse, but I am afraid of being normal (if anybody can ever be called that). Now I know that I can achieve what I want, for the barriers that I placed in my way have vanished. But I don't know what I want, and I am afraid of knowing. I suspect that it is something bad. How exciting! (I notice that I am

writing to myself.) I thought that I did want to do something bad, but as soon as I had the thought, the "bad" thing turned into something funny, childish.

This is turning into a written analytic session. A frustrating one, too. I would like to tell you other things: How happy I am in spite of my doubts and fears, how well I feel in spite of occasional depressions, headaches, and stupid problems, how close I felt to you when I went out the first time—I almost phoned you to tell you.

Four more years have elapsed now, showing that the patient's symptomatic improvement was not a transient state. Her problems at the time of this letter are still those evidenced in her harmaline sessions—a difficulty in expressing her anger and a doubt of the goodness of her spontaneity—but these seem but a shadow of her repression of hostility and her guilt feelings at earlier stages in her treatment. She eventually experienced further improvement as she realized that her inability to express anger was related to an idealized image of herself as a "good," loving person, and she had been enslaved to this image instead of daring to be herself, whatever her present limitations. The process of healing cannot be considered complete, but she is now much closer to the nature of that tiger which served her as a guide in the first harmaline experience, spontaneous and powerful, graceful and knowing in the mysteries of life. Her evolution shows the distance and effort that can mediate between the presentation of any archetype in fantasy and its embodiment, between the harmony and beauty conceived and experienced as a projection in a dreamlike sequence and that experienced in everyday life. Some elaboration seems to lie between the two, in order that a given abstract insight obtained in the symbolic domain may be recognized in the particulars of action, so that the "heaven" of a harmaline session may be eventually translated into earthly terms.

The panorama of session reports in this chapter should, I feel, give a fair idea of the specific domain of experiences

that harmaline is instrumental in opening up. To speak of archetypes is relevant, but this does not cover the complete range of reactions to the drug. Some of them, as case reports show, may be quite "personal." But something links these "personal" experiences of reminiscence, fantasy, or insight with those of the "mythical" type: instinct. The most frequent themes appearing in the content of harmaline visions—tigers and Negroes—are highly expressive images of the instinctual, basic, and natural level of our existence, in both its aggressive and its sexual connotations. The mythical type of vision is one in which the instinctual forces are in order, and flow, we might say, in accordance with the cosmic design. The resulting picture is one of beauty, for each element finds its place in the whole, which is only enriched by conflict and destruction.

In the non-mythical types of visions, aggression and sex appear as questionable or disruptive, and this, understandably, is more likely to happen the more the individual brings himself and his personal life into the scenario of visions. Only a person who is free from fear and guilt can see in his own life and circumstances the same glow of the myth or fairy tale, in which every object suggests a hidden significance and stands in its own right like a jewel. To this end, the abstract myth of a remote hero is like a blueprint, a map; or it is like a medium that conveys a certain attitude that can be carried over into the contemplation of all events. Needless to say, none of the patients cited in this chapter has fully attained such a goal.

I want to end this chapter by pointing out that, useful as pure harmaline can be in psychotherapy, the therapist employing the drug should always keep in mind the fact that some individuals are rather unsusceptible to its psychological effects. As was mentioned earlier, some of them may have no more than a physical reaction to the drug, an unpleasant state of malaise, somnolence, and vomiting that is most probably the result of a conversion reaction.

Early in our work with harmaline, we formed the im-

pression that these "untoward reactions" (consisting of a lack of psychological effects and the presence of physical distress) were most likely to occur in individuals who feel comparatively ill-at-ease in their animal level of existence, which it is the drug's virtue to lay bare. If it were true that a poor or unpleasant reaction was the consequence of a desperate though unconscious attempt to inhibit that which harmaline stimulates, it would be conceivable that this might be obviated by another drug.

First I thought of mescaline, both in view of the condition of self-acceptance which it can bring about and the fact that one of the admixtures in the native Amazonian ayahuasca drink has been proved to contain DMT.⁴ Small doses of mescaline indeed proved to increase productivity and diminish the unpleasantness that the experience has for some subjects. Yet mescaline has effects of its own, which may not be desirable in a given case. MDA, on the other hand, proved to have the properties of an ideal admixture. The feeling-enhancing quality of MDA facilitates the decoding of visual imagery into direct experience; its amphetamine-like quality serves to counteract the somnolence induced by pure harmaline, and its stimulation of the drive toward interpersonal contact and communication opposes the tendency to withdraw that leads some subjects into a dreamlike state, the content of which they cannot recapture.

The effects of the drug combination seem to be more than a summation of their properties in isolation, however. In the first place, the duration of the harmaline-MDA experience is much longer, averaging twelve hours. Qualitatively, there can be differences that I will not go into, since their clinical importance is slight. Yet there is one particular type of reaction which, uncommon as it is, deserves

⁴F. A. Hochstein and A. M. Paradies, "Alkaloids of *Banisteria Caapi* and *Prestonia Amazonicum*," *Journal of the American Chemical Society* 79: 5735 (1957). DMT: N,N-dimethyl tryptamine.

special mention, both as a warning and a reassurance. This is a state of confusion and great excitement in which a person may talk to dream companions and thrash around—even risking getting bruised against the walls or furniture. It would seem that the aggression that usually emerges in harmaline experiences in the symbolic guise of animals or other fantasies is here released in a physical way, though still in a fantasy world of delirium. I have seen this occur twice (in about thirty sessions), the reaction being followed in both instances by amnesia. Alarming as these sessions were at the time, however, they proved to be extremely beneficial to the patients for reasons which can only be a matter of speculation.

In one instance, the patient was a shy and inhibited young woman who, early in her session, started screaming at her absent mother all that she had withheld from expressing and from feeling toward her. Soon her speech became confused, and interaction with her was almost impossible. She kept playing the parts of some dialogue, which was increasingly hard to follow because of her mumbling. Still, it was obvious that the direct, energetic person that she became at that moment was the opposite of her shy and depressed ordinary self. When she recovered, she was somewhat bruised from rolling on the floor, but her voice and style of movement had changed, retaining some of the assertiveness that she lacked in life, but had displayed in her intoxicated state. Not only was this change enduring, but it carried over into her feelings and decisions. In this particular case, the patient had experienced moments of exceptional freedom under the effects of LSD in a non-therapeutic setting, and this freedom had not carried over into her life. On this occasion, though, when she did not even remember what she had felt and said, her temporary loss of control proved to be a life-changing catharsis.

The other case was similar in essence: that of a frigid woman with mildly compulsive character style, who rolled

about and talked for hours without remembering her experience, but who came out of her session greatly refreshed and with a capacity for sensuous enjoyment unknown to her before.

In mentioning these two experiences, I want to share a sense of trust with which I have been left after the initial worry—a trust which, I believe, may be beneficial for other patients to be surrounded with in similar situations. We psychiatrists are prone to put great faith in the value of verbal expression and tend to underrate the value of motoric expression as displayed by these patients, calling it just psychomotor excitement. Though pure instances of this, like the above, are rare, I think they are important to know of, because of the light they shed on the non-verbal dimension of every drug experience, if not every therapeutic session.